

Quality Improvement Program Plan FY2019

Community Mental Health Authority of
Clinton, Eaton and Ingham

10/01/2018 – 09/30/2019

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SECTION 1: Overview

Purpose

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) is the Community Mental Health Service Provider (CMHSP) for Clinton, Eaton and Ingham Counties. The Quality Improvement Program (QIP) provides assurance that the CMHA-CEI achieves alignment with healthcare reform and demonstrates to its consumers, advocates, community organizations, health care providers and State policy makers that it is distinctly competent as an efficient, high-performing, evidence-based, quality-focused and customer-focused provider of mental health and substance use disorder services. CMHA-CEI's QIP aligns with quality standards and expectations of The Michigan Department of Health and Human Services (MDHHS), Mid-State Health Network (MSHN), the Balanced Budget Act (BBA), and the Commission on Accreditation of Rehabilitation Facilities (CARF). MSHN has delegated the responsibility of development and implementation of a QIP in accordance with its Quality Assessment and Performance Improvement Plan to each of the CMHSP members within the region. CMHA-CEI annually develops a QIP plan to assure high quality services to our consumers.

Introduction

The QIP establishes a framework for quality and accountability for the safety of consumers. CMHA-CEI's QIP plan details the structure, scope, activities and functions of the CMHA-CEI's overall Quality Improvement Program. The QIP plan describes core activities and functions that are conducted by CMHA-CEI and its network of contracted service providers. It is the responsibility of CMHA-CEI to ensure that the QIP meets applicable Federal and State laws, contractual requirements and regulatory standards. The term of the QIP plan begins 10/01/2018 and ends 09/30/2019. Upon expiration of the term, the QIP plan shall remain in effect until CMHA-CEI's Board of Directors approves a new QIP plan. The QIP plan incorporates by reference any and all policies and procedures necessary to operate as a CMHSP.

Mission, Vision and Philosophy

Mission

The organization's mission is to fulfill two complementary but distinct roles in realizing this vision:

As a behavioral healthcare provider: Providing, directly and through partnerships, a comprehensive set of person-centered, high quality, and effective behavioral health and developmental disability services to the residents of this community.

As an advocate, catalyst, thought leader, and convener: Fostering the transformation of all aspects of community life, eliminating inequities, and promoting the common good for all, especially for persons with mental health needs

Vision

CMHA-CEI holds this vision of a community: As one in which any person with a mental health need has access to a wide range of resources to allow him or her to seek his or her desired quality of life and to participate, with dignity, in the life of the community, with its freedoms and responsibilities. As well as one that is defined by justice for persons with mental health needs. Persons with mental health needs

include those with a mental illness, an emotional disturbance, a developmental disability and/or a substance use disorder

Clinical Philosophy

CMHA-CEI will strive to serve persons with a broad range of mental health and substance abuse needs. Further, the organization has a primary commitment (as per statutory guidance provided by the Michigan Mental Health Code) to persons with serious and persistent mental illness or an impairing personal life crisis, children who are seriously emotionally disturbed, and persons with significant developmental disabilities. These principles apply to the services and supports directly provided by or contracted through CMHA-CEI.

Scope of the QIP

The scope of the QIP includes CMHA-CEI and its contractors. It identifies the essential processes and aspects of care, both clinical and non-clinical, required to ensure quality supports and services for recipients. CMHA-CEI assures that all demographic groups, care settings, and types of services, including consumers, advocates, contract providers, and community groups, are included in the scope of the QIP and in quality improvement processes using a continuous quality improvement (CQI) perspective.

The QIP applies to all CMHA-CEI programs and services. The objectives of the program are reflected in the organization's mission statement. A representative group of leadership and clinical staff participate in the Quality Improvement and Compliance Committee (QICC), which includes quality improvement staff. Designated program staff are responsible for performance measurement and management within their programs. This may include coordination and follow up with the Quality Improvement team.

