REGION 10

QUALITY IMPROVEMENT PROGRAM & WORKPLAN

FY 2024

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
QI Program Structure - Annual Evaluation	The goals for FY2024 Reporting Year are as follows: • Submit FY2023 QI Program Evaluation to Quality Improvement Committee and the Region 10 PIHP Board by 10/1/2023. o Present the Annual Evaluation to the Quality Improvement Committee. The Quality Improvement Committee will be responsible for providing feedback on the qualitative analysis, proposed interventions, and implementation plan. o After presentation to the Quality Improvement Committee, the Annual Evaluation will be presented to the Region 10 PIHP Board for discussion and approval.	Deidre Murch Quality Management Department QI Program Standing Committees	**Quarterly Update:** **Q 2 (Jan-Mar):** **No updates. The FY2023 Quality Improvement (QI) Program and Workplan Annual Report was submitted to MDHHS on October 24, 2023.** **<u>Evaluation</u>: This goal has been met as the FY2023 QI Program Evaluation was submitted timely to the Quality Improvement Committee and the PIHP Board.** **Barrier Analysis: No barriers.** **<u>Next Steps</u>: Continue timeline for FY2024.**
QI Program Structure - Program Description	The goals for FY2024 Reporting Year are as follows: • Submit FY2024 QI Program Description and QI Workplan to Quality Improvement Committee and the Region 10 PIHP Board by 11/1/2023. o Review the previous year's QI Program and make revisions to meet current standards and requirements. o Include changes approved through committee action and analysis. o Include signature pages, Work Plan, Evaluation, Policies and Procedures, and attachments. • Develop the FY2024 QI Program Work Plan standard by 11/1/2023. o Present the work plan to committee by 11/1/2023. o Utilize the annual evaluation in the development of the Annual Work Plan for the upcoming year. o Prepare work plan including measurable goals and objectives. o Include a calendar of main project goal and due dates.	Deidre Murch Quality Management Department QI Program Standing Committees	**Quarterly Update:** **Q 2 (Jan-Mar):** **The responsible staff designation for the area of the Michigan Mission Based Performance Indicator System (MMBPIS) was changed to reflect current job tasks.** **The FY2024 Quality Improvement (QI) Program and Workplan was revised to remove references to the Recovery Self-Assessment (RSA) Survey. This change was recommended to the Quality Management Committee (QMC) on February 26th and approved by the Quality Improvement Committee (QIC) on March 7th and the Region 10 PIHP Board on March 15th.** **<u>Evaluation</u>: This goal is considered met as the FY2024 QI Program Description and Workplan were presented to and approved by the QIC and PIHP Board timely.** **<u>Barrier Analysis</u>: No barriers.** **<u>Next Steps</u>: Continue to monitor Workplan throughout the year for necessary changes.**
Aligned System of Care	The goals for FY2024 Reporting Year are as follows: • To promote an aligned system of care throughout the PIHP Provider Network to ensure quality and safety of clinical care and quality of service.	Tom Seilheimer Improving Practices	**Quarterly Update:** **Q 2 (Jan-Mar):** **The Clinical Practice Guidelines (CPG) Annual and Biennial Evaluation Reports were submitted to the Quality Improvement Committee (QIC) at the March**

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	○ Monitor utilization of the PIHP Clinical Practice Guidelines. ○ Complete annual and biennial evaluation reports as per policy. ○ Review Evidence-Based Practices and related fidelity review activities to promote standardized clinic operations across the provider network, e.g., Integrated Dual Disorders Treatment (IDDT), Level of Care Utilization System (LOCUS), Opioid Health Home (OHH). ○ Facilitate the annual Behavioral Health and Aging Services Administration (BHASA) LOCUS implementation plan.	Leadership Team (IPLT)	**meeting as attachment documents to the FY2023 Utilization Management (UM) Program Plan Evaluation Report. Discussion was initiated with committee members regarding the FY2024 CPG Annual Evaluation Report process. Follow up discussion on the St. Clair CMH LOCUS MiFAST Fidelity Report was completed, and Sanilac CMH and GHS were again encouraged to consider scheduling a follow up LOCUS MiFAST review, just as St. Clair CMH and Lapeer CMH have accomplished. The MichiCANS hard launch plans were discussed in terms of state and local preparation tasks and timeframes. CMH clinical leaders were encouraged to reach out to their leadership to put local hard launch plans into place.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Continue per plan.**
Employment Services	The goals for FY2024 Reporting Year are as follows: • Support progressive and safe community based CMHSP employment service practices throughout the regional Employment Services Committee (ESC). Monitor quarterly ESC meetings designed to facilitate share and learn discussions on: ○ CMHSP employment targets for competitive employment (community-based) and appropriate compensation (minimum wage or higher) ○ Standardized employment services data and report formats ○ In-service / informational materials ○ Community-based employment opportunities and collaborative practices (e.g., Michigan Rehabilitation Services [MRS])	Tom Seilheimer Improving Practices Leadership Team (IPLT) & Employment Services Committee (ESC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **The Lapeer CMH first-year MiFAST Individual Placement and Support (IPS) fidelity report was shared, and its fidelity findings and recommendations were discussed. Also highlighted were key first accomplishments and second-year systems improvement targets. GHS and Sanilac CMH indicated that this report was very informative as each considers pursuing IPS certification. Also, a share and learn discussion took place regarding the 2Q Celebrating Competitive Employment meeting. Success stories in working with Michigan Rehabilitation Services (MRS) were noted, and St. Clair shared its most recent annual IPS participation and employment rates.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Continue per plan.**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
Home & Community Based Services	The goals for FY2024 Reporting are as follows: • Monitor CMHSP network implementation of the Home and Community Based Services (HCBS) Transition Plan to ensure quality of clinical care and service. o Monitor network completion of the HCBS assessment process, Heightened Scrutiny Out of Compliance, and Validation of Compliant Settings process o Monitor the provisional approval process	Deidre Murch / Tom Seilheimer Improving Practices Leadership Team (IPLT)	**Quarterly Update:** **Q 2 (Jan-Mar):** **As discussed in a pair of Leads meetings with MDHHS, the State is collecting information to form a database of all consumers in secured settings throughout Michigan. Additionally, in lieu of in-person site visits for FY2024, MDHHS plans to survey providers regarding the physical characteristics of their setting(s). The new survey is designed to overcome issues found with the previous version which caused a lot of confusion on the part of providers responding to the questions. The PIHP and respective CMHs began work assembling contact information for this task.** **The Centers for Medicare and Medicaid Services (CMS) hosted a webinar with information pertaining to Person-Centered Planning as it relates to HCBS documentation. The PIHP HCBS Leads were in attendance as well as others from the PIHP. Other states' frameworks were discussed as well as expectations for documentation within plans. This information was shared at IPLT in January and at a meeting with CMH Leads regarding the upcoming State Site Review.** **The PIHP received 17 Provisional Approval Applications during the quarter, three (3) from GHS, two (2) from Lapeer CMH, five (5) from Sanilac CMH, and seven (7) from St. Clair CMH. Of these, 15 have been approved. One is awaiting attestation from the CMH and one requires MDHHS consultation as it is for a secured setting.** **MDHHS distributed revised Guidance Documents for the Provisional Approval process as well as updated applications for both Residential and Non-Residential Providers.** **<u>Evaluation:</u> Progress continues on this goal. The PIHP continues to monitor compliance with the Final Rule.** **<u>Barrier Analysis:</u> The PIHP has noted a lack of consistent process throughout the region in terms of**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
			timely WSA entry and applications for Provisional Approvals. **<u>Next Steps:</u> The PIHP has scheduled an in-person technical assistance with St. Clair CMH to ensure proper procedures are known and followed. Work will continue compiling the contact information as requested by MDHHS with a due date of May 31, 2024.**
Integrated Health Care	The goals for FY2024 Reporting are as follows: • Monitor CMHSP network implementation of the CMHSP/PIHP/MHP Integrated Health Care (IHC) Care Coordination Plan. o Assist in aligning network care integration processes for persons with Medicaid Health Plans, including shared case record operations and aligned network practices in utilizing the CareConnect360 (CC360) system. o Participate in PIHP/MHP Workgroup initiatives. o Develop a plan to identify members of the youth population appropriate for care coordination.	Deidre Murch / Tom Seilheimer Improving Practices Leadership Team (IPLT)	**Quarterly Update:** **Q 2 (Jan-Mar):** **During the quarter, a total of eight (8) new care plans were opened and 15 were closed. Reasons for closing care plans included members losing coverage, all goals being met, and members being unable to locate for several months.** **The PIHP fully executed an agreement with HAP CareSource and was once again able to facilitate joint care meetings for shared members.** **<u>Evaluation:</u> Progress has continued on this goal. The PIHP continues to identify members that would benefit from care coordination based on risk stratification methodology as determined by the PIHP/MHP Workgroup and MDHHS.** **<u>Barrier Analysis:</u> The efforts toward focusing on the youth population have been stifled due to uncertainty regarding specific criteria and methodology. The Workgroup assigned to this task has not met in several months.** **<u>Next Steps:</u> The PIHP has already reached out to the Lead of the Youth Population Workgroup to discuss next steps. The PIHP will continue to look for youth to discuss based on current stratification techniques until a new practice has been introduced.**
Event Reporting (Critical Incidents, Sentinel	The goals for FY2024 Reporting are as follows: • To review and monitor the safety of clinical care. o Review CMH and SUD critical incidents, to ensure adherence to timeliness of data and reporting standards and to monitor for trends, to improve systems of care.	Tom Seilheimer Sentinel Event Review Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **One sentinel event review was continued for monitoring, and so far, all provider and committee review activities have been completed as appropriate**

