

REGION 10



**Quality Assessment & Performance
Improvement Program (QAPIP) Plan**

FY 2015

Region 10 PIHP

Quality Assessment & Performance Improvement Program Description

(October 1, 2014 – September 30, 2015)

I. Written Description of the PIHP Quality Improvement Program (QAPIP)

A. Organizational Structure:

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).

The Quality Assessment and Performance Improvement Program policy delineates the features of the QAPIP for both the PIHP and its provider network. The PIHP manages its provider network with four Community Mental Health agencies. Each CMH has accountability to how it implements the PIHP's quality improvement program within its designated catchment area.

To implement the QAPIP, the PIHP Board has established a QAPIP Oversight Committee. The QAPIP Oversight Committee assures that its sub-structure is aligned with the mandates and improvement priorities of the PIHP Board. The QAPIP Oversight Committee is composed of core members including CMH Executive Directors/designees, PIHP Chief Executive Officer, PIHP Medical Director, PIHP Chief Finance Officer, PIHP Chief Information Officer, PIHP Coordinating Agency Director and PIHP Compliance Officer/Program Integrity. Standing Committee Chairs are considered Ad Hoc Members and attend the meeting if their Committee report requires a policy action or critical endorsement by the Oversight Committee. The committee sub-structure consists of the following designated areas: Behavior Treatment Plan Review, Compliance, Customer Relations, Finance, Improving Practices Leadership Team, Information Systems, Privileging and Credentialing, Provider Network, Quality Management, Training, and Utilization Management.

To ensure direct customer involvement and participation in the PIHP's Quality Improvement Program, the PIHP Board has identified Consumer Advisory Councils within its county/catchment area. QAPIP plan and status reports are regularly communicated and discussed.

An Organizational Chart of the organizational model for the PIHP and its QAPIP is included in this plan.

B. Components and Activities:

Annually, the PIHP Board reviews and approves the QAPIP for the network. The QAPIP includes the following two components: (1) a detailed description of the overall Quality Improvement Program; and (2) an annual QAPIP plan detailing the PIHP Board's prioritized goals, improvement strategies and anticipated outcomes designed to improve the PIHP's overall systemic processes. The description and plan are updated annually or more frequently as needed. The PIHP Quality Management staff is responsible for overall evaluation of the QAPIP success and for providing mid-year status updates.

The PIHP's QAPIP includes the following items:

- Design and planning, performance measurement, intervention strategies, and outcome evaluation are the primary components of the PIHP quality improvement process. Quality improvement activities are determined by the PIHP's mission, vision, contractual requirements, strategic plan, and historical data for the region. Along with standards of care and markers developed from

external data sources (e.g., reports, accreditation standards, state and federal reports), improvement activities occur in response to customer needs, ethical guidelines, cultural considerations, clinical standards, and good business practices.

- Indicators: the activities, events, occurrences, or outcomes for which data is collected which allows for the tracking of performance and improvement over time. The quality indicators employed are objective, measurable, and based on current knowledge and clinical experience in order to monitor and evaluate key aspects of care and service.
- Performance goals: the desired level of achievement of the standard of care and benchmarks for measuring the best performance for a particular indicator.

C. Roles for Recipients of Service:

Customer participation and involvement in the development and ongoing monitoring of the PIHP's QAPIP is critical and occurs through a three-tiered model.

First, at the Policy-level, of the fifteen PIHP Board members, no less than 1/3 of the membership are recipients of service and/or their family member representatives. This framework provides for direct customer involvement in QAPIP policy setting and goal prioritization. Second, the PIHP has designated Consumer Advisory Councils within all counties that provide direct input and feedback on critical program plan and development areas. Third, individuals directly participate on the PIHP's committees and monitoring activities.

In addition to the above direct involvement, input is also obtained through a variety of satisfaction surveys used to make system and service changes to respond to identified needs.

D. Mechanisms for Adopting and Communicating Process and Outcome Improvements:

Communication processes occur through four (4) primary mechanisms within the PIHP's organizational structure.

First, the PIHP Board ultimately establishes the PIHP's QAPIP and its annual program description and plan, which includes prioritization of each fiscal year's improvement activities. Semi-annual and annual reports are provided to the PIHP Board on the QAPIP program status and outcomes. These reports are also communicated with the QAPIP Oversight Committee, Consumer Advisory Councils, and key stakeholder and community advocacy groups.

