

# REGION

# 10



Quality Assessment & Performance  
Improvement Program (QAPIP) Annual Report

## FY 2015

Region 10 PIHP  
Quality Assessment & Performance Improvement Program  
Annual Report  
(October 1, 2014 – September 30, 2015)

## **OVERVIEW**

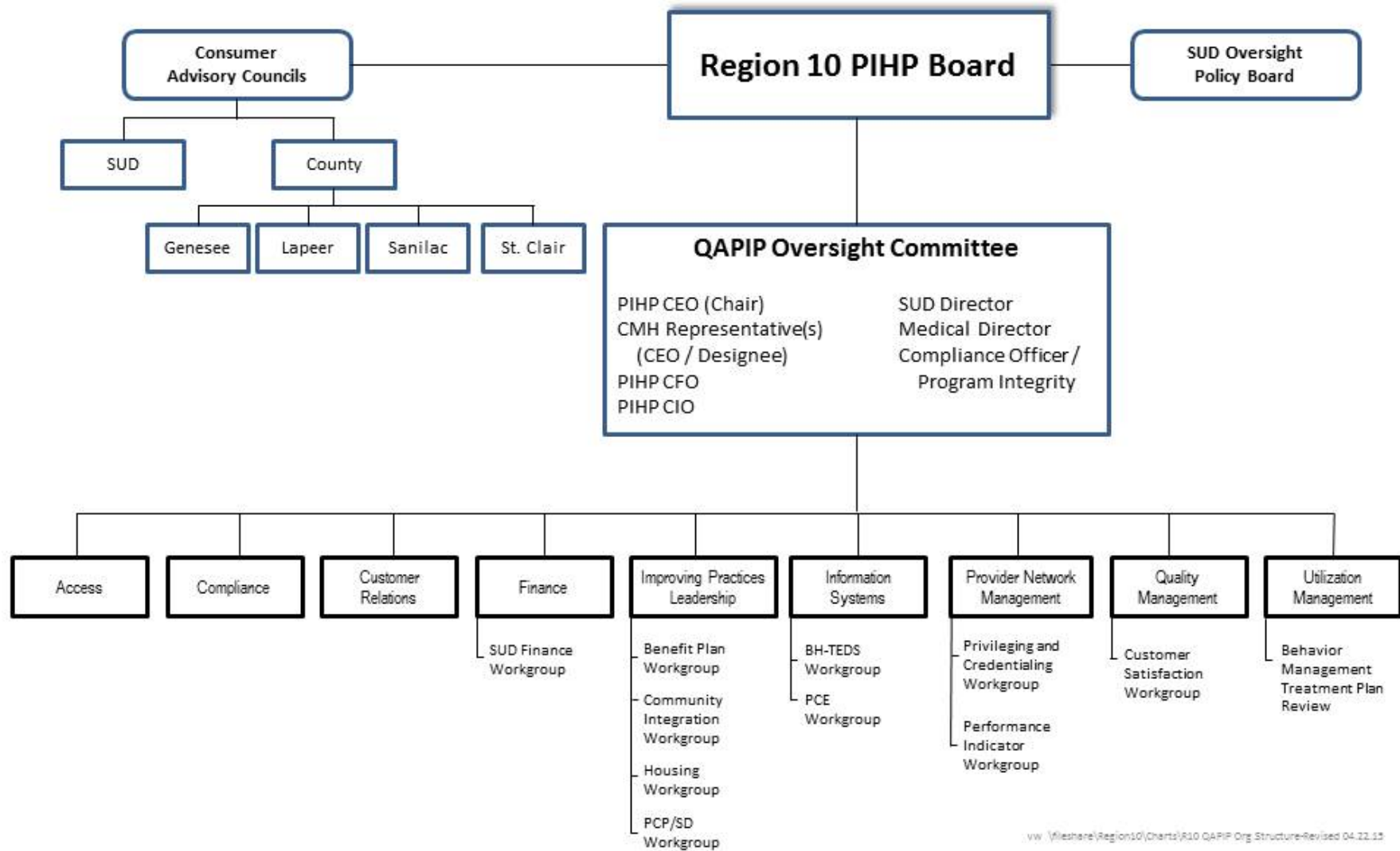
The Region 10 PIHP has responsibility for oversight and management of the regional PIHP. This responsibility includes approving and monitoring the region's Quality Assessment and Performance Improvement Program (QAPIP). Annually, the PIHP Board approves the QAPIP which includes the following two components: a narrative description of the overall quality improvement program and an annual plan detailing the prioritized goals, improvement strategies, and anticipated outcomes designed to improve the PIHP's overall systems processes.

