Quality Improvement Program Plan FY2023
Community Mental Health Authority of
Clinton, Eaton, and Ingham Counties

10/01/2022 – 09/30/2023

Prepared by: CMHA-CEI Quality Improvement Team – December 2022

Reviewed by: Quality Improvement and Compliance Committee – January 2023

Approved by: Board of Directors – February 2023

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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 CMHA-CEI achieves alignment with healthcare reform and demonstrates to its consumers, advocates, community organizations, health care providers, and State policymakers 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), the Commission on Accreditation of Rehabilitation Facilities (CARF), and Certified Behavioral Health Clinic (CCBHC). MSHN has delegated the responsibility of the 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 10/01/2022 and ends 09/30/2023. 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 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 them to seek their 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 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. CMHA-CEI adheres to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care.

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 that seeks to continuously improve its quality 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 23 – Attachment P7.9.1 "Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans" and CMHSP Managed Mental Health Supports and Services Contract FY 23: Attachment C6.8.1.1 "Quality Improvement Programs for CMHSPs" and the Application for Renewal and Commitment.

CCBHC QIP Requirement

CMHA-CEI is certified as a CCCBHC by the state of Michigan. CCBHC's are required to develop, implement, and maintain an effective, CCHBC-wide-date-driven continuous quality improvement (CQI) plan for clinical services and clinical management. The CQI projects are clearly defined, implemented, and evaluated annually. The number and scope of distinct CQI projects conducted annually are based on the needs of the CCBHC's population and reflect the scope, complexity, and past performance of the CCBHC's services and operations. The CCBHC-wide CQI plan addresses priorities for improved quality of care and client safety and requires all improvement activities to be evaluated for effectiveness. The CQI plan focuses on indicators related to improved behavioral and physical health outcomes and takes actions to demonstrate improvement in CCBHC performance. The CCBHC documents each CQI project implemented, the reasons for the projects, and the measurable progress achieved by the projects. One or more individuals are designated as responsible for operating the CQI program. The QIP serves as the CCBHC CQI Plan.

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 department 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)

MDHHS 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 organizational 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.

Director Group

The Director Group 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 Integrated Treatment and Recovery Services (formerly Substance Abuse Services). The Director Group 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 Director Group actively participates in the 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 the 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 (QI) 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 include data collection, review of clinical records,

and provider monitoring. 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 quality and performance-improvement activities, 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 council is chaired by MSHN's Quality Manager. Council membership includes quality and performance representatives from each of the region's participating CMHSPs. The council reports to the MSHN Operations Council and MSHN Chief Executive Officer.

Quality Improvement and Compliance Committee (QICC)

The CMHA-CEI QICC provides oversite of the QIP by supporting and guiding the 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 for improvement, discussion of results from chart reviews, agency policies and procedures, and establishment of organizational/program goals and objectives.

QICC Performance Indicator Improvement Workgroup

In 2022, The QI Team formed a workgroup within QICC composed to address processes and outcomes from Performance Indicators (PIs). The initial goals of the group are to solidify a uniform process for documenting events and episodes for PI 2a (timeliness to assessment from initial inquiry) and PI 3 (timeliness to start of service from assessment). Information Services (IS), Quality Improvement (QI), Access, and clinical programs for Adult Mental Health Services, Families Forward (Youth with Serious Emotional Disturbance), and Community Services for the Developmentally Disabled (Adult and Youth IDD) will convene regularly to discuss protocol and work to update guidelines for documenting reasons for non-compliance in the electronic health record.

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 (currently the Medical Director), a licensed psychologist, and, as an ex-officio member, a Recipient Rights Specialist. Other members of the BTC include clinical and QI staff. 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 are submitted quarterly for review to CIRC, 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, 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. As CMHA-CEI is a Certified Community Behavioral Health Clinic (CCBHC) there is a requirement through SAMHSA is to ensure consume participation. The CAC provides meaningful input to the board about policies, processes, and services to meet this requirement. 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 to 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.

Healthcare Integration Committee

CMHA-CEI is seen as a convener and partner in the implementation of healthcare integration by providing meaningful and manageable approaches in achieving outcomes to improve the overall quality of life for those we serve. The Healthcare Integration Committee ensures the agency is meeting the healthcare-integration vision. The committee is composed of the CEO, Directors, Healthcare Integration Supervisors, clinical supervisors, finance supervisors, prevention and outreach coordinator, grant administrator, and QI staff.

Virus Task Force

The Virus Task Force is comprised of the Medical Director, CEO, Chief Human Resource Officer, Director of Quality, Customer Service and Recipient Rights, Property & Facilities Supervisor, Safety and Security Coordinator, Agency Senior RN, and QCSRR Administrative Assistant. The goals of the Virus Task Force are processing updated guidance of CDC, State, and local Health Departments; developing and reviewing internal protocols; monitoring protective equipment ordering and management; facilitating communication with staff, providers, or consumers and the public; reviewing and responding to questions received; and creating sub-groups to work on specific issues, such as training and education or other topics that may arise.