<table>
<tr><th>Component</th><th>Goal/Activity/Timeframe</th><th>Responsible Staff/Department</th><th>Status Update & Analysis</th></tr>
<tr><td>Events & Risk Events)</td><td>

Monitor CMH and SUD sentinel event review processes and ensure follow-up as deemed necessary.
Monitor CMH and SUD unexpected deaths / mortality review processes and ensure follow-up as deemed necessary.
Monitor CMH and SUD risk events review processes and ensure follow up as deemed necessary.

</td><td></td><td>and withing policy time frames. Monthly critical incident (CI) report monitoring revealed compliance to report timeframes and no concerning trends across report categories. The 1Q FY2024 CI report was reviewed, with discussion, and approved. No untoward trends were revealed, although close monitoring will continue regarding Emergency Medical Treatment across the CMH and SUD networks. The 2Q CMH Risk Events (RE) monitoring report was reviewed, with discussion. CMHs are completing track/trend activities across the required RE categories, along with other additional risk events. No emergent service systems issues are identified, but various prevention and proactive activities are taking place across the network. A time-limited SUD network workgroup has completed its task to inform SUD Risk Event and Risk Management (RM) reporting practices and processes. An aligned SUD network RM reporting system will begin next quarter.

<u>Evaluation:</u> Progress.
<u>Barrier Analysis:</u> None.
<u>Next Steps:</u> Continue per plan.</td></tr>
<tr><td>Michigan Mission Based Performance Indicator System (MMBPIS)</td><td>The goals for FY2024 Reporting are as follows:

The goal is to attain and maintain performance standards as set by the MDHHS contract.

Report indicator results to MDHHS quarterly per contract.
Review quarterly MMBPIS data.
Achieve and exceed performance indicator standards and benchmarks.
Ensure follow up on recommendations and guidance provided during External Quality Reviews
Provide status updates to relevant committees, such as the PIHP QIC, PIHP CEO, PIHP Board.

<table>
<tr><th></th><th>FY23 Q3</th><th>FY23 Q4</th><th>FY24 Q1</th><th>FY24 Q2</th></tr>
<tr><td colspan="5">Ind. 1 – Percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. Standard = 95%</td></tr>
<tr><td>1.1 Children</td><td>99.67%</td><td>100%</td><td>99.29%</td><td></td></tr>
</table>
</td><td>Tayler Schweiger

Quality Management Committee (QMC)</td><td>Quarterly Update:

Q 2 (Jan-Mar):
CMH and SUD Contract Amendments regarding the new benchmarks for Indicators #2 and #3 were approved, with the benchmarks in effect beginning FY2024 Q1.

Performance indicators for FY2024 first quarter were submitted to MDHHS on March 29, 2024. GHS and St. Clair CMH did not meet the set performance standard for PI 4a for the children or adult population breakout.

<u>Evaluation:</u> Regional performance decreased for both indicators with the newly established benchmarks, Indicators #2 and #3.
<u>Barrier Analysis:</u> N/A
<u>Next Steps:</u> Review plans of correction and work to identify specific barriers CMHSPs may be having.</td></tr>
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Component	Goal/Activity/Timeframe					Responsible Staff/Department	Status Update & Analysis
	1.2 Adults	99.78%	99.89%	98.57%			
	Ind. 2a – Percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of non-emergency request for service. No standard						
	2a PIHP Total	54.23%	56.34%	48.76%			
	2a.1 MI-Children	50.69%	57.58%	48.24%			
	2a.2 MI-Adults	55.19%	54.86%	49.46%			
	2a.3 DD-Children	55.32%	57.56%	45.95%			
	2a.4 DD-Adults	64.00%	68.00%	50.00%			
	Ind. 2b – Percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders. No standard						
	2b SUD	74.00%	78.17%	73.38%			
	Ind. 3 – Percentage of new persons during the quarter starting any needed on-going service within 14 days of non-emergent face-to-face assessment with professional. No standard						
	3 PIHP Total	81.62%	82.32%	78.01%			
	3.1 MI-Children	80.38%	84.51%	78.64%			
	3.2 MI-Adults	79.37%	79.33%	75.58%			
	3.3 DD-Children	92.86%	90.05%	87.71%			
	3.4 DD-Adults	81.54%	83.33%	80.00%			
	Ind. 4 – Percentage of discharges from a psychiatric inpatient unit / SUD Detox unit that were seen for follow-up care within 7 days. Standard = 95%						
	4a.1 Children	94.57%	94.37%	91.43%			
	4a.2 Adults	97.21%	97.94%	93.61%			
	4b SUD	95.60%	94.74%	96.10%			
	Ind. 10 – Percentage of readmissions of children and adults to an inpatient psychiatric unit within 30 days of discharge. Standard = 15% or less						
	10.1 Children	7.25%	14.78%	5.45%			
	10.2 Adults	12.01%	12.79%	13.77%			
Members' Experience	The goals for FY2024 Reporting are as follows: • Conduct assessments of members' experience with services. o Conduct annual regional customer satisfaction survey. o Conduct qualitative assessments (e.g., focus groups). o Conduct other assessments of members' experience as needed.					Deidre Murch Quality Management Committee (QMC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **The FY2024 Quality Improvement (QI) Program and this goal on the Workplan were revised to remove references to the Recovery Self-Assessment (RSA) Survey. The Quality Management Committee (QMC) was notified on February 26th that PIHP members recommended the removal of the objective from the**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
	○ Develop action steps to implement interventions to address areas for improvement based on member satisfaction survey. ○ Form a workgroup consisting of members of the SUD Provider Network to gather feedback and share ideas to plan upcoming surveys. ○ Develop and implement action steps to address response rates / totals.		**QAPIP. No objections were received. This change was subsequently approved by the Quality Improvement Committee (QIC) on March 7th and the Region 10 PIHP Board on March 15th.** **The PIHP met monthly with the SUD Survey Workgroup. Topics discussed included methodology, other surveys each provider participates in order to address any timeline issues, how findings of surveys and other assessments of satisfaction are shared with consumers and how their feedback is incorporated into analysis, how to properly carry out recommendations from the previous RSA survey, and ideas for future survey growth in terms of response rates and totals.** **<u>Evaluation:</u> Progress continues to be made on this goal. The SUD Survey Workgroup continues to be a fruitful platform for idea-sharing regarding assessing members' experience. The PIHP continues to explore ways to make the FY2024 Customer Satisfaction Survey useful and actionable for providers while providing a medium for persons served to voice their thoughts.** **<u>Barrier Analysis:</u> No barriers identified.** **<u>Next Steps:</u> Discuss the FY2024 Customer Satisfaction Survey internally and with the Quality Management Committee (QMC), CCBHC Leads, and the SUD Survey Workgroup to determine appropriate direction. Consider adding a question or questions aimed at measuring satisfaction for persons in recovery.**
State Mandated Performance Improvement Projects (PIPs)	The goals for FY2024 Reporting are as follows: • Identify and implement two PIP projects that meet MDHHS standards: Improvement Project #1 This PIP topic is on racial/ethnic disparities in access-to-service-engagement with Substance Use Disorder (SUD) services. Improvement activities are aimed at reducing the rate of disrupted access-to-service-engagement for persons (Medicaid members and non-Medicaid persons) served within Region 10. Improvement Project #2	Tom Seilheimer Quality Management Committee (QMC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **PIP 1 End of (EO) Calendar Year (CY) 2023 implementation monitoring reports have been received, and the regional report and the program-specific reports have been sent to programs. Data and analysis output for re-measurement 1 has been received.** **PIP 2 EOCY2023 implementation monitoring reports and CY2024 systems improvement action plans were pended to the March QMC meeting and two CMHs have submitted their plans so far. FY2023 data analysis**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
	The goal of this PIP is to ensure that children and adults within the region who are Medicaid beneficiaries will receive follow-up services within 30 days after discharge from a psychiatric inpatient hospital. This study topic aligns with the Performance Bonus Incentive Pool metric "Follow-up After Hospitalization for Mental illness within 30 Days", which applies performance standards for these two clinical cohorts. PIP performance targets have been set to exceed these performance standards. • Review Health Services Advisory Group (HSAG) report on PIP interventions and baseline. • Provide / review PIP status updates to Quality Management Committee. o QMC to consider selection of PIP projects aimed at impacting error reduction, improving safety and quality.		**for the available (6 months) has been completed and shared. Full FY2023 data will be available by June.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Continue per plan.**