The purpose of this report is to provide a periodic review of the Quality Assessment and Performance Improvement Program Plan for the Region 10 PIHP. The data contained in this report pertains to the reporting period of October 1, 2014 through September 30, 2015. The report contains performance status summaries on the regional goals and performance improvement projects. These goals were approved by the PIHP Board in October 2014.

## **SYSTEM GOALS**

The plan addresses the specific planned efforts of the QAPIP Oversight Committee and its Standing Committees, as contained in the Quality Assessment and Performance Improvement Program (QAPIP). The QAPIP Oversight Committee, via its Standing Committees, develops specific goals to address program development and improvement efforts annually. The goals and activities listed below reflect the prioritized efforts to be undertaken and accomplished by the QAPIP Oversight Committee via each Committee in the upcoming fiscal year.

# REGION 10 QAPIP ORGANIZATIONAL STRUCTURE



\\v\share\Region10\Charts\R10 QAPIP Org Structure-Revised 04.22.15

Goal Reference	PRIORITY GOALS / KEY TASKS	STATUS REPORT
<b>ACCESS COMMITTEE</b>		
	Educate stakeholders on pertinent Access changes and seek input	<ul style="list-style-type: none"> <li>• Educated providers regarding child direct to intake process for thumb CMHSPs</li> <li>• Conducted refresher clinical eligibility determination trainings for both St. Clair and Genesee clinical access staff.</li> <li>• Ongoing communication between Region 10 staff, former PIHP staff, CMHSP staff, and SUD provider network.</li> </ul> <p><b>**** This goal has been accomplished.</b></p>
	Define and develop specific processes/procedures with careful consideration of department operations most affected by Phase 1 implementation	<ul style="list-style-type: none"> <li>• Three access integration committee meetings occurred during 4th quarter. Projects included: <ul style="list-style-type: none"> <li>○ Committee discussing and working on consistent interpretation of state guidelines for general fund.</li> <li>○ Child direct to intake process developed for St. Clair, Sanilac, and Lapeer Counties to make consistent with Genesee.</li> <li>○ Crisis services authorizations in the thumb region.</li> <li>○ Forms group developed and met to redesign information provided at access and intake.</li> <li>○ Rebekah Kleinedler presented at the Access Integration Committee meeting 9/24/15 to share changes in due-process hand outs and process.</li> <li>○ Heather Cruz and Holly Bills shadowed and observed St. Clair phone queue process 9/29/15.</li> <li>○ Genesee site implemented phone queue to integrate live call-in access screening to match St. Clair model.</li> <li>○ Access department staff trained on MIX 9/28/15 and 9/29/15.</li> <li>○ MIX went live on 10/1/15 for access center screenings</li> </ul> </li> </ul> <p><b>****This goal has been accomplished as we have an integrated functioning Access system for the Region.</b></p>

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	Finalize R10 Access to Services Policy	<ul style="list-style-type: none"> <li>Completed and distributed 3rd quarter **** <b>This goal was accomplished last quarter.</b></li> </ul>
<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>Reassess need for Access Integration Committee – we have scheduled another meeting for November 23rd but the impression of the Committee members at our last meeting was that we have for the most part accomplished our main goals for Access and now may just need to meet to iron out any issues that crop up as we move forward. It was suggested that we seek from the Regional PIHP QAPIP Oversight Board and from the PIHP Board feedback on the individuals that they would need to participate in a new committee that would focus on PHASE II Implementation pertaining to UM and/or Crisis services for the Region.</li> <li>Discontinue the Access Integration Committee after the next meeting and phase in a new committee focused on Phase II. We are seeking direction from the QAPIP oversight board and PIHP Board pertaining to new Mission/ Focus and membership.</li> <li>Identify key staff and begin strategic planning for development of region wide UM system and Crisis protocols for Phase 2</li> </ul>		
<b>COMPLIANCE COMMITTEE</b>		
AFP	Comply with 42 CFR 438.608 Program Integrity requirements.	CMHs have submitted documentation to the PIHP in regards to compliance related data. A FY15 year-end report is being developed. The FY16 annual compliance plan is also being developed.
MDHHS	Monitor claims verification (5%) activities.	The process for claims verification was developed by PIHP staff per draft MDHHS claims verification standards. CMH were notified of the process and participated in the identification of claims. Presently PIHP staff is performing the tasks for verification of FY15 claims. Reports will be developed, detailing the review process, and follow up will be completed, per claims verification process.
<b>CUSTOMER RELATIONS COMMITTEE</b>		
MDHHS	<p>Maintain PIHP Customer Services Handbook and inserts for regional distribution.</p> <ol style="list-style-type: none"> <li>Translation Requirements</li> <li>Explore possible options of electronic versions being made available versus mail or hard copy distribution</li> </ol>	<p>During the 4<sup>th</sup> quarter the need to update the supplemental materials that CS hands out was discussed as well as the new process for distribution in FY15 within a small group of R-10 staff. A plan has been developed and will be shared with Access and Contracted Provider Network staff to inform of Customer Service Responsibilities.</p> <ol style="list-style-type: none"> <li>At the time of this submission, staff at Lapeer CMH have voice recorded the Region 10 Customer Services handbook. The recording, editing and digitalizing of the handbook as well</li> </ol>