The QIP plan serves as an ongoing monitoring and evaluation tool that measures CMHA-CEI's processes and outcomes to influence practice-level decisions for consumer care. It is intended to address several functions, including but not limited to:

- Improve consumer health (clinical) outcomes that involve both process outcomes (e.g., recommendation for screening and assessments) and health outcomes (e.g., reduced morbidity and mortality, integration of behavioral and physical health).
- Improve efficiencies of managerial and clinical processes.
- Improve processes and outcomes relevant to high-priority health needs.
- Reduce waste and cost associated with system failures and redundancy.
- Avoid costs associated with process failures, errors, and poor outcomes.
- Implement proactive processes that recognize and solve problems before they occur.
- Ensure that the system of care is reliable and predictable.
- Promote a culture of improvement of care.

MDHHS QIP Mandate

The Michigan Department of Health and Human Services (MDHHS) mandates that CMHSPs have a QIP and a QIP plan. CMHA-CEI has several contracts with the MDHHS for the provisions of Managed Specialty Supports and Services (Medicaid), General Fund and waiver services for mental health and substance abuse and must comply with Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 19 – Attachment P7.9.1 and CMHSP Managed Mental Health Supports

and Services Contract FY 19: Attachment C6.8.1.1 “QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAMS FOR SPECIALITY PRE-PAID INPATIENT HEALTH PLANS” and the “Department of Community Health Michigan Mission Based Performance Indicators”, and the Application for Renewal and Commitment.

SECTION 2: Organizational Structure

Organizational elements and activities and their relation to the QIP, and performance improvement activities in general are detailed below:

Governance

Michigan Department of Health and Human Services (MDHHS)

The Behavioral Health and Developmental Disabilities Administration is located within the MDHHS. The administration carries out responsibilities specified in the Michigan Mental Health Code and the Michigan Public Health Code, and administers Medicaid Waivers for people with developmental disabilities, severe and persistent mental illness, serious emotional disturbance, and substance use disorders.

Prepaid Inpatient Health Plan (PIHP)

The Behavioral Health and Developmental Disabilities Administration appoints regional PIHPs to work with CMHSPs. The regional PIHP that partners with CMHA-CEI is Mid-State Health Network (MSHN). MSHN provides oversight on standards, requirements, and regulations from MDHHS and is responsible for maintaining high quality service delivery systems for persons with serious and persistent mental illness, serious emotional disturbance, developmental disabilities, and substance use disorders.

CMHA-CEI Board of Directors

The Board of Directors is the governing body of CMHA-CEI and has ultimate responsibility for the quality of care and services delivered by the organization. It upholds CMHA-CEI’s commitment to continuous quality improvement, including the allocation of resources for organizational performance-related endeavors. The Board of Directors delegates day-to-day operational responsibility and accountability for organization performance improvement to the Chief Executive Officer. Annually, the Board of Directors reviews and formally adopts the following documents:

- Annual Quality Assessment and Performance Improvement Plan (QAPIP) created by MSHN.
- Annual Evaluation of the QAPIP created by MSHN.
- Annual Quality Improvement Program Plan.
- Ad hoc reports and position papers related to performance improvement.

Leadership Team

The leadership team at CMHA-CEI includes employees at the director and officer level. They are: The Chief Executive Officer, Chief Financial Officer, Chief Human Resource Officer, Chief Information Officer, Medical Director, Director of Quality, Customer Service and Recipient Rights, Director of Adult Mental Health Services, Director of Community Services for the Developmentally Disabled, Director of Families Forward, and the Director of Substance Abuse Services. The leadership team determines organizational

strategy and thus is a key player in the creation of the QIP. Together with the QI team, they ensure alignment between performance improvement activities and CMHA-CEI's long term vision. The leadership team actively participates in implementation and evaluation of the QIP as outlined in the QIP plan.