External Monitoring Reviews	The goals for FY2024 Reporting are as follows:
	• To monitor and address activities related to PIHP Waiver Programs (Habilitation Supports Waiver [HSW], Children's Waiver Program [CWP], Children with Serious Emotional Disturbances Waiver [SEDW]:
	  o Follow up and report on activities to ensure compliance with the MDHHS HSW, CWP, and SEDW requirements, including timely submissions for case actions.
	  o Ensure both Professional and Aide staff meet required qualifications.
	  o Ensure compliance with person-centered planning and individual plan of service requirements, with additional focus on areas identified as repeat citations.
	  o Discuss CMH, PIHP, and MDHHS Review findings and follow up on remediation activities.
	  o Discuss and follow up on HSW slot utilization and slot maintenance.
		Shannon Jackson
		
		Quality Management Committee (QMC)
			Quarterly Update:
			
			Q 2 (Jan-Mar):
			The number of Habilitation Supports Waiver (HSW) enrollees at the close of the second quarter was 544 of the PIHP's total 656 slots. There are currently four (4) pending applications and two (2) pending disenrollments.
			
			The PIHP and CMH staff continue to discuss ways to increase enrollment numbers and have worked hard in the second quarter to complete reference tools created for the HSW Program to help staff and broaden program understanding.
			
			PIHP has met with CMH Site Review leads in the second quarter to help prepare for the MDHHS Site Review scheduled to take place this summer August-September. More meetings are being scheduled to meet with each CMH lead individually later this month.
			
			Evaluation: Noting progress with enrollment applications
			Barrier Analysis: Slot Utilization for the HSW Program
			Next Steps: Continue supporting the CMH Leads in improving the Waiver programs and slot utilization.

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Monitoring of Quality Areas	The goals for FY2024 Reporting are as follows: • To explore and promote quality and data practices within the region. o Monitor critical incident data and reporting. o Monitor risk event data and reporting. o Monitor emerging quality and data initiative / issues and requirements. o Monitor and address Performance Bonus Incentive Pool activities and indicators. o Monitor and address changes to service codes. o Review / analysis of various regional data reports. o Review / analysis of Behavioral Health Treatment Episode Data Set (BH TEDS) reports.	Lauren Campbell & Laurie Story-Walker Quality Management Committee (QMC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **BH TEDS comparison rates were reviewed and discussed with emphasis on reporting the Q Record promptly. Providers continue efforts with the dangling BH TEDS admission records that are missing an update or discharge. The EDIT meeting minutes and updates were shared with the workgroup members, along with the guidance on documenting the number of participants. All attendees are to be counted. Discussed the Electronic Visit Verification (EVV) upcoming launch and technical assistance provided by MDHHS and HHAX (Vendor for EVV project). Discussed the upcoming launch of the MichiCANS tool replacing the CAFAS/PECFAS for the those not involved in the pilot program and the upcoming training sessions. Staff should begin registering for a training session now, as there are upwards of 5000+ staff to train. Region 10's CMHSPS are included in Cohort 1, beginning in April. We requested clarification from each CCBHC if they are reporting the coordination of benefit (COB) data as well as encountering services that were paid 100% by the primary payer regarding (e.g. Medicare/BCBS/Aetna, etc). GHS, Sanilac CMH, and St. Clair CMH will follow-up and provide an update. Lapeer CMH is submitting information for mental health and will follow-up on SUD services. Discussed the modifier TF cannot be added to SUD services because this is to identify the mild-to-moderate population for mental health.** **Critical incident numbers were reviewed with the Quality Management Committee (QMC) members. All CMHs confirmed their numbers were accurate. Follow up continues to ensure critical incident remediations are addressed and submitted in the Customer Relationship Management (CRM) system according to MDHHS' guidance.** **The committee was also made aware of an upcoming data validation activity for the Adherence to**

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			antipsychotic medications for individuals with schizophrenia (SAA-AD) metric. **<u>Evaluation:</u> Progress** **<u>Barrier Analysis:</u> No barriers identified.** **<u>Next Steps:</u> PIHP staff will continue to coordinate sharing MDHHS' questions and requests for information (regarding critical incidents) from the CRM system with CMH Leads and the Chief Clinical Officer.**
Financial Management	The goals for FY2024 Reporting are as follows: • Establish consistent Region-wide finance reporting for the annual Certified Community Behavioral Health Clinic (CCBHC) Cost report. o Region 10 Chief Financial Officer (CFO) will provide quarterly training on specific aspects of the CCBHC cost report designed to inform and direct the CCBHC sites on how to gather and report the required financial information.	Richard Carpenter Finance Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **Identified date for the second quarter training. The training is currently scheduled for April 19th 12pm – 3pm.** **<u>Evaluation:</u> Progress** **<u>Barrier Analysis:</u> No barriers** **<u>Next Steps:</u> Chief Financial Officer will conduct training in April.**
Utilization Management	The goals for FY2024 Reporting are as follows: • Provide oversight on CMHSP affiliate crisis services utilization. • Monitor and advise on Peter Chang Enterprises (PCE)-based crisis service utilization reports (monthly).	Tom Seilheimer Utilization Management (UM) Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **Review of monthly critical incident reports identified no service utilization issues.** **<u>Evaluation:</u> Progress.** **<u>Barrier Analysis:</u> None.** **<u>Next Steps:</u> Continue per plan.**
Utilization Management	The goals for FY2024 Reporting are as follows: • Provide oversight on CMHSP affiliate Behavior Treatment Plan Review Committee (BTPRC) management activities over restricted and intrusive behavioral techniques, emergency physical management use, and 911 contact with law enforcement. o Monitor and advise on BTPRC data spreadsheet reports: Evaluate reports per committee discussion of findings, trends, potential system improvement opportunities, and adherence to standards (quarterly).	Tom Seilheimer Utilization Management (UM) Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **As an administrative efficiency beginning 2Q, the review process changed to a desk review process as completed by the UMC Chair, for brief status and contingent discussion at the meeting. Review of these reports indicated no service systems issues or improvement opportunities.** **<u>Evaluation:</u> Progress.** **<u>Barrier Analysis:</u> None.** **<u>Next Steps:</u> Continue per plan.**