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		<p>as the St. Clair CMH, Lapeer CMH, Sanilac CMH and the SUD inserts have been completed. Region 10 also has a copy of all voice recordings.</p> <p>b) An electronic version of the CS Handbook is available and further investigation needs to occur to see if this is an option for sharing with consumers vs. mail out.</p> <p><b><i>There are no areas of this goal that cannot be task related responsibilities of Region 10 Staff or a Region 10 department. The need for a committee no longer seems necessary for this goal.</i></b></p>
MDHHS	<p>Develop strategies to reduce stigma and educate the public related to behavioral health.</p> <p>a. Education/ Media b. Advocacy (local/legislative) c. Community Collaboration</p>	<p>All three areas, education/media, advocacy and community collaboration have continued across the region. Due to the quantity of outreach in all of these areas, reports are being completed by each CMH. During this FY, a "Marketing Report" template was developed so each CMH can report in the same format to allow for ease of merging into one document for the purposes of reporting to the Board and/or other applicable groups.</p> <p><b><i>The committee discussed how this goal was previously addressed through a marketing specific meeting. The desire to move back to a CMH level for this collaboration was identified. It was recommended that this goal be the focus of a CMH lead group with Region 10 involvement.</i></b></p>
	<p>Work towards the development of a more unified Mystery Shopper program throughout the region.</p> <p>a. Review Mystery Shopper reports and provide feedback or suggestions to Ombudsman and other applicable staff b. Aid in coordination of each CMH participating in the State of Michigan's Customer Services Mystery Shopper program for FY15 c. Review reports of the Michigan Customer Service Mystery Shopper program once completed in order to provide a regional perspective and recommendations if needed. d. Coordinate a regional, internal Mystery Shopper Program.</p>	<p>a) This shall continue to be done at the local, CMH level. b) The State of Michigan has an optional program that all the CMHs participated in during FY15. Reports were reviewed and each CMH found value in participation and will decide at a local, CMH level if they will continue to participate in the future. c) The committee did review the reports from FY15 and there were no areas of concern. d) GHS has created and participated in an internal Mystery Shopper program as it relates to all levels of internal staff. It was noted during last quarter that GHS is re-working the process and materials and will provide updates when available to each CMH in FY16 should they wish to implement this process at the local, CMH level.</p>