CMHA-CEI Management and Staff

Chief Executive Officer

The Chief Executive Officer links the strategic planning and operational functions of the organization with the QIPs, assures coordination among organizational leaders to maintain quality and consumer safety, allocates adequate resources for the QIP, and designates a person to be the leader responsible for the QIP. The Director of Quality, Customer Service, and Recipient Rights is the leader responsible for the daily management of the QIP, which includes implementation, monitoring, and revision.

Medical Director

The Medical Director provides clinical oversight related to quality and utilization of services through case supervision, participation in Root-Cause Analyses (RCA), review of clinical incidents, and participation in relevant committees.

Director of Quality, Customer Service, and Recipient Rights (QCSRR)

The Director of QCSRR has overall responsibility for implementation of the QIP and provides delegated oversight and leadership for the QIP. Under the director's leadership, an integrated, interdivisional approach is taken to improve CMHA-CEI services and systems.

Quality Improvement Staff

QI staff initiate, coordinate, and collaborate on performance improvement projects at CMHA-CEI. They sit on the Quality Improvement and Compliance Committee and are also represented on several other committees and workgroups within the agency and throughout the region. QI staff also participate in regional performance measurement activities which includes data collection and review of clinical records. Other projects include application for and renewal of accreditation, assistance with preparation for various audits, and developing and implementing plans of correction.

Other CMHA-CEI Staff

All CMHA-CEI staff, volunteers, and interns contribute to quality and performance improvement processes. This occurs in a variety of ways, including program representation at the Quality Improvement and Compliance Committee, collaboration with QI staff on performance improvement projects, incident reporting, and carrying out the agency's mission and vision while providing direct care.

Committees and Advisory Bodies

MSHN Quality Improvement Council

MSHN's Quality Improvement Council was established as a mechanism for oversight and advice related to quality improvement matters. The committee is chaired by MSHN's Quality Manager. Committee

membership includes quality and performance representatives from each of the region's participating CMHSPs. The committee reports to the MSHN Operations Council and Chief Executive Officer.

Quality Improvement and Compliance Committee (QICC)

The CMHA-CEI QICC provides oversight of the QIP through supporting and guiding implementation of quality improvement activities. Participants of QICC include the Chief Executive Officer, Director of QCSRR, Medical Director, directors of clinical programs, Chief Human Resources Officer, Chief Information Officer, Chief Financial Officer, QI staff, compliance staff, and other staff as needed. The QICC approves the QIP plan annually and has the opportunity to review, evaluate, and make suggestions as needed. Other topics covered at QICC include system-wide trends and patterns of key indicators, opportunities of improvement, discussion of results from chart reviews, agency policies and procedures, and establishment of organizational/program goals and objectives.

Critical Incident Review Committee (CIRC)

The Critical Incident Review Committee provides oversight of the critical/sentinel event processes, which involve the reporting of all unexpected incidents involving the health and safety of the consumers within the CMHA-CEI's service delivery area. Incidents include consumer deaths, medication errors, behavioral episodes, arrests, physical illness and injuries. Membership consists of the Director of QCSRR, Medical Director, compliance staff, QI staff, and representation from all four clinical programs as applicable. The goal of CIRC is to review consumer deaths and assign a cause of death, and to review critical incidents, including consumer deaths, to ensure a thorough review was conducted and, if needed, provide a plan to ensure similar incidents do not reoccur. Incident report data is reviewed by CIRC for policy review and implementation, patterns, trends, compliance, education and improvement, and presentation to QICC.

Medication and Pharmacy Committee (MAP)

The Medication and Pharmacy Committee facilitates the review of all medication incidents and communication between the contracted pharmacy and clinical programs. Other ongoing objectives of the MAP committee include trend analysis of medication incidents, dissemination of medication information from the contracted pharmacy to clinical programs, response to coordination issues between the contracted pharmacy and clinical programs, and review and development of other medication specific processes or procedures. Membership of MAP consists of the Medical Director, Agency-wide Senior Registered Nurse, representation from QI, representation from all four clinical programs, and representation from the contracted pharmacy. MAP reports to QICC.