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Utilization Management	The goals for FY2024 Reporting are as follows: • Ensure regional Utilization Review (UR). o PIHP UM Department to conduct UR: ▪ UR on SUD network provider programs (annually) ▪ UR on CMHSP Optimal Alliance Software Information System (OASIS)-user affiliates (quarterly) o UMC to monitor and advise on delegated CMHSP (GHS) UR activity reports (quarterly).	Tom Seilheimer Utilization Management (UM) Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **Substance use disorder (SUD) utilization review (UR) planning activities began March and UR implementation activities will begin during 3Q. 2Q CMH UR reporting was completed at the March UMC meeting as scheduled. Reports revealed medical necessity in many cases along with clinical and service systems improvement opportunities communicated back to provider programs.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Continue per plan.**
Utilization Management	The goals for FY2024 Reporting are as follows: • Promote aligned care management activities across key areas of network operations. o Implement Centralized UM System (UM Redesign Project) ▪ Oversight of the OASIS Users Workgroup and Sub-Workgroup o Operate the MDHHS/Region 10 Phase I Parity Compliance Plan ▪ Oversight of the Milliman Care Guidelines Indicia System and Indicia Inter-Rater Reliability System. ▪ Oversight of Region 10 participation on the UM Directors Group.	Tom Seilheimer Utilization Management (UM) Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **Utilization Management (UM) Redesign final task preparation is underway toward a 3Q launch of the project. The Milliman Care Guidelines (MCG) Indicia annual edition update is anticipated during 3Q. The UM Directors Group is helping coordinate state and vendor update activities and the contract renewal process.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Continue per plan.**
Utilization Management	The goals for FY2024 Reporting are as follows: • Promote centralized care management operations across the regional Access Management System (AMS). o Monitor and advise on AMS reports (Mid-Year, End-of-Year)	Tom Seilheimer Utilization Management (UM) Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **The End of (EO) FY2023 Access Management System (AMS) Evaluation Report was submitted to the Quality Improvement Committee (QIC) at the March meeting as an attachment document to the FY2023 UM Program Plan Evaluation Report.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Continue per plan.**

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Utilization Management	The goals for FY2024 Reporting are as follows: • Provide oversight on CMHSP affiliate community access / care management activities. o Monitor and advise on Customer Involvement, Wellness / Healthy Communities reports (quarterly)	Tom Seilheimer Utilization Management (UM) Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **Review of quarterly reports identified a range of member engagement and education activities, along with a variety of community engagement activities.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Continue per plan.**
Utilization Management	The goals for FY2024 Reporting are as follows: • Provide oversight on regional Adverse Benefit Determination (ABD) operations and reporting processes. o Monitor and advise on ABD reports: Access Management System, CMHSP affiliates, SUD network provider programs (quarterly).	Tom Seilheimer Utilization Management (UM) Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **As an administrative efficiency beginning this quarter, the review process has changed to a desk review process as completed by the UMC Chair, for brief status and contingent discussion at the meeting. Review of these reports indicated no service systems issues or improvement opportunities.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Continue per plan.**
Corporate Compliance	The goals for FY2024 Reporting are as follows: o Compliance with 42 CFR 438.608 Program Integrity requirements. o Review requirements o Identify and document responsible entities o Identify and document supporting evidence / practice o Policy review o Review PIHP Corporate Compliance Plan updates • Support reporting requirements as defined by MDHHS, Office of Inspector General (OIG), Medicaid Fraud Control Unit (MFCU), PIHP, etc. o Review of reporting process. o Review of contractual language changes in reporting. o Ongoing discussion on OIG feedback (e.g., Program Integrity Report feedback).	Kristen Potthoff Corporate Compliance Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **New MDHHS Office of Inspector General (OIG) Reports submitted (Annual Program Integrity Report, Annual Compliance Program Report). MDHHS OIG Report discussion scheduled for next month to review findings.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Discuss report findings with MDHHS OIG.**

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Corporate Compliance	The goals for FY2024 Reporting are as follows: • Compliance with 45 CFR 164.520 Notice of Privacy Practices o Review requirements. o Identify and document responsible entities. o Identify and document supporting evidence / practice. o Policy review.	Kristen Potthoff Corporate Compliance Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **Privacy Notice requirements reviewed, and responsible entities identified. PIHP Privacy Notice distributed. Discussion regarding Provider Privacy Notice federal requirements pertaining to both PIHP and Network Providers. Network Provider email communication shared regarding federal Privacy Notice and Notice distribution sent. PIHP Annual Contract Monitoring Tool performance standard updates completed. PIHP policy and contract updates drafted.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Monitoring of Network Providers.**
Corporate Compliance	The goals for FY2024 Reporting are as follows: • Review regional Corporate Compliance monitoring standards, reports, and outcomes. o Review regional PIHP contract monitoring results o Review current CMH Subcontractor contract monitoring process / content	Kristen Potthoff Corporate Compliance Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **FY2024 Annual Contract Monitoring Tool performance standard and interpretive guidelines review, and updates completed.** **Evaluation: Progress.** **Barrier Analysis: None.** **Next Steps: Monitoring of Network Providers.**
Provider Network	The goals for FY2024 Reporting are as follows: • Address service capacity concerns and support resolution of identified gaps in the network. o Review and address CMH Network gaps and capacity concerns. o Review and address SUD Network gaps and capacity concerns.	Kristen Potthoff Provider Network Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **The PIHP received and reviewed information for five (5) providers who had submitted Interested Provider Registry Forms.** **The PIHP PNM and Quality Teams discussed enhanced collaboration across the PIHP and at the Committee level regarding identified gaps in Autism Services across the region.** **Service Capacity issues continue to be an identified Barrier for the Autism Program in the second quarter. CMH Leads have identified that there are individuals waiting for applied behavior analysis (ABA) services at St. Clair CMH, Lapeer CMH and Genesee Health**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
			System. The Quality Department received monthly updates from the CMH Autism leads and will continue to communicate progress and or barriers identified with the Provider Network team. **<u>Evaluation:</u> Progress.** **<u>Barrier Analysis:</u> Network capacity for Autism Services.** **<u>Next Steps:</u> Continue work with CMH Leads in addressing service gaps.**
Provider Network	The goals for FY2024 Reporting are as follows: • Review Network Adequacy requirements and address compliance with standards. o Review requirements. o Identify and document responsible entities. o Identify and document supporting evidence / practice. o Policy review.	Kristen Potthoff Provider Network Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **MDHHS new Network Adequacy Reporting template received and reviewed. Information requests sent out to PIHP SMEs and Network Providers.** **<u>Evaluation:</u> Progress** **<u>Barrier Analysis:</u> Ensuring all MDHHS Reporting template details are addressed in the timeframe specified by MDHHS.** **<u>Next Steps:</u> Complete and submit FY2024 Network Adequacy Report.**
Provider Network	The goals for FY2024 Reporting are as follows: • Review most recent FY PIHP Contract Monitoring Results. o Review FY Contract Monitoring Aggregate Report. o Discuss trends and improvement opportunities.	Kristen Potthoff Provider Network Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **The PIHP PNM Department has continued to work closely with PIHP subject matter experts (SMEs) and Network Providers to finalize Network Provider FY2023 Annual Contract Monitoring Plans of Correction. All FY2023 Network Provider initial Plan of Correction responses have been accepted. The PIHP PNM Department continues to discuss efficiencies and improvement opportunities in monitoring Network Provider Outstanding Plan of Correction items.** **<u>Evaluation:</u> Progress.** **<u>Barrier Analysis:</u> None.** **<u>Next Steps:</u> Monitoring of Network Providers.**
Customer Service Inquiries	The goals for FY2024 Reporting are as follows: • To review and analyze baseline customer service inquiry data for the region for FY2024.	Katie Forbes	**Quarterly Update:** **Q2 (Jan-Mar)**

<table>
<tr><th>Component</th><th>Goal/Activity/Timeframe</th><th>Responsible Staff/Department</th><th>Status Update & Analysis</th></tr>
<tr><td></td><td>

To track and trend internally the customer service inquiries on a monthly basis.
Identify consistent patterns related to customer service inquiries.
Develop interventions to address critical issues within the Network.

