CMHPSM Quality Assessment and Performance Improvement Program (QAPIP) Summary of FY2023 Workplan Priorities

The FY23 QAPIP Workplan includes completion of required elements of the QAPIP, growth areas based on external site reviews, and the review of effectiveness. Figure 1 provides the QAPIP Priorities and Quality Work Plan for FY23. Figure 2 provides the FY23 QAPIP Performance Measures.

FY2023 Workplan Priority Outcomes:	Green- Met Outcome	White – Partially Met Outcome.	Orange – Outcome Not Met.	Grey – No benchmark or establishing baseline.

Figure 1. FY23 QAPIP Priorities and Work Plan

Governance	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM Board of Directors will approve the QAPIP Plan and Report	Submit the annual QAPIP Plan to the Board. Submit the annual QAPIP Evaluation to the Board	CMHPSM COO	12/14/22 02/08/23	Met
Board of Directors review QAPIP Progress Reports	Submit QAPIP progress reports to the Board.	CMHPSM COO	Quarterly	Met
CMHPSM QAPIP will be submitted to Michigan Department of Health and Human Services	Submit the Board approved QAPIP Plan, Report(Evaluation), and Governing Body Form to MDHHS. (via MDHHS FTP Site)	CMHPSM Compliance/Quality Manager	2/28/23	Met
Communication of Process and Outcome Improvements	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
The QAPIP Plan and Report will be provided annually to network providers and to members upon request.	Post to the CMHPSM website. Ensure CMHSP contractors receive the QAPIP. Provide QAPIP Plan and Evaluation reporting at CMHPSM provider meetings. Communications to providers on the availability of QAPIP reports on the CMHPSM website. Communications to regional committees. Ensure Regional Customer Services Committee includes members ability to request QAPIP documents in informational materials	CMHPSM Compliance/Quality Manager CMHPSM Network Management Committee Regional Customer Services Committee	03/03/2023	Met

Consumers & Stakeholders receive reports on key performance indicators, consumer satisfaction survey results and performance improvement projects	To present reports on QAPIP activities and performance measures to RCAC on Consumer Services reports on persons experience, satisfaction survey results, grievances, appeals, PIPs, MMBPIS, event data, quality policies/procedures and Customer Service Reports to RCAC. Incorporate RCAC feedback in interventions and recommendations. Postings to the CMHPSM website. Ability to request information is in informational materials for consumers and stakeholders.	CMHPSM Compliance/Quality Manager Regional Customer Services Committee	Quarterly Annually Annually	Met
Performance Measurement and Quality reports are made available to stakeholders and general public.	Post to the CMHPSM website. Ensure CMHSP contractors receive the QAPIP and inform communities of its availability on the website.	CMHPSM COO Regional NMC Committee	Annually	Met
MDHHS Performance Indicators	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will meet or exceed the MMBPIS standards for Indicators 1, 4, 10 as required by MDHHS.	Complete quality checks on data prior to submission to ensure validity and reliability of data	CMHSPs leads	Quarterly	Met
	Verify Medicaid eligibility prior to MMBPIS submission. Submit MMBPIS data to MDHHS quarterly by due date.	CMHPSM Regional Data Coordinator CMHPSM CIO	Quarterly	Met
	Conduct quarterly analysis of CMHSP and CMHPSM provider MMBPIS performance. Require and review corrective action plans where standards were not met. Oversee effectiveness of corrective action plans through monthly review of subsequent data.	Regional CPT Committee CMHPSM Compliance/Quality Manager	Monthly QAPIP data review Quarterly CAP review Q1 Feb Q2 May Q3 August Q4 November	Met

CMHPSM will demonstrate an increase in compliance with access standards.	Establish a mechanism to monitor access requirements for priority populations. Establish a mechanism to monitor access requirements for persons enrolled in health homes (OHH, BHH, CCBHC).	Regional CPT Committee CMHPSM Compliance/Quality Manager CMHPSM SUD Services Director	Monthly QAPIP data review Quarterly CAP review Q1 Feb Q2 May Q3 August Q4 November	Met
CMHPSM will show an increase in compliance with access standards for SUD priority populations	Conduct quarterly analysis of CMHSP and SUD provider performance of access standards for priority populations. Develop baseline measure and performance expectations. Require and review corrective action plans where standards were not met. Oversee effectiveness of corrective action plans through monthly review of subsequent data. Incorporate SUD care navigator position to meet access timeliness standards for SUD priority populations. Warm hand off challenge. Hiring PP care navigator – increase access timeframes to timeliness standards	Regional CPT Committee CMHPSM Compliance/Quality Manager CMHPSM SUD Services Director	Monthly QAPIP data review Quarterly CAP review Q1 Feb Q2 May Q3 August Q4 November	Baseline
BH-TEDS	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will demonstrate an improvement or maintain data quality for the BH-TEDS	CMHPSM will identify areas of discrepancy for the BH-TEDS data for FY23. (Veterans' data (military fields), employment data-minimum wage, Living arrangements.	CMHPSM CIO Regional EOC Committee Regional CPT Committee		Met
	CMHSPM will maintain or exceed 95% compliance with BHTEDS reporting, including the total number of individual veterans reported on	CMHPSM CIO Regional EOC Committee	January 2023 07/01/2023	Met