Trauma Workgroup

The Trauma Workgroup is comprised of staff throughout the agency including clinical directors and supervisors, the Director of Quality, Customer Service and Recipient Rights, and the Chief Executive Officer. The goal of the Trauma Workgroup is to make CMHA-CEI a trauma-informed care organization and ensure that CMHA-CEI is utilizing trauma-informed systems of care. This includes creating and maintaining a safe, calm, and secure environment with supportive care, a system-wide understanding of trauma prevalence and impact, recovery and trauma-specific services, and recovery-focused, consumer-driven services.

Certified Community Behavioral Health Clinic (CCBHC) Workgroups

CMHA-CEI has utilized various CCBHC workgroups to address and move forward the agency's goal of becoming a successful Certified Community Behavioral Health Clinic. CMHA-CEI Directors meet regularly to discuss CCBHC implementation.

SECTION 3: Quality and Performance Improvement and Activities

The Quality Improvement Team is responsible for performing quality improvement functions and ensuring 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. Beginning in Q3 of FY2020, changes were made to the PI process, eliminating the standard and exceptions/exclusions for indicators 2 and 3. A baseline will be collected from CMHSPs over the course of at least one additional year before a standard is set. More information on CMHA-CEI's tracking of Performance Indicators can be found in the FY2020 QIP Report.

PIHP Required Performance Improvement Projects (PIP)

MDHHS requires that CMHSPs, including CMHA-CEI, complete two performance-improvement projects (PIP), per waiver renewal period. 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. The current PIPs are for FY22-FY25.

Racial or Ethnic Disparities within the Region and Populations Served

The PIP topic chosen for this cycle is, "Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African American population and the white population." This PIP was chosen to improve access and engagement with services addressing any racial disparities that exist during the onset of treatment. Data from calendar year 2021 were reviewed for an initial measurement for this initiative to establish baseline data. Calendar year 2023 will be the first re-measurement period, and calendar year 2024 will be the second re-measurement period. Following the re-measurement periods, interventions will be identified and actions taken to address any found disparity in service access or provision.

The second or additional PI project(s) is chosen by the PIHP. MSHN QIC has recommended and MSHN Operations Council has approved the following Non-clinical Performance Improvement Project to ensure timely access to treatment:

> Study Topic - The racial or ethnic disparities between the black/African American minority penetration rate and the index (white) penetration rate will be reduced or eliminated.

> Study Questions - Do the targeted interventions reduce or eliminate the racial or ethnic disparities in the penetration rate between the black/African American minority penetration rate and the index (white) penetration rate?

Performance is reviewed as outlined in the performance improvement project description. The summary is submitted to the external quality review organization for a validation review, and to MDHHS through the QAPIP Annual Report and upon request.

Recovery Self-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 self-assessment (RSA) 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. The RSA PIP concluded in FY21 and, based on improved performance demonstrated over the past 6 years, the administration of the RSA was discontinued in FY22.

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 toward 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. The Behavior Treatment Review Committee reviews and tracks restrictive techniques in plans. The QI Team has taken a lead role in the facilitation and organization of the Behavior Treatment Committee (BTC). In addition to state reporting requirements for Behavior Plans, CMHA-CEI reviews behavioral incidents of all consumers and monitors progress at BTC.

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. Compliance Staff are responsible for tracking this data.

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.

The QI team uses the internal Incident Report System to identify events needed to notify MDHHS. In 2022, MDHHS implemented a new system for Critical Incident Reporting and Event Notification Requirements including:

- Suicide
- Non-suicide death
- Emergency Medical Treatment due to Injury or Medication Error
- Hospitalization due to Injury or Medication Error
- Arrest of Consumer

A summary of the incident reports filed and reviewed can be found in the attached FY22 QIP reports

Sentinel Event Review

Processes to identify sentinel events, understand the cause, and take necessary action to reduce the probability of future reoccurrence are 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 the 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 as defined in the Clinical Record Review Procedure 3.2.13C. QCSRR compiles the aggregate data and meets with the clinical programs to review results on a quarterly basis. QCSRR meets with the clinical program to assist in analyzing the data, determine areas of improvement, and develop a plan to address the issues identified.

Staff Injury/Accident Rate

CMHA-CEI regularly monitors staff injury, accident, and infection data as risk management considerations 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 QA team or the provider network team. Annually, the QA 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 locations.

Policy and Procedure Review

Each policy and procedure in the agency is reviewed annually. The QI team oversees and monitors this process through the PolicyStat document management system in collaboration with clinical directors and administrators.