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		<p><i>Much of this goal was task specific as it relates to the Michigan Customer Services Mystery Shopper Program. The continuation of participation should occur at the local, CMH level as this is a voluntary process for CMH participation. Additional internal processes for staff Mystery Shopping should occur at the local, CMH level.</i></p>
	<p>Review and make recommendations for the content/information available via the Region 10 PIHP website and CMH websites as they relate to Customer Relations material, trainings, and other opportunities available to staff and community members.</p>	<p>During the 3<sup>rd</sup> Quarter, the committee began exploring options for updating the Region 10 website. Some initial suggestions included contact information for staff, updating staff (org. chart) a “Forms” section (added), an SUD section (added), among others.</p> <p><i>The new, CMH lead Marketing committee will be able to provide recommendation to Region 10 staff on web-site enhancements as applicable to their charge.</i></p>
	<p>Review quarterly Grievance and Appeal reports for the region and make recommendations regarding areas of concern as they relate to customer service/relations.</p>	<p>A new G&amp;A module has been developed in MIX during the 4<sup>th</sup> quarter.</p> <p><i>With the addition of Region 10 staff who is responsible to coordinate and monitor the Grievance and Appeals for Region 10, this goal is no longer needed at a committee level.</i></p>
	<p>(New) The Customer Relations Committee will provide support, development and review of material as requested and/or needed as part of Region 10’s Access Centralization Efforts.</p>	<p>This is an “as-needed / as assigned” task/goal with no requests in FY15.</p>
<p><b>Recommendations:</b>  It is the recommendation of the committee members that the QAPIP Customer Relations Committee be discontinued in FY16. It is believed that a CMH lead Marketing Committee would serve local needs more effectively. There is a desire to focus on development of shared brochures as well as coordination in community activities when applicable at the local, CMH level. It is desired that a Region 10 Staff participate for any cross coordination efforts between the CMHs and the PIHP. Membership will include Marketing staff from all four CMHs as well as the Region 10 SUD Prevention Coordinator.</p>		
<p><b>FINANCE COMMITTEE</b></p>		
	<p>Develop and test new funding allocation model to provide a recommendation for implementation to the board.</p>	<p>Final Draft received. Setting up a meeting with CFOs, CEOs, and Board to review. Testing to begin once MIX can be setup to calculate payments.</p>
	<p>Evaluate FSR reporting process at each CMHSP, identify areas of inconsistency, and create a plan to address</p>	<p>Evaluation and feedback completed for GHS. Working with St. Clair on reporting process. Will be scheduling dates with Lapeer and Sanilac as</p>

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	inconsistency for the FY 15/16 budget and reporting.	soon as possible.
	SUD Finance Workgroup <ul style="list-style-type: none"> <li>- Collation and comparison of PIHP/SUD rates throughout the state.</li> <li>- Review and assess current service utilization/cost per service code for GHS and St. Clair.</li> <li>- Development of SUD rate formula</li> <li>- Assist in development of benefit plans through the assessment of current revenue and service costs.</li> </ul>	Status <ul style="list-style-type: none"> <li>- Complete</li> <li>- Complete</li> <li>- Complete</li> <li>- Complete</li> </ul>
<b>IMPROVING PRACTICES LEADERSHIP TEAM</b>		
AFP	Establish standardized clinical practices across region. Review and assess PIHP Practice Guidelines.	<ul style="list-style-type: none"> <li>• Two practice areas were presented during 4Q, 1) Recovery Navigation Team (GHS) and 2) DBT (St. Clair, Sanilac, Lapeer)</li> <li>• FY 2016 planning discussion identified the need to revise this Goal area to focus on a) EBPs not implemented by all four CMHs, and b) innovative clinical technologies / technical innovations that enhance established clinical practice</li> <li>• The regional Evidence-Based Practices (EBP) list will be updated in October, with an interest in rebranding this Goal area as ‘Innovative Clinical Practice’</li> </ul> <p><b><i>It is recommended that this goal continue per ‘Innovative Clinical Practice’.</i></b></p>
	Oversight of the Supports Intensity Scale (SIS) Implementation <ul style="list-style-type: none"> <li>• Utilize Best Practices standards for regional SIS implementation</li> <li>• Develop regional practice standards for SIS use within the PCP / pre-planning process</li> <li>• Explore potential longer-term regional uses for SIS (e.g. QM, QOL, systems planning, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• The CMHs continue to meet or exceed implementation percentage targets</li> <li>• Share-and-learn opportunities continue to take place among the SIS administrators</li> <li>• IPLT has requested an end-of-year report on the status of assessment volume, and the report is expected on IPLT October agenda</li> </ul>
	Explore steps to develop health integration.	<ul style="list-style-type: none"> <li>• The DCH Block Grant (Integrated Health Care Navigation) first-year / FY 2015 activities have been monitored and the FY 2016 work plan has</li> </ul>