<table>
<tr><th colspan="8">Reporting Period: FY</th></tr>
<tr><th></th><th>Q1</th><th colspan="3">Q2</th><th>Q3</th><th>Q4</th><th>Total</th></tr>
<tr><th></th><th></th><th>Jan</th><th>Feb</th><th>Mar</th><th></th><th></th><th></th></tr>
<tr><td>GHS</td><td>14</td><td>7</td><td>4</td><td>4</td><td></td><td></td><td>29</td></tr>
<tr><td>Lapeer</td><td>3</td><td>1</td><td>1</td><td>1</td><td></td><td></td><td>6</td></tr>
<tr><td>PIHP</td><td>7</td><td>0</td><td>2</td><td>0</td><td></td><td></td><td>9</td></tr>
<tr><td>Sanilac</td><td>1</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td>1</td></tr>
<tr><td>St. Clair</td><td>5</td><td>3</td><td>0</td><td>0</td><td></td><td></td><td>8</td></tr>
<tr><td>SUD</td><td>4</td><td>4</td><td>1</td><td>1</td><td></td><td></td><td>10</td></tr>
<tr><td>TOTAL</td><td>34</td><td>15</td><td>8</td><td>6</td><td></td><td></td><td>63</td></tr>
<tr><th colspan="7">Inquiry Resolution Categories:</th><th>Total</th></tr>
<tr><td colspan="7">Appeal</td><td>8</td></tr>
<tr><td colspan="7">Grievance</td><td>4</td></tr>
<tr><td colspan="7">Referral to Access</td><td>10</td></tr>
<tr><td colspan="7">Rights Complaint</td><td>1</td></tr>
<tr><td colspan="7">Referral to Provider</td><td>16</td></tr>
<tr><td colspan="7">Other</td><td>13</td></tr>
<tr><td colspan="7">Unable to Reach</td><td>10</td></tr>
<tr><td colspan="7">Pending</td><td>1</td></tr>
</table>
</td><td>PIHP Customer Service Department</td><td>The PIHP had 29 customer service inquires in Q2, which is an increase from FY2023 Q2 which had 22.

Through FY2024 Q2 Top Inquiry Resolution Categories:

Nine (9) of the inquiries were listed in the other category.
Six (6) of the inquiries resulted in a referral to a provider within the PIHP Network.
Five (5) of the inquiries were closed due to being unable to reach the consumer for follow-up.

<u>Evaluation:</u> Progress towards goal.
<u>Barrier Analysis:</u> None
<u>Next Steps:</u> Continued efforts towards goal.</td></tr>
<tr><td>Appeals</td><td>The goals for FY2024 Reporting are as follows:

To review and analyze baseline appeals data for the region for FY2024.

To track and trend internally the appeals on a monthly basis.

</td><td>Katie Forbes

PIHP Customer Service Department</td><td>Quarterly Update:

Q 2 (Jan-Mar)
The PIHP had four (4) appeals in Q2, which is a decrease from FY2023 Q2 which had eight (8) appeals.</td></tr>
</table>

<table>
<tr><th>Component</th><th>Goal/Activity/Timeframe</th><th>Responsible Staff/Department</th><th>Status Update & Analysis</th></tr>
<tr><td></td><td>

Identify consistent patterns related to appeals.
Develop interventions to address critical issues within the Network

<table>
<tr><th colspan="8">Reporting Period: FY</th></tr>
<tr><th rowspan="2"></th><th>Q1</th><th colspan="3">Q2</th><th rowspan="2">Q3</th><th rowspan="2">Q4</th><th rowspan="2">Total</th></tr>
<tr><th></th><th>Jan</th><th>Feb</th><th>Mar</th></tr>
<tr><td>GHS</td><td>5</td><td>2</td><td>0</td><td>0</td><td></td><td></td><td>7</td></tr>
<tr><td>Lapeer</td><td>0</td><td>0</td><td>1</td><td>0</td><td></td><td></td><td>1</td></tr>
<tr><td>PIHP</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td>0</td></tr>
<tr><td>Sanilac</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td>0</td></tr>
<tr><td>St. Clair</td><td>1</td><td>1</td><td>0</td><td>0</td><td></td><td></td><td>2</td></tr>
<tr><td>SUD</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td>0</td></tr>
<tr><td>TOTAL</td><td>6</td><td>3</td><td>1</td><td>0</td><td></td><td></td><td>10</td></tr>
<tr><th colspan="7">Reason for Appeal:</th><th>Total</th></tr>
<tr><td colspan="7">Grievance not resolved within 90 days</td><td>0</td></tr>
<tr><td colspan="7">Grievance not resolved within allowed days</td><td>0</td></tr>
<tr><td colspan="7">Request not acted on within 14 days</td><td>0</td></tr>
<tr><td colspan="7">Service Denial</td><td>6</td></tr>
<tr><td colspan="7">Service not started within 14 days</td><td>0</td></tr>
<tr><td colspan="7">Service Reduction</td><td>0</td></tr>
<tr><td colspan="7">Service Suspension</td><td>0</td></tr>
<tr><td colspan="7">Service Termination</td><td>4</td></tr>
</table>
</td><td></td><td>Trends:

Of the four (4) appeals three (3) were for service denial and one (1) was for service termination.

<u>Evaluation:</u> Progress made towards goal.
<u>Barrier Analysis:</u> None
<u>Next Steps:</u> Continue to monitor trends and data for appeals.</td></tr>
<tr><td>Grievances</td><td>The goals for FY2024 Reporting are as follows:

To review and analyze baseline grievance data for the region for FY2024.

To track and trend internally the grievances on a monthly basis.
Identify consistent patterns related to grievances.

</td><td>Katie Forbes

PIHP Customer Service Department</td><td>Quarterly Update:

Q 2 (Jan-Mar):
This far, there have been six (6) grievances in Q2. The PIHP will not receive grievance data from the CMH Provider Network until April 15th. This quarterly</td></tr>
</table>

<table>
<tr><th>Component</th><th>Goal/Activity/Timeframe</th><th>Responsible Staff/Department</th><th>Status Update & Analysis</th></tr>
<tr><td></td><td>

Develop interventions to address critical issues within the Network.
Meet with CMHSPs quarterly to discuss procedures for the receipt and completion of grievances.

<table>
<tr><th colspan="8">Reporting Period: FY</th></tr>
<tr><th rowspan="2"></th><th>Q1</th><th colspan="3">Q2</th><th rowspan="2">Q3</th><th rowspan="2">Q4</th><th rowspan="2">Total</th></tr>
<tr><th></th><th>Jan</th><th>Feb</th><th>Mar</th></tr>
<tr><td>GHS</td><td>34</td><td>n/r</td><td>n/r</td><td>n/r</td><td></td><td></td><td>34</td></tr>
<tr><td>Lapeer</td><td>1</td><td>n/r</td><td>n/r</td><td>n/r</td><td></td><td></td><td>1</td></tr>
<tr><td>PIHP</td><td>0</td><td>n/r</td><td>n/r</td><td>n/r</td><td></td><td></td><td>0</td></tr>
<tr><td>Sanilac</td><td>1</td><td>n/r</td><td>n/r</td><td>n/r</td><td></td><td></td><td>1</td></tr>
<tr><td>St. Clair</td><td>0</td><td>n/r</td><td>n/r</td><td>n/r</td><td></td><td></td><td>0</td></tr>
<tr><td>SUD</td><td>3</td><td>2</td><td>1</td><td>3</td><td></td><td></td><td>9</td></tr>
<tr><td>TOTAL</td><td>39</td><td>2</td><td>1</td><td>3</td><td></td><td></td><td>45</td></tr>
<tr><th colspan="7">Reason for Grievance:</th><th>Total</th></tr>
<tr><td colspan="7">Financial Matters</td><td>0</td></tr>
<tr><td colspan="7">Quality of Care</td><td>27</td></tr>
<tr><td colspan="7">Service Concerns / Availability</td><td>13</td></tr>
<tr><td colspan="7">Service Environment</td><td>0</td></tr>
<tr><td colspan="7">Suggestions / Recommendations</td><td>0</td></tr>
<tr><td colspan="7">Other</td><td>5</td></tr>
</table>
</td><td></td><td>update will be provided in the May Quality Improvement Committee (QIC) meeting.