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. The 2022 review included a desk audit and a review of corrective action plans that were submitted during the 2021 full audit. The next audit will include a full review and Medicaid Event Verification taking place from June 5-8, 2023.

MDHHS Audits

Every two years, MDHHS audits the three waiver programs (Serious Emotional Disturbance Waiver, Children's Waiver Program, and Habilitation Support Waiver). Quality Improvement staff work with the clinical departments to meet the standards MDHHS has set for these programs. The 2022 Audit included a review of SEDW, CWP, and HSW.

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 serve 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.

In 2022, the Youth Services Survey (YSS) and Mental Health Statistics Improvement Program (MHSIP) survey were administered to a random selection of CMHA-CEI Consumers. While the CMHSPs in the region are responsible for administering the survey, the PIHP collects and maintains the data and survey findings. Results of recent satisfaction survey efforts can be found in the attached QIP Report from FY22.

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, mental health needs in our community. CMHA-CEI leadership reviews the survey results to develop priority needs and planned actions for the agency. CMHA-CEI evaluated stakeholder concerns over the year from a survey that was conducted in 2022.

Priority needs identified during the 2022 survey included access to care, training of Direct Care Staff, Recruitment and Retention of staff, strain on crisis services, and access to housing and resources for adults with serious and persistent mental illness.

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 within the agency include:

- Agency Trauma Self-Assessment – An agency trauma workgroup was formed to expand efforts to combat the negative impact of trauma for consumers and secondary trauma for staff. In 2017, a survey was sent to all agency staff to encourage staff participation from all departments to assure broad organizational representation in the results. The results were analyzed by the Trauma Workgroup to help identify where programs and supports are needed as well as assist with targeting information and training. This survey was repeated in 2020. The results from both surveys can be found in the attached QIP from 2021.
- National Core Indicators (NCI) Survey - The NCI Survey is a collaboration between participating states, the Human Services Research Institute, and the National Association of State Directors of Developmental Disabilities Services. Information about specific 'core indicators' is gathered to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. The NCI survey aims to assess family and adult consumer perceptions of satisfaction with their community mental health system and services. Consumers are selected at random and asked if they would like to participate in the in-person survey. Data gathered through this survey is intended to assist in informing strategic planning, legislative reports, and prioritizing quality improvement initiatives.

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. In 2020, CARF conducted a digitally enabled site survey and granted CMHA-CEI the standard three-year accreditation. Corrective actions from the survey findings have been included in a Quality Improvement Plan and are listed in the attached report. The next CARF survey will be conducted in the spring or summer of 2023.

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 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.

Care Alerts

CMHSPs have the ability to review Care Alerts as identified in the Integrated Care Delivery Platform (ICDP). ICDP provides specific details identifying individuals who have an active Care Alert, which can be exported and reviewed for follow up. Follow up can include reviewing services provided to the individual, coordinating with the primary clinician, or creating a wider action plan. The Quality Improvement team has identified four Care Alerts to review and address in CY2023: Diabetes Monitoring, Cardiovascular Screening, Follow-Up After Hospitalization Mental Illness - Adult, and Follow-Up After Hospitalization Mental Illness - Child.

- Follow-Up After Hospitalization Mental Illness - This measure is defined as the percentage of discharges for members who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge. QI reviewed care alerts for 312 identified adults, and care alerts for 48 identified children under this category.
- Diabetes Monitoring - This measure is defined as the percentage of members 18 to 64 years of age with schizophrenia and diabetes who had both a low-density lipoprotein cholesterol (LDL-C) and a hemoglobin A1c (HbA1c) test during the measurement period. QI reviewed care alerts for 123 identified consumers under this category.
- Cardiovascular Screening - This measure is defined as the percentage of individuals 25 to 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication and who received a cardiovascular health screening during the measurement year. QI reviewed care alerts for 118 identified consumers under this category.

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. The FY2021 annual submission which is submitted in FY22 created new planned actions which were made in response to the needs

assessment conducted. In FY23, QI will be working with other staff to create an internal Needs Assessment Report to assist the agency in identifying strengths and challenges.

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 organizations 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. CMHA-CEI was last certified in 2019 and is effective until March 9, 2022. In 2022 MDHHS began the process to move the CMHSP certification process to an updated system and all current certifications were extended for 2 years. CMHA-CEI is currently certified until March 9, 2024.

State Reporting

The QI team regularly assists the agency in compiling and submitting reports to MSHN or MDHHS, as needed. Examples include the biannual credentialing report for MSHN and the annual "Special Education to the Community" report for MDHHS.

HCBS Support for the Agency

Members of the QI team, specifically Quality Advisors, act as independent verifiers to ensure that internal oversight of MDHHS and MSHN plans of correction are 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.