Second, the QAPIP Oversight Committee through its committees is an integral part of the QAPIP communication process. Opportunities for quality improvement activities and outcome status reports are discussed at the monthly QAPIP Oversight Committee meetings. Improvement activities can arise from the discussion of problem areas, or from the identification of new processes that need to be improved. Each committee has assigned annual performance goals/indicators that are a part of the overall QAPIP plan, as approved by the PIHP Board. These goals become the primary committee goals for the upcoming fiscal year.

Third, customer input into the QAPIP Plan, and on-going review of status reports (semi/annually), are an important communication mechanism within the PIHP's quality improvement program. This occurs through the PIHP's designated Consumer Advisory Councils.

Fourth, MDCH, as the principal payer, has direct input into the PIHP's QAPIP. Annually, two State-mandated Performance Improvement Projects are prioritized and implemented through the PIHP

provider network. These improvement projects are assigned to the Quality Management Committee for design and implementation methodology. This function is led by the PIHP staff, as assigned to the Quality Management Committee. Progress reports on these projects are submitted to PIHP Board and MDCH on a semi-annual basis. Information on these project results is then communicated to the various CMH Boards, Consumer Advisory Councils, and community advocacy groups that work with the PIHP and its provider network.

II. Governing Body Responsibilities

A. Oversight of QAPIP:

As stated earlier, the Region 10 PIHP Board has ultimate oversight for the PIHP's QAPIP Plan. Annually, the PIHP Board is charged with the responsibility for the approval and monitoring of the PIHP's Quality Improvement Plan.

Management of the region's QAPIP implementation is done by QAPIP Oversight Committee. In this manner, it is the QAPIP Oversight Committee that develops the committees, and then provides direct oversight of the network's staff to achieve the plan. The QAPIP Oversight Committee also evaluates periodic status reports on plan progress. Status reports are provided to the PIHP Board on a semi-annual and annual basis.

B. QAPIP Progress Reports:

A plan is created annually that directs the activities that are the focus of Quality Improvement efforts for the coming year. Each month, Region 10 PIHP QAPIP Oversight Committee monitors progress on planned quality improvement activities, through each committee's meeting minutes/report.

Quarterly, the PIHP's Quality Management staff prepares a QAPIP Status Report. This report is shared with the PIHP Board, QAPIP Oversight Committee, PIHP / CMH Provider Network, and various customer/interested party and community stakeholders. The report is also posted on the PIHP website for public viewing.

C. Annual QAPIP Review Report:

At year-end, the PIHP's Quality Management staff prepares an annual report that summarizes the PIHP's QAPIP efforts for the year, including QAPIP Plan results. This report is shared with the PIHP Board, Consumer Advisory Councils, QAPIP Oversight Committee, PIHP / CMH Provider Network, MDCH, and various customer / interested party and community stakeholders. The report will be posted on the PIHP website for public viewing.

D. Submission to MDCH:

Once reviewed / approved by the PIHP Board, the Annual QAPIP Report is sent to MDCH along with a list of the PIHP Board Members.

III. Designated Senior Officials:

The Region 10 PIHP Chief Executive Officer has the overall responsibility to the Region 10 PIHP Board for the QAPIP. Additionally, the PIHP Medical Director provides direct clinical oversight and medical supervision of the QAPIP Plan.

IV. Active Participation of Providers and Customers

Both providers and customers are encouraged to contribute suggestions relating to potential areas for investigation and/or improvement. Individuals receiving services have membership on Consumer Advisory Groups and the Improving Practices Leadership Team which provide formal opportunities for participation.

The PIHP utilizes a variety of mechanisms to identify important areas for improvement and to set meaningful priorities. The voices of its customers are legitimate sources of information in formulating quality improvement efforts, and customer satisfaction is indicative of quality services. The monitoring and evaluation of important aspects of care includes services provided to high-volume and high-risk customers.

In addition to seeking input from its customers, the PIHP solicits input from providers and stakeholders. Information gathering is used to determine satisfaction among these groups and identify methods of addressing concerns and fostering increased satisfaction.