Behavior Treatment Committee (BTC)

The BTC consists of a psychiatrist, licensed psychologist, and, as an ex-officio member, a Recipient Rights Specialist. BTC reviews and approves or disapproves any plans that propose to use restrictive or intrusive interventions with individuals served by the public mental health system who exhibit seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm. As part of this review, the committee evaluates the effectiveness of behavior treatment plans and the use of behavioral interventions. Data and a descriptive summary is submitted quarterly for review to QICC, the PIHP, and MDHHS.

Safety Committee

The safety committee ensures that the work environment is maintained adequately and that protections from potential hazards are in place. It does so by overseeing the development and review of applicable policies, procedures, and emergency response plans. In addition, the committee monitors state and federal regulatory standards and accreditation standards.

The committee also reviews and monitors performance on various safety-related components of the environment. They include: environmental concerns related to employee and consumer infections, environmental concerns related to reported employee accidents, incidents and illnesses, safety and facility inspections at CMHA-CEI sites and group homes, and emergency drills. When trends or patterns in this data are recognized, the committee is responsible for making recommendations to management to resolve safety issues.

Compliance Committee

CMHA-CEI is committed to upholding all applicable healthcare laws, regulations, and third party payer requirements as they apply to state and federal governmental programs. The Compliance Committee ensures appropriate legal business standards and practices are maintained and enforced throughout the organization. The committee is composed of compliance staff throughout the agency including the Compliance Officer, Compliance Specialist, Security Officer, Environmental Safety and Compliance Officer, CIO, CFO, Chief Human Resource Officer, Director of QCSRR, and QI staff. The Compliance Plan is created under the direction of the Compliance Committee and is approved by the Chief Executive Officer.

Consumer Advisory Council (CAC)

CMHA-CEI promotes and encourages active consumer involvement and participation within the community. The primary source of consumer input is through the CAC. The CAC meets at least quarterly and provides insight and direction to organizational strategy, advocacy, and outreach, and contributes to the monitoring and oversight of consumer and community engagement efforts. This could include but is not limited involvement with policy and program development, performance indicator monitoring, QI projects, satisfaction findings, consumer advocacy, local access and service delivery, and consumer/family education. Membership to the CAC is open to both primary and secondary consumers.

SECTION 3: Quality and Performance Improvement and Activities

The Quality Improvement Team is responsible for performing quality improvement functions and assuring that program improvements are occurring within the organization. QI operates in partnership with stakeholders including consumers, advocates, contract providers, CMHA-CEI staff, and other relevant stakeholders. The QI Team is responsible for implementing and monitoring the QIP.

Michigan Mission Based Performance Indicators

MDHHS, in compliance with federal mandates, establishes measures in the areas of access, efficiency, and outcomes. Data is abstracted regularly, and quarterly reports are compiled and submitted to the PIHP for analysis and regional benchmarking and to MDHHS. In the event that CMHA-CEI performance is below the identified goal, the QI team will facilitate the development of a Corrective Action Plan (CAP). The CAP will include a summary of the current situation, including causal/contributing factors, a planned

intervention, and a timeline for implementation. CAPs are submitted to the PIHP for review and final approval.

PIHP Required Performance Improvement Projects

MDHHS requires that CMHSPs, including CMHA-CEI, complete two performance improvement projects (PIP), each with a three-year cycle. One PIP is based upon recommendations put forward by the MDHHS Quality Improvement Council. It is subject to validation by the external quality review organization and requires use of the External Quality Review (EQR)'s standard forms. The other initiative is developed by the PIHP based upon the identified needs of the individuals served by the region's CMHSPs. The initiatives are data-driven and include annual submissions of performance and tactics for improvement.

Diabetic Monitoring for Individuals with Schizophrenia and Diabetes

This PIP was selected by the PIHP because it complements the Affordable Care Act's related efforts in health integration and mirrors current efforts across the healthcare industry (HEDIS and NCQA accreditation standards). 2019 has been the initial measurement year for this initiative to establish baseline. The measure is used to assess the percentage of members ages 18 to 64 with Schizophrenia and Diabetes who had both a low-density lipoprotein cholesterol (LDL-C) test and a hemoglobin A1c test during the measurement year. Technical requirements are provided by HEDIS.