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		<p>been reviewed and endorsed, thus the second-year / FY 2016 work plan activities have been identified as relevant for continued monitoring and discussion</p> <ul style="list-style-type: none"> <li>• Regional share-and-learn discussions have taken place regarding the 4Q MDHHS / MACMHB IH Learning Community forum, and it is expected that IHLC activities will continue into next FY thus warranting continued regional share-and-learn</li> </ul> <p><b><i>It is recommended that this goal continue into FY 2016.</i></b></p>
	Explore Medicaid Health Homes.	<ul style="list-style-type: none"> <li>• SAMHSA and NatCon webinars on IH topics were shared regarding recent content, current scheduled topics, and registration</li> <li>• Monthly monitoring and discussions continued regarding Michigan’s Certified Community Behavioral Health Clinic (CCBHC) RFA and, in conjunction, the CCBHC readiness tool (CCRT) was discussed in support of each CMH completing this tool for local planning purposes</li> <li>• In September, Michigan was selected as a CCBHC pilot State, and it was agreed that this will likely remain an important IPLT Goal area</li> </ul>
AFP	Assess recovery environments based upon results of Recovery Self-Assessment scores.	<ul style="list-style-type: none"> <li>• The formal report has been submitted to the QAPIP Chair, thus completing this task</li> </ul> <p><b><i>Goal achieved.</i></b></p>
	Review annual evidence based fidelity measurement review results (e.g., ACT, FPE, IDDT).	<ul style="list-style-type: none"> <li>• The DCH Autism Spectrum Disorder (ASD) benefit plan site review exit summary was discussed, with IPLT review of the final report pending for the October meeting</li> <li>• St. Clair had an IPS fidelity review in July and the report was issued in late September; thus IPLT review of this report is scheduled for the October meeting</li> <li>• The bi-monthly MiPractices Group was cancelled, with no rescheduled meeting date yet in place</li> <li>• The State-wide quarterly Clinical Directors’ meeting was cancelled, with no rescheduled meeting date yet in place</li> </ul> <p><b><i>It is recommended that this goal continue into FY 2016.</i></b></p>
AFP	Oversight of the time-limited COMMUNITY INTEGRATION WORKGROUP <i>CMH Employment Contacts, Primary/Secondary Recipient from each CMH, MRS Representative, Supported</i>	<ul style="list-style-type: none"> <li>• This committee has met per its schedule</li> <li>• Committee discussions have centered around employment definitions, share-and-learn on local enterprises and initiatives, and data-gathering practices</li> </ul>

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	<p><i>Employment Representative</i></p> <ul style="list-style-type: none"> <li>• Explore and increase community integration opportunities for individuals attending sheltered workshops and day programs</li> <li>• Develop regional methods and resources to increase integration of individuals into work/volunteer experiences in the community</li> <li>• Establish local community subcommittees with local representatives</li> <li>• Confirm demographic data collection for both CHIP and OASIS software systems for employment and volunteer/social activities</li> <li>• Clarify definitions of various employment categories and timeliness standards for updating data. Provide training materials to staff</li> <li>• Establish employment outcomes across the region. Create baseline scores by CMHs.</li> <li>• Explore expansion of transportation options in terms of geography and hours of availability.</li> </ul>	<p><b><i>It is recommended that this goal continue into FY 2016.</i></b></p>
	<p>BENEFIT PLAN WORKGROUP</p> <ul style="list-style-type: none"> <li>• Review Medicaid benefit plan and service delivery patterns</li> <li>• Examine CMH General Fund benefit plans for consistency</li> </ul>	<ul style="list-style-type: none"> <li>• This committee’s July and August meetings were cancelled</li> <li>• IPLT members, many of whom also participate on this work group, identified that oversight of the work group may be better facilitated via the UMC, given that service utilization rather than medical necessity issues present the greatest alignment challenges and opportunities for this work group</li> </ul> <p><b><i>It is recommended that the QAPIP reassign this work group to UMC.</i></b></p>
	<p>HOUSING WORKGROUP</p> <ul style="list-style-type: none"> <li>• Review Medicaid benefit plan and service delivery patterns</li> </ul>	<ul style="list-style-type: none"> <li>• This committee met per its schedule</li> <li>• Discussions continue to focus on consumer need and facilitating return to the Region</li> <li>• Discussions also continue to identify shared placement opportunities and challenges</li> </ul>