V. Performance Measurement

A. State Performance Measures

The PIHP measures its performance using standardized indicators based upon the systematic, ongoing collection and analysis of valid and reliable data. A crucial part of the member satisfaction / data collection piece involves striving to surpass the benchmarks set for Performance Indicators established by the MDCH in the areas of access, efficiency, and outcome. Performance Indicator data is submitted to MDCH on a quarterly basis.

B. Other Performance Indicators

Other key performance indicators are evaluated and monitored through the QAPIP, including items such as utilization management, Evidenced Based Practices, staff training needs. Each CMHSP has tools for promoting compliance with performance indicators which is monitored by the PIHP.

VI. QAPIP Utilization to Assure Achievement of Performance Levels

The system for assuring QAPIP implementation is two-fold: (1) Utilization of the PIHP's QAPIP Oversight Committee and its designated committees charged with QAPIP Program implementation; and (2) The PIHP's sub-contract compliance monitoring process of the PIHP's provider network to ensure quality improvement efforts have been implemented.

The QAPIP Oversight Committee ensures that the QAPIP remains in the forefront of the PIHP's improvement efforts, by meeting monthly and receiving reports from each Committee on goal status. Key issues and action items are addressed at each QAPIP Oversight Committee meeting.

Secondly, each PIHP-CMH contract includes specific performance and best value outcome requirements that are reviewed in the contract monitoring process. The monitoring is a collaborative effort between PIHP staff and the provider staff to monitor and assure quality of care on a regular basis. Policies and audit tools have been developed by staff to guide the monitoring and evaluation process.

The PIHP reports on performance via the Performance Indicators Report, which is required by MDCH. This series of tables provides performance data on a number of indicators related to access, efficiency and outcome measures. The QAPIP Oversight Committee assures that quality measurements are in place to continuously monitor performance and to identify problems as they arise. This information is shared with management at the PIHP and the provider agencies on a regular basis. Also, specific problem analysis is conducted as requested or as problems are identified in the monitoring process.

Lastly, quarterly and annual reports are made available to the PIHP Board, QAPIP Oversight Committee, Consumer Advisory Councils and key community interest groups, as well as posting of the reports on the PIHP web site for public viewing.

VII. Performance Improvement Projects

Performance improvement projects will be included in the QAPIP that focus on achieving demonstrable and sustained improvement in both clinical and non-clinical services which are likely to have beneficial effects on health outcomes and customer satisfaction.

A. Clinical and Non-Clinical projects

Clinical areas to be targeted include integration of physical health care information for treatment. Non-clinical areas include administrative data collection methodology related to the integration of physical health care information.

B. Project topics

Selection of project topics will be based on requirements from MDCH with a focus on the integration of physical health care data. The need for a specific service, demographic characteristics and health risks and the interest of individuals in the aspect of service to be addressed will also be part of the selection criteria.

C. State- and PIHP-established aspects of care

Aspects of care established by the State and PIHP will be used to identify performance improvement projects.

D Number of projects undertaken during the waiver renewal period

The PIHP will engage in a minimum of two projects during the waiver renewal period.

VIII. Review and Follow Up of Sentinel Events

A. Ensuring appropriate action

The Region 10 PIHP policy, Sentinel Events and Adverse Incidents, establishes the guidelines for reporting and reviewing possible Sentinel Events and/or Adverse Incidents. The policy states that the PIHP will conduct Administrative reviews and follow-up of Sentinel Events per the following:

1. The PIHP Chief Executive Officer will provide PIHP oversight to local Provider Network review processes and reporting.
2. Recipient Sentinel Events will be reviewed locally by each CMHSP or CA organizational provider, through its Medical Director's Office and / or Sentinel Events Review Committee.
3. The PIHP or its delegate has three (3) business days after a critical incident occurs to determine if it is a sentinel event.
4. Once classified as a sentinel event, the PIHP or its delegate has two (2) subsequent business days to commence a root cause analysis of the event.

The local CMHSP / CA organizational provider develops an “appropriate response” to a sentinel event that “includes a thorough and credible root cause analysis, implementation of improvements to reduce risk, and monitoring the effectiveness of those improvements.” This should be completed by the assigned CMHSP / CA organizational provider staff and forwarded to the CMHSP/CA Sentinel Event Review Committee. Following completion of a root cause analysis or investigation, the CMHSP / CA organizational provider develops and implements either a) a plan of action or intervention to prevent further occurrence of the Sentinel Event; or b) presentation of a rationale for not pursuing an intervention. A plan of action or intervention must identify who will implement, and when and how implementation will be monitored or evaluated.