Recovery Assessment

As providers of care for individuals who live with persistent behavioral health challenges, it is important to move toward understanding and implementing systems of care that reinforce and promote the principles of recovery. The recovery assessment PIP is designed to join with the behavioral healthcare sector in this movement and quantify the CMHSP's, including CMHA-CEI's, capacity to deliver recovery-oriented care to the consumers served. Historically, two instruments have been used: The Recovery Self-Assessment (RSA) and the Recovery Assessment Survey (RAS). Results from the administration guide individual treatment, professional development, and organizational change efforts. In 2019, only the RSA was utilized by CMHA-CEI. The RSA is a 36-item measure designed to gauge the degree to which programs implement recovery-oriented practices. It is a self-reflective tool and is designed to identify strengths and target areas of improvement as agencies and systems strive to offer recovery-oriented care.

Event Monitoring

Regular event monitoring of operations and clinical choices is an important aspect of ensuring CMHA-CEI provides exemplary care and services. Results from monitoring activities are used to guide individual professional development, identify team and organizational needs, and steer organizational culture towards adopting best practices in behavioral healthcare. Below is a brief summary of monitoring activities at CMHA-CEI.

Behavior Treatment Plans and Interventions

The data on the use of intrusive and restrictive techniques must be evaluated by the CMHSPs and be available for MDHHS review. Physical management and/or involvement of law enforcement, permitted

for intervention in emergencies only, are considered critical incidents that must be managed and reported according to Attachment C6.8.3.1 of the MDHHS/CMHSP Contract.

Denials, Grievances, and Appeals

Currently, the monitoring process for denials, grievances, and appeals focuses on our ability to provide evidence of timeliness of communication (e.g., various notices sent). As our capacity for evaluation and analysis increases, CMHA-CEI will approach this monitoring activity in a manner that helps to explore any patterns in occurrence and identify process or policy changes to resolve organizational challenges. Detailed requirements may be found in Attachment C6.3.2.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

Incident Reporting

Incident Reporting requirements are outlined in CMHA-CEI's Incident Procedure 3.3.07. Critical incident reporting requirements are defined in attachment C6.5.1.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract. Critical incidents include suicide, non-suicide death, emergency medical treatment due to injury/medication error, hospitalization due to injury/medication error, and arrests. Critical incidents are captured through the organization's incident reporting process and reviewed at CIRC.

All incident reports are reviewed through a four-tiered system.

- Tier 1: Incident reports are reviewed by the on-site supervisor where the incident occurred to assign the appropriate incident category, and note any follow-up action taken.
- Tier 2: Incident reports are reviewed by the primary/peer reviewer to review for quality of care issues, determine the need for additional documentation or follow-up, assure completeness of the information, and to notify the Director of QCSRR of high-risk critical incidents.
- Tier 3: Incident reports are reviewed by QI staff, to ensure correct categorization, note any additional follow up needs, and to bring to the next tier for review, if needed.
- Tier 4: If needed, the incident report is reviewed at CIRC for overall improvement of care.

Sentinel Event Review

Processes to identify sentinel events, understand the cause, and take necessary action to reduce the probability of future reoccurrence is defined in CMHA-CEI's Sentinel Events Procedure 1.1.14. Sentinel events are reviewed through a root cause analysis (RCA) process that is facilitated by the QI team. Sentinel events and sentinel event plans of correction are monitored by CIRC. Sentinel events are reported to MSHN and CARF as defined in CMHA-CEI's Sentinel Events Procedure 1.1.14.

Medicaid Event Verification

CMHA-CEI partners with MSHN to conduct regular audits of billed service events to verify that they are in alignment with documents submitted. For additional information about the Medicaid Event Verification, refer to the Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY18-Attachment C7.6.1 or the MSHN Medicaid Event Verification Policy.