Environmental Modifications

Environmental Modifications is a Medicaid Covered Service that CMHA-CEI has a higher level of review due to the higher cost and involvement of contract staff. QI staff monitor and review all requests received for environmental modifications according to the Environmental Modifications Procedure 3.6.23E. QI staff developed this procedure to ensure it meets MDHHS Medicaid Provider Manual requirements and fulfills the Scope of Work to meet the needs of the consumers we serve, so they are able to meet their goals/objectives.

Enrollee Rights and Responsibilities

CMHA-CEI is committed to treating members in a manner that acknowledges their rights and responsibilities. It is the policy of CMHA-CEI to monitor and ensure that a recipient of mental health services has all of the rights guaranteed by state and federal law, in addition to those guaranteed by P.A. 258, 1974, Chapter 7 and 7A, which provides a system for determining whether, in fact, violations have occurred; and shall ensure that firm and fair disciplinary and appropriate remedial action is taken in the event of a violation. The CEO ensures that CMHA-CEI has written policies and procedures for the operations of the rights system on file with the Michigan Department of Health and Human Services (MDHHS) – Office of Recipient Rights. Education and training in recipient rights policies and procedures are provided to its Recipient Rights Advisory Committee and staff. MDHHS routinely conducts site

reviews. Annual reports from the CMHA-CEI Recipient Rights Office are submitted to MDHHS as required by Chapter 7 of the Michigan Mental Health Code. Additionally, procedures have been established to address the complaints and appeals processes through the CMHA-CEI Corporate Compliance Officer.

Utilization Management

CMHA-CEI has a Utilization Management unit under the Quality, Customer Service, and Recipient Rights Department. Utilization Management monitors the agency's resources through regular review and the collection and analysis of data. CMHA-CEI utilizes and follows MSHN's Utilization Management Plan. The utilization plan components address practices related to retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, and other aspects of utilization management as deemed appropriate by directors.

Risk Assessment Plan

In FY23, the QI team will be working with staff across the agency to develop an agency-wide Risk Management Plan. The Risk Management Plan will assist the agency to address risks and increase awareness about identifying risk and how to minimize it.

Healthcare Integration Initiatives

CMHA-CEI's healthcare integration vision is to be a convener and partner in the implementation of healthcare integration by providing meaningful and manageable approaches in achieving outcomes and improving the overall quality of life for those we serve. Through the Healthcare Integration Committee, there will be three workgroups to help drive healthcare integration initiatives.

1. Primary Care Provider Status and use of Continuity of Care Document
2. Treatment Planning
3. Population Health

Healthcare Integration Programs

Healthcare Integration programs with community partners to provide Behavioral Health Consultants (BHCs) who address both health behaviors and behavioral health. Goals include functional restoration and patient activation. BHCs work as integrated members of the medical team. There are currently 12 clinics in the community that have CMHA-CEI BHCs.

Certified Community Behavioral Health Clinic (CCBHC)

CCBHC is a model of care and a way of providing quality, accessible treatment to consumers using data and evidence-based practices. In 2018, CMHA-CEI was awarded a two-year federal grant to expand services for individuals with a diagnosis of Serious Mental Illness, Serious Emotional Disturbance, Substance Use Disorder, or Co-Occurring Disorders and are uninsured, underinsured, or have commercial insurance. CMHA-CEI was additionally awarded a two-year expansion CCBHC grant through April 2022. In April 2022, CMHA-CEI was also awarded full certification of its Certified Community Behavioral Health Clinic through the Michigan Department of Health and Human Services. The certification is valid for two years. There are several quality measures for CCBHC consumers that are tracked and reported to the state.

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

FY2023 Goals
- Successful implementation of PolicyStat management system to oversee and manage policies and procedures for the agency.

- Work with Information Systems Department on updating Incident Reporting System for updated MDHHS report

- Develop an agency-wide Needs Assessment Plan

- Begin to utilize available data for quality process improvement and to begin looking at disparities (data through chart reviews, audits, SmartCare reports, ICDP)
- Prepare for successful CARF accreditation in Spring 2023

REFERENCES:
- Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program Contract FY23:
  - Attachment P7.9.1 Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans
- MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY23:
  - Attachment C6.3.2.1 Local Dispute Resolution Process
  - Attachment C6.5.1.1 Reporting Requirements
  - Attachment C6.8.1.1 Quality Improvement Programs for CMHSPs
  - Attachment C6.8.3.1 Standards for Behavior Treatment Plan Review Committees
  - Attachment C7.6.1 Compliance Examination Guidelines
- Mid-State Health Network Quality Assessment and Performance Improvement Plan (QAPIP)
- MSHN Quality Policy, Medicaid Event Verification
- Mid-State Health Network Utilization Management Plan