The local Sentinel Events Review Committee and / or CA office will report Sentinel Event findings to the PIHP Utilization Management Committee for review and analysis, and to document follow-up and system improvement efforts, as required by MDCH practice guidelines.

The PIHP UMC will conduct review and analysis of sentinel events report, submitted by CMHSP/CA Provider. The UMC submits periodic summary and recommendations to the PIHP QAPIP Oversight Committee for action response / disposition. The PIHP may require follow-up action on the part of the CMHSP in the form of a Corrective Action Plan / Improvement Plan.

B. Credentials of reviewers

Persons involved in the review of sentinel events must have the appropriate credentials to review the scope of care. Sentinel event findings and recommendations are reviewed by the CMH Medical Director, the CMH Office of Recipient Rights, CMH Quality Improvement Committee and the PIHP Medical Director. The CMH and PIHP Medical Directors are medical doctors.

C. Review of Unexpected Deaths

All unexpected deaths of Medicaid beneficiaries who at the time of their death were receiving specialty supports and services will be reviewed by the PIHP. Refer to PIHP policies Behavior Management Review and Sentinel Events and Adverse Incidents for specific review procedures.

D. Immediate Event Notification

Following immediate event notification to MDCH, the PIHP will submit information on relevant events through the Critical Incident Reporting System.

Following immediate event notification to MDCH the PIHP will submit to MDCH, within 60 days after the month in which the death occurred, a written report of its review/analysis of the death of every Medicaid beneficiary whose death occurred within one year of the recipient's discharge from a state-operated service.

E. Critical Incidents Reporting System

The critical incident reporting system collects information on critical incidents that can be linked to specific service recipients. The Critical Incident Reporting System captures information on five specific reportable events: suicide, non-suicide, emergency medical treatment due to injury or medication error, hospitalization due to injury or medication error and arrest of consumer. The populations on which these events must be reported differ slightly by type of event. All critical incidents are submitted monthly by the Office of Recipient Rights. Quarterly reports generated via the Critical Incident Reporting System provide initial analyses on CI data per CI categorical findings. Further analyses are prepared by the PIHP staff in regard to relevant clinical and demographic factors, thus to identify systemic improvement opportunities within the provider programs and provider network. These findings are submitted as systems analysis and improvement recommendations to the CMH Quality Improvement Council (QIC) on a quarterly basis for CMH review, analysis and recommendations. These CMH QIC review dispositions are then submitted to the PIHP QAPIP Oversight Committee for quarterly review and final disposition.

F. Risk Events Management

The PIHP has a process for analyzing additional critical events that put individuals at risk of harm. This analysis is used to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. This documentation will be available to MDCH at site visits. These events minimally include: actions taken by individuals who receive services that cause harm to themselves; actions taken by individuals who receive services that cause harm to others; two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period; police calls by staff of specialized residential settings, or general (AFC) residential homes or other provider agency staff for assistance with an individual during a behavioral crisis situation regardless of whether contacting police is addressed in a behavioral treatment plan; and emergency use of physical management by staff in response to a behavioral crisis.

IX. Review of Behavior Treatment Plan Review Committee Data

The PIHP quarterly reviews analyses of data from the Behavior Treatment Plan Review Committee where intrusive or restrictive techniques have been approved for use with beneficiaries and where physical management has been used in an emergency situation. Only techniques that have been approved during person-centered planning by the beneficiary or his/her guardian, and are supported by current peer-reviewed psychological and psychiatric literature may be used with beneficiaries. Data shall include numbers of interventions and length of time the interventions were used per person.

X. Periodic Quantitative and Qualitative Assessments of Member Experiences with Services

A. Issues addressed in assessments

The purpose of a QI program is to improve the quality of care and service provided to customers. An effective QI program demonstrates that its activities have resulted in significant improvements in the care or service delivered to customers. Improvements of the QI process are demonstrated by improvements in either the processes through which care and service are delivered or in the outcomes of care.