Chart Review

CMHA-CEI regularly monitors clinical performance to ensure organizational and professional standards are upheld. Results from chart reviews are made available to programs to identify areas needing improvement.

Staff Injury/Accident Rate

CMHA-CEI regularly monitors staff injury, accident, and infection data as risk management consideration through the organization's Safety Committee. HR captures injury and accident information to monitor trends as a way to optimize organizational performance and decrease liability. Monitoring includes identifying provisions that require corrective action, providing enhanced training/education, and following-up on corrective action plans.

Provider Monitoring

Contracted providers are regularly monitored through the QI team or the provider network team. Annually, the QI team conducts Quality and Compliance, Recipient Rights, and Home and Community Based Services Review, as applicable, at each contracted AFC home, CLS provider, ABA provider, Hospital, and Fiscal Intermediary. Equivalent reviews are also completed at all directly run location.

Policy and Procedure Review

Each policy and procedure in the agency is reviewed annually. The QI team oversees and monitors this process.

Health Services Advisory Group (HSAG)

Validation of performance measures is one of three mandatory EQR activities required by the Balanced Budget Act of 1997 (BBA). State Medicaid agencies must ensure that performance measures reported by their managed care organizations (MCOs) are validated. Health Services Advisory Group, Inc. (HSAG), the EQRO for the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration, conducted the validation activities for the prepaid inpatient health plans (PIHPs) that provided mental health and substance abuse services to Medicaid-eligible recipients. The purpose of performance measure validation (PMV) is to assess the accuracy of performance indicators reported by PIHPs and to determine the extent to which performance indicators reported by the PIHPs follow state specifications and reporting requirements. CMHSPs of MSHN provided data and assisted in MSHN's HSAG review.

MSHN Audit

Every two years MSHN conducts a full monitoring and evaluation process of CMHA-CEI. This process consists of the utilization of uniform standards and measures to assess compliance with federal and state regulations, and PIHP contractual requirements. During the interim year, MSHN's review process focuses on any elements from the previous year's findings in which compliance standards were considered to be partially or not fully met. The QI team works with the clinical and administrative programs to meet the standards MSHN monitors and facilitates the audit and plan of correction processes.

MDHHS Audits

Every two years, MDHHS audits the three waiver programs (SEDW, CWP, and HSW) and the ABA program. Quality improvement staff work with the clinical departments to meet the standards MDHHS has set for these programs.

Quantitative and Qualitative Assessment of Experience

CMHA-CEI is committed to providing the highest quality of care and services. Central to this commitment is reaching out regularly to the individuals we serve, contract with, or work with to solicit their feedback.

Consumer Satisfaction Survey

As part of the CMHA-CEI quality improvement efforts, a consumer satisfaction survey is administered annually to persons who are receiving services. The purpose of this survey is to help the agency gauge the level of satisfaction among consumers who are currently receiving services and determine ways to improve practices to better service consumers. The results of the survey help to measure the quality of CMHA-CEI services and the evaluation report summarizes the levels of satisfaction consumers have with their services.

Stakeholder Survey

Every two years, CMHA-CEI is required by MDHHS to conduct an assessment of the mental health needs of our community. The assessment must involve public and private providers, school systems, and other key community partners and stakeholders. Stakeholders are asked to share the trends and needs they identify that may be related to, or indicative of, a mental health need in our community. CMHA-CEI leadership reviews the survey results to develop priority needs and planned action for the agency.

Other Survey Processes

Beyond the recurring survey processes described above, the QI team conducts additional surveys related to specific issues or targeting other audiences. Other survey processes in FY19 include:

- Transition Satisfaction and Quality of Life Survey – The intent of this survey is to gather information from consumers who are currently attending the Transitions Program, related to satisfaction with services and as they relate to their individual goals and overall life fulfillment. Surveys will be administered twice to randomly selected participants, once prior to the Transitions Program closure and once after the closure, to assess overall consumer satisfaction. The results will be used to monitor and enhance quality of services of individuals with developmental disabilities receiving CMHA-CEI services.