<u>Evaluation:</u> Progress
<u>Barrier Analysis:</u> None
<u>Next Steps:</u> Receive Q2 grievance reporting from the CMH Providers and analyze that data.</td></tr>
<tr><td>Credentialing / Privileging</td><td>The goals for FY2024 Reporting are as follows:

Complete Privileging and Credentialing reviews of Organizational Applications for CMH and SUD Providers.

Review and approve or deny all Organizational Applications:

</td><td>Kristen Potthoff

Privileging and Credentialing Committee</td><td>Quarterly Update:

Q 2 (Jan-Mar):
The PIHP has received and approved one (1) Organizational Provider Application during the quarter.</td></tr>
</table>

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
	▪ Current Providers ▪ New Providers ▪ Existing Provider Renewals / Updates ▪ Provider Terminations / Suspensions / Probationary Status ▪ Provider Adverse Credentialing Determinations		**<u>Evaluation:</u> Progress.** **<u>Barrier Analysis:</u> None.** **<u>Next Steps:</u> Continue approval of Organization Provider Applications as needed.**
Credentialing / Privileging	The goals for FY2024 Reporting are as follows: • Complete Privileging and Credentialing reviews of all applicable Region 10 staff. o Review and approve or deny all PIHP Individual Practitioner Applications (includes PIHP Medical Director, Chief Clinical Officer, Clinical Manager, direct hire Access Clinicians): ▪ Current Practitioners ▪ New Practitioners ▪ Existing Practitioner Renewals / Updates ▪ Practitioner Terminations / Suspensions / Probationary Status ▪ Practitioner Adverse Credentialing Determinations o Review of all Access Center leased staff credentialing decisions from St. Clair County CMH.	Kristen Potthoff Privileging and Credentialing Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **The PIHP has not received any Region 10 staff Practitioner Applications during the quarter.** **<u>Evaluation:</u> N/A** **<u>Barrier Analysis:</u> None.** **<u>Next Steps:</u> Continue approval of Practitioner Applications as needed.**
Credentialing / Privileging	The goals for FY2024 Reporting are as follows: • Maintain a current and comprehensive policy on Privileging and Credentialing inclusive of MDHHS and Medicaid standards. o Review and update the current PIHP Privileging and Credentialing policy content. ▪ Review for alignment between policy and applications. ▪ Revise and clarify language where needed.	Kristen Potthoff Privileging and Credentialing Committee	**Quarterly Update:** **Q 2 (Jan-Mar):** **Committee members continue to review and discuss the current PIHP Credentialing and Privileging Policy for necessary updates and revisions.** **<u>Evaluation:</u> Progress.** **<u>Barrier Analysis:</u> None.** **<u>Next Steps:</u> Develop revised Policy recommendations for Management Team review.**

<table>
<tr><th>Component</th><th>Goal/Activity/Timeframe</th><th>Responsible Staff/Department</th><th>Status Update & Analysis</th></tr>
<tr>
<td>Autism Program</td>
<td>
The goals for FY2024 Reporting are as follows:

Reduce the number of beneficiaries waiting to start Applied Behavioral Analysis (ABA) services, as measured by the number of persons on the overdue list and length of stay on the overdue list before beginning services.

Monitor number of individuals eligible and not receiving services through provider numbers presented monthly on the Autism Monthly Reporting Form.
Compare submitted Autism Benefit Case Action Forms (ABCAFs) in Microsoft Teams with encounter data to identify cases active and cases not receiving services.

<table>
<tr><th></th><th></th><th>FY23 2Q</th><th>FY23 3Q</th><th>FY23 4Q</th><th>FY24 1Q</th><th colspan="3">FY24 2Q</th></tr>
<tr><th></th><th></th><th>Mar</th><th>Jun</th><th>Sep</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr>
<tr><td>Genesee</td><td>Overdue List Total</td><td>142</td><td>180</td><td>206</td><td>249</td><td></td><td></td><td></td></tr>
<tr><td></td><td>≥90 (Days)</td><td>104</td><td>142</td><td>181</td><td>220</td><td></td><td></td><td></td></tr>
<tr><td></td><td>60-89</td><td>5</td><td>9</td><td>16</td><td>18</td><td></td><td></td><td></td></tr>
<tr><td></td><td>30-59</td><td>15</td><td>14</td><td>6</td><td>10</td><td></td><td></td><td></td></tr>
<tr><td></td><td>0-29</td><td>18</td><td>15</td><td>3</td><td>1</td><td></td><td></td><td></td></tr>
<tr><td>Lapeer</td><td>Overdue List Total</td><td>3</td><td>7</td><td>11</td><td>14</td><td></td><td></td><td></td></tr>
<tr><td></td><td>≥90</td><td>1</td><td>1</td><td>5</td><td>11</td><td></td><td></td><td></td></tr>
<tr><td></td><td>60-89</td><td>0</td><td>0</td><td>0</td><td>1</td><td></td><td></td><td></td></tr>
<tr><td></td><td>30-59</td><td>1</td><td>3</td><td>4</td><td>1</td><td></td><td></td><td></td></tr>
<tr><td></td><td>0-29</td><td>1</td><td>2</td><td>2</td><td>1</td><td></td><td></td><td></td></tr>
<tr><td>Sanilac</td><td>Overdue List Total</td><td>1</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td></tr>
<tr><td></td><td>≥90</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td></tr>
<tr><td></td><td>60-89</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td></tr>
<tr><td></td><td>30-59</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td></tr>
</table>
</td>
<td>Shannon Jackson

Monitored by Quality Improvement Committee (QIC)</td>
<td>
Quarterly Update:

Q 2 (Jan-Mar):
In the second quarter, it has been discovered that there was some misinterpretation with the requested data on the Autism Monthly Reporting form. The PIHP Autism Team is working on correcting this error and deciding the best way to continue to monitor overdue totals. At the close of March, Genesee Health System reported having 224 individuals waiting for ABA services, Lapeer CMH reported 20 individuals waiting for ABA services, and St. Clair CMH reported having 31 individuals waiting to begin ABA services.

The PIHP additionally has not been receiving initial evaluation information in the form of an ABCAF form from each CMHSP, which has made validating and confirming the overdue numbers provided very challenging. The PIHP Autism Team will be reviewing the current process of monitoring, which was modified last year when the WSA was decommissioned.

The Quality department will continue to coordinate with the PIHP PNM team to help communicate areas where contract requirements are not being met, along with progress/barriers to the ABA Provider Network Capacity.

CMH leads continue to have internal discussion on staffing issues and lack of workers in the community, they also report having continued discussions with current ABA provider network regarding the large demand of evening availability as most waiting for services are school aged and in school during the day.

CMHs have reported applications are being accepted for BCBAs, QBHPs along with Behavioral Technicians to help improve the demand for services.

A provider did reach out to the PIHP interested in servicing Lapeer County. The PIHP Provider Network staff connected them with the Lapeer team to discuss
</td>
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</table>