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		<i>It is recommended that this goal continue into FY 2016.</i>
	<p>PERSON-CENTERED PLANNING / SELF-DETERMINATION WORKGROUP</p> <ul style="list-style-type: none"> <li>• Monitor out of region placements and discuss potential regional options in order to reintegrate individuals into the region that are interested in returning to the region.</li> <li>• Provide guidance for trainings related to person centered planning, self-determination and independent facilitation for staff, individuals served, their supports and other key stakeholders as needed.               <ol style="list-style-type: none"> <li>1. Identify training needs across Region and forward recommendations to the Training Coordinator.</li> <li>2. Develop tracking system for independent facilitation usage to better identify training needs in this area</li> <li>3. Attend quarterly SD Statewide Seminars to share information with local CMHSPs.</li> </ol> </li> <li>• Increase the number of adults with mental illness who have control over an individual budget through a self-determination arrangement.</li> <li>• Develop process which uses Peer Support Specialist to support the person centered planning, self-determination and independent facilitation process.</li> </ul>	<ul style="list-style-type: none"> <li>• This workgroup met per its schedule</li> <li>• This work group has completed its work plan and no new annual goals have been recommended</li> <li>• Thus the membership has expressed interest in only continuing informally per as-needed consultation and support</li> </ul> <p><i>It is recommended to the QAPIP that this work group be discontinued.</i></p>
<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Accept report and <b>recommendations</b> noted within the applicable oversight areas.</li> </ul>		
<b>INFORMATION SYSTEMS COMMITTEE</b>		
AFP	Reporting on Health Conditions (QI elements #39-41) will maintain 95%	92.60% was achieved for services delivered between October 1, 2014 and September 30, 2015. Data

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	completeness.	reports are distributed monthly to the CMHs related to level of completeness.
AFP	Reporting on DD Characteristics will maintain 95% completeness.	90.88% was achieved for services delivered between October 1, 2014 and September 30, 2015. Data reports are distributed monthly to the CMHs related to level of completeness.
AFP	Monitor timeliness and completeness of 837 encounter submissions to MDHHS.	837 encounter submissions are being submitted timely to MDHHS. PIHP is tracking timeliness for the PIHP as well as each CMH. Schedules are being followed to assist in timely submissions. Encounters are being monitored for completeness; any identified errors are being submitted to the CMH. MDHSS recently reported FY15 timeliness rates as 100% for Region 10 PIHP. Ongoing.
AFP	Develop ability to exchange behavioral health care data.	PIHP staff participated on committees with MiHIN. Regional IT staff attended statewide MiHIN Conference this quarter which addressed exchanging health care data utilizing Health Information Exchanges and State of Michigan related projects. PIHP continues to utilize HIE technology to exchange data between PIHP MIX software system and CMH software systems (CHIP/OASIS). Ongoing.
MDHHS	Monitor implementation plan to convert from ICD-9 to ICD-10 for CMH and PIHP software systems.	CMHs provide ongoing updates on conversion to ICD-10. MDHHS has provided information related to ICD-10 testing. Software vendor worked with MDHHS related to testing processes. Conversion occurred for services as of 10/1/2015. Completed.
MDHHS	Monitor implementation plan to convert from DSM-IV to DSM 5 for CMH and PIHP software systems.	CMHs have or are in the process of converting to DSM 5. Software vendor has developed system to utilize DSM 5 within the software systems. Completed.
MDHHS	Participate in MDHHS effort for staff access to CareConnect360 software.	CMH staff have access to CareConnect360 software. The software is being utilized in a variety of ways and frequencies across the region. PIHP encourages more staff utilization of the CC360 software.
MDHHS	Monitor progress for obtaining data analytics software for PIHP.	IDCP data analytics software is live. Staff across the region have access to the software. PIHP and CMH staff participate in weekly meetings focused on software functionality and reports. Additional reports are being developed, including reports for the required Performance Improvement Project.
	<b>BH-TEDS WORKGROUP</b> <ul style="list-style-type: none"> <li>• Develop and implement strategy across the region for the new Behavioral Health Treatment Episode Date Set (BH-TEDS)</li> </ul>	BH-TEDS workgroup met to review BH-TEDS data set standards. Region 10 PIHP sponsored a training for regional staff in July; training was conducted by MDHHS staff who are lead in this project. Completed.