The PIHP evaluates the overall effectiveness of the QI program annually. The evaluation reviews all aspects of the QI program with emphasis on determining whether the program has demonstrated improvement in the quality of care and services provided to customers. The QI Department develops an annual written report on quality, including a report of completed QI activities, trending of clinical and service indicators and other performance data, and demonstrated improvements in quality. This report is presented to the QAPIP Oversight Committee and the PIHP Board for review and approval.

Issues of quality, availability, and accessibility of care are evaluated through periodic quantitative (e.g., surveys) and qualitative (e.g., focus groups) assessments of customer experiences with services. The assessments will be representative of the persons served and supports offered.

B. Actions resulting from assessments

The PIHP will use the assessment results to improve services for customers. Processes found to be effective and positive will be continued, while those with questionable efficacy or low customer satisfaction will be revised using the following:

- Takes specific action on individual cases as appropriate,
- Identifies and investigates sources of dissatisfaction,
- Outlines systemic action steps to follow-up on the finding, and
- Informs practitioners, providers, recipient of service and the governing body of assessment results.

C. Evaluation of the effects of actions

Just as the original processes must be evaluated, so do interventions used to increase quality, availability, and accessibility of care. Therefore, all actions taken as a result of assessments will be evaluated periodically. Quality Improvement is never static, and it is an expectation that all evaluation efforts will be examined on an ongoing basis.

D. Incorporation of customers in the evaluation process

Customers are included in the Quality Improvement process, as survey participants, as members of Consumer Advisory Councils, and as members of the PIHP Board. In this way customers are incorporated into the review and analysis of information obtained from quantitative and qualitative methods.

XI. Monitoring of Clinical Protocols & Practice Guidelines

The PIHP monitors quality of care on a regular basis. All PIHP contracts with providers require that contractors adhere to accrediting bodies, state and federal agency requirements and all relevant regulatory documents.

Clinical protocols and practice guidelines are utilized as a tool to determine eligibility for services and assist in making determinations regarding continued necessity of care. In other words, the PIHP refers to these protocols and guidelines to determine medically necessary supports, services, or treatment for those that they serve.

Adoption Process:

The Region 10 PIHP, via its QAPIP Oversight Committee, is the lead entity to develop the Practice Guidelines for the PIHP provider network. The PIHP Medical Director, under the guidance of the Improving Practices Leadership Team, assumes lead for this process. Public review and feedback are then obtained, followed by finalization and presentation to the QAPIP Oversight Committee for approval. The final step occurs when the guidelines are posted on the PIHP website for provider use and access.

Development Process:

Under the guidance of the Improving Practices Leadership Team and the direction of the PIHP Medical Director, the Region 10 PIHP staff develops a comprehensive package of practice guidelines that are well researched and well documented in the literature. To further develop the most effective behavioral health care services and methodologies for those that are served, the PIHP has developed both clinical service protocols, which focus on the type of service to be delivered, as well as diagnostic treatment protocols, which focus on specific evidenced based treatment delivery methodologies for key diagnostic classifications. Additionally, key stakeholders such as providers and users of services are invited to participate. Public review and comment is also an integral piece of the developmental process.

Implementation:

Following a series of clinical trainings and postings on the PIHP website of the most updated clinical protocols and practice guidelines, implementation takes place via the Utilization Management Process. Those staff completing the utilization management reviews are expected to routinely utilize the practice guidelines to assist in determining eligibility, as well as the most effective clinical standards of care. Additionally, all providers should utilize the practice guidelines to assist in ongoing treatment decisions and methods of behavioral health care.

Continuous Monitoring:

PIHP staff under direction of the PIHP Medical Director assumes responsibility for continuous monitoring and updating of all practice guidelines and clinical protocols, with regard to the latest literature, state/federal rules and regulations, and most effective standards of care. Updates are completed at a minimum of every two (2) years.

Evaluation:

Typically, a 30 day public review, comment, and feedback period takes place for any updates and/or changes to the practice guidelines. Evaluation of effective implementation of the practice guidelines is determined via Utilization Management and its case record review process.

XII. Assurance of Practitioner Licensure, Credentialing, Staff Qualification, and Staff Training

The qualifications of Physicians and other licensed behavioral healthcare practitioners/professionals employed by or under contract to the PIHP are reviewed by following the various PIHP guidelines on credentialing as in the PIHP policy.