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
	0-29: 1, 0, 0, 0 **St. Clair Overdue List Total: 20, 36, 42, 40** ≥90: 11, 13, 26, 31 60-89: 2, 3, 4, 2 30-59: 3, 17, 7, 3 0-29: 4, 3, 5, 4		**this further, this new provider could help the Region's network capacity struggles.** **A new Provider did reach out to the PIHP in the beginning of February interested in providing ABA services in St. Clair County, this information was shared with the Provider Network and St. Clair CMH.** **GHS reported having Request for Proposal (RFP) for ABA providers and CMHs have promoted job openings for BCBAs, QBHPS and Behavioral Technicians to help improve the demand for services.** **In the month of March St. Clair CMH reported that they are in the process of signing on with Blue Mind, a new ABA provider that will be opening a location in Fort Gratiot. This will hopefully help their current waitlist numbers.** **<u>Evaluation:</u> Ongoing efforts towards the goal** **<u>Barrier Analysis:</u> Reporting challenges and struggles with staffing and ABA Provider Network Capacity** **<u>Next Steps:</u> Continue to review and collaborate with the CMHs.**
Autism Program	The goals for FY2024 Reporting are as follows: • The documents and data submitted to the PIHP for Autism Benefit program enrollees will be complete and accurate. This will be evidenced by seamless use of Microsoft Teams by all CMHSPs, accurate submission of Autism Benefit Case Action Forms (ABCAFs) for initial and re-evaluation documents to the PIHP related to the Autism Benefit. • The CMHSPs will additionally submit an Autism Monthly Reporting Form to the PIHP by the 15th of each month to report data for the previous month. The PIHP will work with CMHSPs on understanding of timeframes for document and data submission, and accurate and timely processing of document submission by the PIHP.	Shannon Jackson Monitored by Quality Improvement Committee (QIC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **In the month of February, the PIHP received all the monthly Autism Reporting Forms timely. However, in March that was not the case. Overall, in the second quarter, the Autism Monthly Reporting Form was not received timely and consistently by Genesee Health System, Lapeer CMH, or Sanilac CMH.** **CMH Autism leads/designees have not been uploading initial ABCAF documentation into Microsoft Teams consistently in the second quarter. However, questions that have come up, have been addressed promptly as agreed upon in our Performance Objectives. These standards have been reviewed once more with the CMHSP Autism Leads and will continue to be addressed if these standards continue to not be met.**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
			<u>Evaluation:</u> Ongoing efforts toward the goal **<u>Barrier Analysis:</u> Receiving timely documentation submission.** **<u>Next Steps:</u> Continue**
Customer Relationship Management (CRM) System	The goals for FY2024 Reporting are as follows: • Monitor the implementation and integration of the Customer Relationship Management (CRM) System and those business processes that are housed within the platform. o Provide technical assistance to users as needed. o Evaluate implementation throughout Region 10. o Maintain oversight of business processes within the CRM, including: ▪ American Society of Addiction Medicine (ASAM) Level of Care ▪ Certified Community Behavioral Health Clinic (CCBHC) Certification ▪ CMHSP Certification ▪ CMHSP Programs & Services Certification ▪ Contract Management ▪ Critical Incident Reporting ▪ Customer Service Inquiry ▪ First Responder Line ▪ Michigan Crisis and Access Line (MiCAL) ▪ Universal Credentialing ▪ Warmline	Tayler Schweiger Monitored by Quality Improvement Committee (QIC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **Designated staff participated in a MiCAL meeting regarding CCBHC functions within the system, such as adding a CCBHC Service Card.** **The PIHP had technical issues with the Critical Incident Remediation notifications. Staff were no longer being notified when a remediation was posted in the CRM. A ticket was submitted by MDHHS, as staff were shown to have an active subscription to the incidents. PIHP staff are now receiving Partner Portal notifications via email.** **<u>Evaluation:</u> Progress; staff are now receiving portal email notifications.** **<u>Barrier Analysis:</u> N/A** **<u>Next Steps:</u> Continue**
Opioid Health Home (OHH)	The goals for FY2024 Reporting are as follows: • Continue development of the Opioid Health Home (OHH) model within Region 10. o Identify, enroll, and onboard potential Health Home Partner(s) (HHP). o Increase and manage enrollment of OHH beneficiaries.	Jacqueline Gallant Monitored by Quality Improvement Committee (QIC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **During this quarter, all providers contracted as Health Home Partners (HHPs) have been referring beneficiaries to the PIHP. This has resulted in an increased number of beneficiaries during the quarter from 266 to 450 enrollees, a 69% increase. HHPs**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
	○ Development of continuous utilization and quality improvement program.		**received guidance and support throughout the quarter at monthly meetings relating to transfer issues among the different providers, extra support on Care Plan requirements and training on Sexual Health and Recovery.** **Recoupments in Region 10 remained lowest in the State for the quarter. Quality Metrics tracked by MDHHS were released in CareConnect360 (CC360) for September 30th, 2023. The FY2023 data reflects that the OHH program for Region 10 has continued to exceed the State's and Region's rate in the areas of Follow-up within 7 days after discharge (FUA-7) and Initiation and Engagement of Alcohol and Other Drug Treatment within 14 days (IET-14). Additionally, P4P must be finalized by the State before being released to the PIHPs.** **MDHHS met with pertinent Region 10 staff to discuss the plan of transition from OHH to SUD Health Homes starting in FY2025. This transition will include 2 more qualifying diagnoses, Stimulant Use Disorder and Opioid Use Disorder. The tentative timeline for a draft of the updated Handbook is set for May/June, with a SUD Health Home kick-off in August.** **Evaluation: Enrollment growth and quality improvement efforts to oversee program utilization continue to progress** **Barrier Analysis: One newer HHP had OHH billing challenges and showed a slow increase in enrollment. Another HHP stated they have been struggling with internal staffing for billing.** **Next Steps: OHH Coordinator will continue to coordinate individual meetings with HHPs as needed for billing support. Coordinator is working on process documents to track compliance with HHP disenrollment follow-SUD Director and other departments. SUD Health Home transition will continue to be monitored as it develops.**
Certified Community Behavioral	The goals for FY2024 Reporting are as follows: • Continue development of the Certified Community Behavioral Health Clinic (CCBHC) demonstration within Region 10.	Dena Smiley	**Quarterly Update:** **Q 2 (Jan-Mar):**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
Health Clinic (CCBHC) Demonstration	○ Follow up on and monitor MDHHS Site Visit deficiencies. ○ Review CCBHC Reported Measures and State Reported Measures to maintain oversight of CCBHC Demonstration performance measures and to ensure Quality Bonus Payment benchmarks are met. ○ Oversee enrollment of CCBHC Beneficiaries in the WSA and maintaining accurate enrollee reporting: ▪ Continue updating WSA processes per the most current version of the Demonstration Handbook changes or implementations. ▪ Complete assignment into the program, transfer cases, and disenroll consumers, as needed. ▪ Continuing WSA Subcommittee meetings with CCBHC staff. ○ Educate PIHP and CCBHC staff on Demonstration requirements and operations as changes are made. ○ Enhance oversight of CCBHC encounters submitted to PIHP with qualifying diagnoses. ○ Adjust processes as needed to accommodate the increased capacity expected as a result of the expansion of the CCBHC Demonstration.	Monitored by Quality Improvement Committee (QIC)	**At the close of March, there were around 10,000 cases assigned in the Waiver Support Application (WSA). Region 10 has approximately 784 cases in our queue to process.** **MDHHS has requested that the PIHP submit a CCBHC Supplemental Data Request template for Designated Collaborating Organization (DCO) and Child And Adolescent Functional Assessment Scale (CAFAS) information for each CCBHC. This request includes SFY 2023 member-level and encounter-level information specific to each CCBHC, as reflected in the MDHHS data warehouse as of February 3, 2024. PIHPs have passed these data templates along to the CCBHCs for completion. The template for St. Clair CMH was submitted by the March 31st due date. The remaining sites must be submitted to the state by April 16th.** **MDHHS has currently updated the CCBHC Demonstration Handbook with further clarification and changes made during the fiscal year and is scheduled to be published after April 1st.** **New certification criteria for next recertifications were shared in the CCBHC Bi-Monthly meeting with MDHHS.** **Work continues on the bidirectional electronic medical record (EMR) and WSA project. The go live date is currently set for the end of August 2024.** **Region 10 provided clarification the PIHP does not have a requirement for an individual to be assigned in the WSA before the T1040 code can be reported.** **The PIHP hosted a CCBHC WSA Bi-Monthly meeting in March. MDHHS updates were shared with all CCBHC demonstration sites. Next meeting is scheduled for May 29, 2024.** **The PIHP and CMHs worked on recommending and assigning cases within the WSA. Additional discussion**