Organizational Performance Initiatives

The QI Team works to improve quality throughout the agency. Other tasks the QI Team works on not described above are:

CARF

QI staff apply for reaccreditation through CARF every three years. CARF is the accrediting body for all administrative programs at CMHA-CEI and a varying number of clinical programs. The triennial CARF survey determines CMHA-CEI's conformance to all applicable CARF standards on site through the observation of services, interviews with persons served and other stakeholders, and review of documentation.

Internal Research Approvals

All research, manuscripts, or written documents related to CMHA-CEI operations (directly operated or contractual), and/or clients undertaken by CMHA-CEI employees, contractual staff, interns, students, volunteers, consultants to contractual agencies, representatives of the Michigan Department of Community Health, or other individuals must be reviewed by the Research Review Committee. Research must receive the prior written approval of the Chief Executive Officer. Activity of the Research Review Committee is facilitated by the QI team.

Data Reporting through ICDP/CC360

CMHA-CEI has access to Medicaid claims data through two sources. The Integrated Care Delivery Platform (ICDP) is a tool utilized by MSHN. Care Connect 360 (CC360) is the tool utilized by MDHHS. Through both resources the QI team reviews data as required by MSHN and MDHHS and also at the request of the clinical programs. The data available through ICDP/CC360 has also been utilized by the QI team to facilitate collaboration with community partners, review and develop performance measures, and to participate in MSHN PIP processes.

Annual Submission to MDHHS

Annually, the QI team submits required data to MDHHS. This data includes estimated workforce changes for the fiscal year, a summary of service requests and waiting list information. Every other year, the annual submission includes a needs assessment and planned action.

State Recertification

Every three years, the QI team submits required documentation to MDHHS to recertify CMHA-CEI as a CMHSP. Information prepared for submission includes accreditation information for CMHA-CEI and applicable contract providers, lists of all contracts with other agencies or organization that provide mental health services under the auspices of CMHA-CEI including services provided, and identification of any changes to CMHA-CEI's provider network.

HCBS Support for the Agency

The QI team, specifically Quality Advisors, acts as the independent verification team to ensure that internal oversight of MDHHS and MSHN plans of correction is conflict free. Activity includes coordination with MSHN and MDHHS on survey processes, supporting provider plan of correction development, facilitating plan of correction follow-up, on-site verification, facilitation of communication with MSHN and MDHHS, and ongoing support of education and documentation improvement processes.

SECTION 4: Evaluation of QIP Plan Effectiveness

An evaluation of the QIP plan is completed at the end of each calendar year. The evaluation summarizes activity that occurred around the goals and objectives of the CMHA-CEI's Quality Improvement Program Plan and progress made toward achieving the goals and objectives. The evaluation will describe the quality improvement activities conducted during the past year related to the goals/objectives, including a description of targeted processes and systems implemented, outcomes of those processes and systems, any performance indicators utilized, the findings of the measurement, data aggregation, assessment and analysis processes implemented, and the quality improvement initiatives taken in response to the findings.

SECTION 5: QIP Plan Goals and Objectives

- Report and complete an assessment of the annual effectiveness of the QIP for FY19
- Conduct ongoing annual review of required policies and procedures
- Continue monitoring of quality and performance improvement related to Critical Incidents
- Review available healthcare data for identification of trends and quality improvement opportunities
- Develop a process to measure stakeholder feedback and/satisfaction

REFERENCES:

- Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program
- Attachment C.6.5.1.1 Reporting Requirements, MDDHS/CMHSP Managed Mental Health Supports and Services Contract FY18
- Attachment C6.8.3.1 MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY 18
- Attachment C6.3.2.1 MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY 18
- Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY18-Attachment C7.6.1
- MSHN Quality Policy, Medicaid Event Verification