Within this framework, the PIHP credentials all organizational providers under direct contract to the PIHP and its own PIHP behavioral healthcare practitioners. Conversely, the PIHP has delegated to each CMH the responsibility of credentialing of all organizational providers under direct contract to the CMH; and all behavioral health practitioners employed directly or under contract to the CMH as part of its panel network.

All CMHs will have Credentialing policies in place that are approved by the PIHP and that cover all behavioral health care practitioners. Providers are also bound by PIHP contract requirements and MDCH standards to provide training for all new staff and periodic training and staff development activities for all staff. This requirement includes Recipient Rights training. Other specific trainings are designated for non-licensed staff to ensure competency skills.

All PIHP CMHs are required by contract to be accredited by one of the major healthcare or rehabilitation accreditation bodies (CARF or JACHO). Under the established accreditation standards, practitioner licensure, credentialing, staff qualification, and staff training are required. The combination of the requirement that organizational providers be accredited (or demonstrate how they meet accreditation standards) as specified in the PIHP Credentialing and Privileging Policy, along with the staff level specific requirements contained in the PIHP Training Policy affords the PIHP with the capacity to provide assurances that all provider staff (including those not specifically privileged via the credentialing process) meet minimum qualifications for providing specific services and have access to adequate training related to services provided within the PIHP network. Assurances that these criteria are met are documented via the Organizational Credentialing and Enrollment process, as well as via the PIHP Contract Monitoring process. Policies, credentials and documentation concerning these requirements are reviewed during PIHP Contract Management Team audits and during the MDCH annual site review. This provider requirement is also discussed and reviewed through periodic examination of provider QI Plans and policies that are reviewed and maintained by the PIHP.

XIII. Verification of Medicaid Services

All program and clinical case records will comply with existing standards, rules or interpretative guidelines as defined by the PIHP, Department of Community Health and CMS/Medicaid.

- A. The PIHP has a policy regarding claims verification. An annual plan is developed that outlines the methodology for verification.
- B. Annually the PIHP submits a report to MDCH which contains its methodology for verification and its findings from the process, as well as providing any follow up actions that were taken as a result of the findings.

XIV. Utilization Management Program

The PIHP's Utilization Management (UM) program is an integral part of the PIHP's quality improvement plan. The PIHP's UM program core goals are as follows:

- Prompt and easy access to services and supports for all service recipients;
- Services and supports provided are appropriate for recipients' needs and are neither insufficient nor excessive;
- Services and supports provided are high quality, clinically appropriate, and are the most cost-effective available; and
- Coordination among all providers of supports and services.

To ensure the above goals are achieved, the PIHP has developed a comprehensive Utilization Management program for its provider network in the management of its plan benefits.

Oversight of the PIHP's Utilization Management program is provided through two components: (i) The PIHP Medical Director provides clinical oversight and direction of the PIHP's overall UM program and staff; and (ii) The PIHP maintains an Utilization Management Committee to ensure both the PIHP staff and its provider network are following the PIHP's clinical policies and practices.

To achieve its Utilization Management goals, the PIHP engages in a number of specific UM functions with some items being delegated to a CMHSP/CA.

- Eligibility Screening, including Psychiatric Hospitalization pre-evaluation;
- Service Authorization
- Utilization Review
- UM Committee: Retrospective Review & Outlier Management
- Development and Maintenance of Standards and Guidelines

These utilization management activities and operating processes are detailed in the PIHP UM Plan which will be approved by the PIHP Board. The UM Plan details the above UM functions performed by the PIHP and any delegated items. In addition, for specific procedures on UM processes please refer to the PIHP Policy Manual.

XV. Provider Network Monitoring

The PIHP annually monitors its provider network, including any affiliates or subcontractors to which it has delegated managed care functions, including service and support provision. The PIHP shall review and follow-up on any provider network monitoring of its subcontractors.

XVI. Special Targeted Monitoring Activities

The PIHP continually evaluates its oversight of vulnerable people in order to determine opportunities for improving oversight of their care and outcomes. MDCH will continue to work with the PIHP to develop uniform methods for targeted monitoring of vulnerable people.

The PIHP shall review and approve plans of correction that result from identified areas of non-compliance and follow up on the implementation of the plans of correction at the appropriate interval. Reports of the annual monitoring and plans of correction shall be subject to MDCH review.