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			occurred and guidance was provided regarding expectations for the MDHHS 5515 Consent Forms. **<u>Evaluation:</u> There has been progress made towards this goal.** **<u>Barrier Analysis:</u> No barriers** **<u>Next Steps:</u> New PIHP staff have been trained on CCBHC case submission.**
1915(i) State Plan Amendment	The goals for FY2024 Reporting are as follows: • Continue development of the 1915(i)SPA model within Region 10. o Enroll and manage eligible 1915(i) Home and Community-Based Services State Plan Amendment Benefit beneficiaries in the Waiver Support Application (WSA) and maintain accurate enrollee reporting. o Monitor beneficiary enrollment to meet MDHHS guidelines regarding assessments, evaluator credentials, and overlap with other programs. o Review and share reports to maintain timely submission of updated Re-evaluations. o Educate PIHP and CMHSP staff on 1915(i) requirements as changes are made.	Shelley Wilcoxon Monitored by Quality Improvement Committee (QIC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **Focus for the 1915(i)SPA remains on enrollment and submission of timely Re-evaluations. In March, the PIHP hired a new Administrative Technician who is awaiting WSA access to assist with processing cases. The end of March WSA report showed 3,121 open cases; seven cases to enroll; and 1,138 Re-evaluations or disenrollments to process. The PIHP has requested further MDHHS guidance around notice required for disenrollments due to change in Authority.** **At the March Leads meeting, MDHHS notified the PIHPs of a new understanding of Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Authority as it applies to the iSPA. Beneficiaries requiring any of the four services previously thought to be covered under EPSDT must now be enrolled under the iSPA if not covered under any of the individual's other programs or Waivers. MDHHS sent a spreadsheet of potential enrollees for validation based on the change which the PIHP submitted by the March 27th deadline. The projected time frame for Region 10 to enter and submit those cases is April 22nd – June 5th.** **Lapeer CMH and Sanilac CMH are still working out the best method to best identify new enrollees. Use of the Coming Due/Past Due reports has been encouraged for timely processing of cases for re-evaluation. Specific guidance from MDHHS regarding notes needed for untimely cases and the issue and process around incorrect initial dates entered was discussed at the March CMH Leads meeting, along with MDHHS-suggested PIHP Technical Assistance. In February,**

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			guidance was provided regarding disenrollment of cases due to no iSPA services received in the past 90 days. The CMHs are developing reports to monitor for this, which the PIHP can validate utilizing a report created by the Region 10 Data Management Department. **The current Site Review Report tool and a preparation session was held in February, and monthly updates have been provided in preparation for a Fall review.** **<u>Evaluation</u>: The PIHP continues to support the CMHs and provide current information and guidance at monthly Leads meetings and as the need arises to resolve issues. Monitoring for service overlap with other programs and waivers continues. A PIHP report for data validation will be used to monitor for potential new enrollees as well as the need for disenrollment.** **<u>Barrier Analysis:</u> Further MDHHS guidance is required regarding Disenrollment notice. All CMHs need a method/report to continue to identify new cases for enrollment and to determine which should be disenrolled due to not receiving an iSPA service within 90 days. The PIHP and CMHS need to prepare for enrollment of EPSDT cases next month, which may require transfers.** **<u>Next Steps:</u> Process new cases and status changes, providing continued support to the CMHs to identify and resolve barriers. The CMHs must find the most accurate method to identify new cases and those for disenrollment based on MDHHS guidelines. Await further MDHHS guidance on Disenrollment notice. Prepare to process EPDST cases within the allotted time frame.**
Verification of Services	The goals for FY2024 Reporting are as follows: • The PIHP will verify whether services reimbursed by Medicaid were furnished to members by affiliates (as applicable), providers, and subcontractors. o Conduct quarterly claims verification reviews for each provider contracted during the quarter being reviewed.	Deidre Murch Quality Management & Data Management Departments	**Quarterly Update:** **Q 2 (Jan-Mar):** **Final letters were sent to Providers following review of FY2022 Q3 claims. Of those, three (3) appeals were received by the PIHP. Two (2) appeals were accepted, and one (1) still resulted in a reconsideration.**

Component	Goal/Activity/Timeframe	Responsible Staff/Department	Status Update & Analysis
	○ Prepare and submit an annual report including the claims verification methodology, findings, and actions taken in response to findings. ○ Update the PIHP Claims Verification Policy 04.03.02 to better reflect current processes. ○ Send Explanation of Benefits (EOB) letters biannually during the fiscal year. ○ Send EOB letters to more than 5% of consumers receiving services.		**PIHP staff met to discuss timeframes and methodology in Claims Verification reviews.** **<u>Evaluation:</u> Progress has been made toward this goal. A quarter of reviews has concluded. The PIHP remains on track with EOBs per annual objective.** **<u>Barrier Analysis:</u> Staff have identified several points of uncertainty throughout the review process.** **<u>Next Steps:</u> PIHP Claims Verification team will meet with leadership to establish clear Claims Verification guidance and training.**
Long-Term Services and Supports	The goals for FY2024 reporting are as follows: • The PIHP will assess the quality and appropriateness of care furnished to beneficiaries receiving long-term services and supports (LTSS), including assessments of care between care settings and a comparison of services and supports received with those set forth in the beneficiary's treatment/service plan. Mechanisms to assess include: ○ Periodic reviews of plans of service ○ Utilization reviews ○ Claims verification reviews ○ Clinical case record reviews ○ Customer satisfaction surveys • The PIHP will assess each beneficiary identified as needing LTSS to identify any ongoing special conditions of the beneficiary that require a course of treatment or regular care monitoring. Mechanisms to assess include: ○ Biopsychosocial assessments ○ Ancillary assessments • At least 95% of cases selected for utilization reviews will be in compliance with person-centered planning guidelines.	Tom Seilheimer / Lauren Campbell Monitored by Quality Improvement Committee (QIC)	**Quarterly Update:** **Q 2 (Jan-Mar):** **The PIHP Chief Clinical Officer, Customer Service Manager, and Quality Manager met to review the definition of LTSS. A document from the Statewide Customer Service Workgroup provides specific services and service codes to be considered LTSS.** **Utilization reviews are scheduled for March. Periodic reviews of plans of service continue per person-centered planning principles, but the reviews of these plans are pended to the utilization review case record review process.** **Clinical case record reviews for 1915(c) Waiver enrollees and individuals receiving Applied Behavior Analysis services are scheduled to occur during Annual Contract Monitoring. The PIHP and CMHs are also preparing for an MDHHS Site Review for the 1915(c) Waivers and the 1915(i) State Plan Amendment (SPA).** **Claims verification reviews were completed for the random sample of FY2022 Q3 claims. The claims verification processes and policy are being revisited.** **Through the person-centered planning process, the PIHP ensures the CMHSPs conduct initial and annual biopsychosocial assessments, and other assessments as needed. PIHP Clinical and Quality staff started meeting to discuss the person-centered planning**

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			process and expectations, especially for individuals receiving home and community-based services. **<u>Evaluation:</u> Progress** **<u>Barrier Analysis:</u> No barriers** **<u>Next Steps:</u> Continue activities**
External Quality Review Corrective Actions	The goals for FY2024 Reporting are as follows: • Implement corrective action plans (CAPs) and address recommendations from External Quality Reviews. Following the SFY2023 Compliance CAP Review of Region 10 PIHP, designated Standard Leads will address any outstanding findings and CAPs from SFY2021 and SFY2022 Compliance Reviews. Per the 2023 External Quality Review Performance Measurement Validation Report for Region 10 PIHP, it was recommended: o Region 10 and the CMHSP expand upon their performance indicator validation checks to ensure any manually entered dates as a result of system overrides are reviewed for accuracy.	**Compliance Monitoring:** Standard Leads & External Quality Review Team / Lauren Campbell **Performance Measure Validation:** Lauren Campbell	**Quarterly Update:** **Q 2 (Jan-Mar):** **Work continued to address recommendations provided during the 2023 Performance Measure Validation (PMV) Review and the SFY2023 Compliance Corrective Action Plan (CAP) Review. Standard Leads were prompted to add updates to the PIHP-developed Recommendation Tracking Template documents.** **The PIHP External Quality Review (EQR) Team continued planning for the SFY2024 Compliance Review. The External Quality Review Team hosted working sessions to continue preparing for the SFY2024 Compliance Review.** **The PIHP received the SFY2023 Encounter Data Validation (EDV) Aggregate Report. The PIHP EDV Team met to review the findings. A Recommendation Tracking Template document will be used to track the findings and actions taken to address the Region 10-specific recommendations.** **The PIHP also learned there will be a SFY2024 EDV activity and a SFY2024 Network Adequacy Validation (NAV) activity.** **<u>Evaluation:</u> progress** **<u>Barrier Analysis:</u> No barriers** **<u>Next Steps:</u> Continue preparation for upcoming external quality reviews and activities. Participate in scheduled webinars hosted by the Health Services Advisory Group (HSAG).**

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As of 04.04.2024