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	<p>requirement to be completed prior to October 1<sup>st</sup>.</p> <ul style="list-style-type: none"> <li>Develop recommendation for end date of QI data file as of September 30<sup>th</sup>.</li> </ul>	<p>Software vendor worked on implementation of BH-TEDS related functionality. BH-TEDS to start to be reported for FY16.</p> <p>DD Proxy Measures will continue to be required to be reported through previous QI process during FY16.</p> <p>New registry file is being required which list all consumers served that should have a BH-TEDS file reported.</p>
<b>PROVIDER NETWORK COMMITTEE</b>		
AFP	Monitor full crisis response capacity in region.	<p>Insuring a process is maintained, monitoring that process and developing strategies to address any capacity needs in regards to crisis response capacity shall be the committee's focus in this area. It is clear that there is crisis response capacity in the region for the majority of populations served. The need for additional crisis residential services, including needs for children, will be addressed more specifically in 2016. <b>(Ongoing)</b></p>
MDHHS	Review local annual provider network sufficiency assessments as well as regional provider network sufficiency assessment in order to identify capacity needed in provider network. Develop strategies to enhance capacity in the region.	<p>During the first quarter of FY15, Lapeer CMH developed a grid that identifies all the required services, capacity within the county, and distance of available services. It was determined that Lapeer and St. Clair staff would work together to modify the grid. During the second quarter, this collaboration continued and a draft of the grid was presented at the March 10th meeting. The final draft is now available and will be distributed to the committee for utilization in the beginning of the 4th quarter.. Each CMH will then utilize this grid to complete its own network sufficiency assessment.</p> <p>Once all CMHs complete the grid, we will be able to review the current local and regional capacity and make further recommendations. Additionally, if there appears that this information isn't sufficient enough to make any capacity determinations, the committee may recommend a more comprehensive, contracted needs-assessment moving forward.</p> <p><b>(Completed – Tool) (Ongoing – Review)</b></p>
MDHHS	Review opportunities to standardize systems.	All aspects of Provider Network Management that are being addressed within these goals include the need to standardize when applicable. This goal is overarching of all goals within this committee. The

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		<p>prioritized, standardization goal, as identified by Region 10 Management and the QAPIP Oversight Committee, is to collaborate and provide recommendations in the centralization of the Access system for the region as it relates to PNM.</p> <p><b>a. (MDHHS) Privileging and Credentialing</b></p> <p><b>(Ongoing) (SUD-Completed)</b> Within the AFP it stated that, "Region 10 PIHP will utilize common policies related to credentialing, privileging and primary source verification of professional staff". Currently, this process is delegated to the CMH system for contracted service providers. Moving forward, SUD will no longer be delegated and a more comprehensive P&amp;C practice will need to be developed. This committee will provide review, feedback and guidance in this process during the 3rd quarter of FY15 to insure a process in in place for the integration of SUD services by October 2015.</p> <p>Formal approval of the P&amp;C sub-committee resulted in several meetings and a great deal of effort to work to standardize policy, application and process for the P&amp;C functions of the CMH's to aid in consistent practices within the PIHP. The sub-committee was also able to provide recommendation to the PIHP on their Policy and applications for the CMH and SUD system. During the 4th quarter the PIHP P&amp;C application was finalized and distributed to SUD Providers.</p> <p>Further discussion about the desire to have a more centralized process (application/policy) at the CMH level will be discussed in FY16.</p> <p><b>b. Standardize the contract documents and language between each of the CMHs.</b></p> <p><b>(Ongoing)</b> This has been the prioritized goal of this committee for several quarters. Discussion regarding the continuation of this task will take place during 1st Quarter FY16.</p> <p>There was a substantial amount of work during the 3rd quarter around the unified contract but was</p>

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		<p>decided during the 4th quarter that the expedited efforts weren't necessary as they would not be available for use by all come October 2015. We will re-evaluate the need for continued effort in this area during 1st quarter FY16.</p> <p><b>c. Identify structure of centralized versus delegates: Rates; Contract Monitoring/Contracts; Credentialing and Privileging</b></p> <p><b>(Ongoing)</b> Delegation Grid: The process of the development of a "Delegation Grid" has been ongoing and focuses on the many delegated functions across the region as well as the requirements these delegations stem from.. This will aid in clarification of roles and responsibilities of the PIHP and the CMH system as it pertains to delegation and contractual requirements. Further review will take place in early August.</p> <p>Management at the PIHP will review the delegation grid during the 1st quarter of FY16. Post that review, it will be brought to committee to re-evaluate current goals as they relate to PIHP functions or the desire to centralize delegated or CMH requirements.</p>
	Benefit packages	<p>This has proven to have many layers and may require other standardizations to occur first (contracting/rates...). Additionally there is a "Care Management/Access Workgroup as well as a "Benefit Plan Workgroup" meeting. For the CMH system, this has not been addressed in this committee in detail. The SUD finance committee will look to address the SUD service code rates, benefit packages and authorizations in greater detail during 4th quarter. This committee's chair shall review its goals and progress to determine needs/input from this committee moving forward.</p>
<b>QUALITY MANAGEMENT COMMITTEE</b>		
MDHHS	Review quarterly PIHP performance indicator data, including CMH/CA results.	Quarterly performance indicator results were reviewed. Recommendations received from HSAG Validation of Performance Measures audit. CMHs are required to submit root cause analysis and a plan of correction when standards are not met.

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MDHHS	Conduct regional consumer satisfaction survey. Participate in MDHHS annual consumer satisfaction survey.	A regional Consumer Satisfaction Workgroup was established due to suggestions that CMHs should use a similar process. The group has formalized a recommendation for a standardized process to conduct consumer satisfaction surveys across the region which will go to the committee for review.
MDHHS	Monitor critical incidents and sentinel events.	Critical incidents and sentinel events were monitored at each meeting. Reportable items are reported appropriately to PIHP.
MDHHS	Conduct and review results of Performance Improvement Projects (PIP).	Staff currently working on next PIP report. Working with Zenith Technologies for developing relevant PIP reports in new data analytics software.
<b>UTILIZATION MANAGEMENT COMMITTEE</b>		
MDHHS	<p>Monitor service utilization review results.</p> <ul style="list-style-type: none"> <li>• Standardized regional reporting of crisis service utilization trends will continue to be defined and developed by the Committee with the goal of producing and reviewing regional level reports, initially for crisis level services.</li> <li>• As regional reports become available, set up a reports review schedule for the Utilization Management Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• 7/8/15 Meeting Cancelled due to urgent regional meeting scheduled at same time and scheduling conflicts prevented rescheduling</li> <li>• 8/12/15 Regional Crisis Reports reviewed with discussions of results within each county</li> <li>• 9/9/15 Regional crisis reports were reviewed. GHS inpatient length of stay was an outlier compared to the other three counties. The other three counties inpatient length of stay have been trending down. CRU services for Lapeer and St. Clair had spiked earlier in the year, but both counties are trending down to average numbers.</li> </ul>
MDHHS	Finalize and implement common utilization management plan and strategies for the entire region.	<ul style="list-style-type: none"> <li>• Regional UM Plan was completed by the committee on 11/12/14 and submitted to the QAPIP Committee.</li> </ul>
MDHHS	Monitor data on use of intrusive or restrictive techniques, physical management, or contact with law enforcement used in an emergency behavior crisis.	<ul style="list-style-type: none"> <li>• 8/12/15 Quarterly BTPRC Review completed. Noted that GHS had recently denied transport harnesses due to recent update from MDHHS not allowed these devices, other suggestions made to clinical team during GHS BMRC review. Discussion of frequency of specialized residential homes calling 911. No major concerns noted.</li> </ul>
	<u>NEW GOAL:</u> Identify opportunities to align Utilization Review case record selection toward a service-outlier method (e.g., Thumb Alliance generates select outlier-analysis reports to inform its UR case record selection beyond stratified random sampling.)	<ul style="list-style-type: none"> <li>• 8/12/15 Lapeer ACT audit was reviewed, with cases generated by outlier report. Lapeer ACT was in full compliance; areas that required a CAP were addressed in June. GHS home-based outlier reports were also reviewed; underutilization is being addressed at the provider level with GHS UM oversight.</li> <li>• 9/9/15 GHS home-based outlier report was reviewed. No concerns, underutilization continues</li> </ul>



Goal Reference	PRIORITY GOALS / KEY TASKS	STATUS REPORT
		to be addressed.
	Other areas of focus	<ul style="list-style-type: none"> <li>• Healthy Michigan continues to be a monthly discussion of issues, with focus on IMD issues and emergency department delays.</li> </ul>
<p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Continue to expand outlier reports for UR case record selection by: <ul style="list-style-type: none"> <li>○ Gather/review distribution of service utilization data on specific services across the region in developing outlier criteria</li> <li>○ Expand outlier case selection approach to other services</li> </ul> </li> <li>• Continue reviewing regional crisis reports</li> <li>• Continue BTPRC reviews.</li> </ul>		

## Analysis and Recommendations

Region 10 PIHP is currently working to develop the FY16 QAPIP Program and Plan. Feedback has been received regarding the committee and workgroup structure as well as potential goals. Streamlining the structure will be examined with a full recommendation to be presented to the PIHP Board for FY16.