	BH-TEDS and the Veterans Service Navigator (VSN). Causal factors with action steps will be determined to address incomplete data or errors based on review BHTEDS data. CMHPSM will complete a FY21 10/1/20-3/31/21 comparison resubmission; FY21 4/1-9/30 comparison submission; and FY22 comparison October 1 through March 31	Regional CPT Committee		
	Narrative completed comparing BH-TEDS (veteran's military fields) and VN Report for FY22 and FY23 data, including actions steps.	CMHPSM CIO	07/01/2023	Met
Performance Improvement Projects	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will engage in two performance improvement projects for the FY22-25 PIP cycle 1. Reducing Racial Disparities Specific to No-Shows for the Initial Biopsychosocial Assessment (BPS) in Individuals Accessing CMH services.	Implement CMHPS specific interventions identified in causal barrier analysis in FY22. Conduct monthly trends and quarterly analysis of performance with PIP indicators. Determine casual barriers and factors where disparity was not reduced. Require and review corrective action plans and interventions where standards were not met. Oversee effectiveness of corrective action plans through monthly review of subsequent data.	Regional CPT Committee Regional EOC Committee CMHPSM Compliance/Quality Manager CMHPSM CIO CMHPSM Health Data Analyst	01/02/2023 Monthly Quarterly	Met
2. Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service.	Complete performance summaries, reviewing progress (including barriers, improvement efforts, recommendations, and status of recommendations). Review with relevant committees/councils.	Regional CPT Committee CMHPSM Compliance/Quality Manager	Monthly data review Quarterly reporting to Regional CPT RCAC, and CMHPSM Board	Data Review Met Overall increase in Indicator 2 Not Met

	Complete and submit PIP 1 to HSAG as required for validation.	CMHPSM Compliance/Quality Manager	06/30/23	Met
Quantitative and Qualitative Assessment of Member Experiences	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will obtain a qualitative and quantitative assessment of member experiences for all representative populations, including members receiving LTSS, and take specific action as needed, identifying sources of dissatisfaction, outlining systematic action steps and interventions, evaluating for effectiveness to improve satisfaction, communicating results.	Develop surveys for all populations. Incorporate identification of persons receiving LTSS in survey data	Regional Customer Services Committee CMHPSM SUD Services Director	03/31/2023	Met
	Incorporate the analysis of Michigan specific National Core Indicator Data to identify trends and areas for improvement.	Regional Customer Services Committee CMHPSM Compliance/Quality Manager	09/30/2023	Met
	Complete annual assessment of the member experience report to include the trends, causal sources of dissatisfaction, and interventions in collaboration with relevant committees/councils. Report the results of the member satisfaction survey to RCAC and CMHPSM Board for input and feedback on planned interventions.	Regional Customer Services Committee CMHPSM SUD Services Director	09/30/2023	Met
	Conduct analysis of a potential new SUD community survey tool to replace the RSA. Continue RSA for FY23 if new survey undetermined.	CMHPSM SUD Services Director	04/30/2023	Met
CMHPSM will meet or exceed the standard for Grievance resolution in accordance with federal and state standards.	CMHPSM will complete a grievance procedure on utilization of the regional EHR grievance module to ensure compliance with all state and federal standards of grievance documentation and resolution. CMHPSM will conduct monthly monitoring of compliance with data collection/documentation	CMHPSM COO CMHPSM Compliance/Quality Manager Regional Customer Services Committee	12/31/2023 Monthly Quarterly Q1 February	Met

	that meets state and federal grievance standards, providing retraining and interventions, as needed up to the point where there is 100% compliance (no findings) for 3 consecutive monthly reviews, after which quarterly reviews will be conducted.		Q2 May Q3 August Q4 November	
Event Monitoring and Reporting	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will ensure Adverse Events (Sentinel/Critical/Risk/Unexpected Deaths) are collected, monitored, reported, and followed up on as specified in the PIHP Contract.	Submit Critical Events monthly timely and accurately. Conduct analysis of Behavior Treatment Committee data quarterly. Convene regional workgroup of PIHP and CMHSP staff involved in events data reporting and of varying credentials to conduct quarterly analysis of events data; review the appropriateness of RCAs and corrective actions; make recommendations for improvement when trends are identified; determining educational needs for staff and providers; and monitoring compliance of delegated functions related to critical incidents, sentinel events, and risk events. The workgroup that will provide data reports to the Regional CPT Committee.	CMHSPs CMHPSM Compliance /Quality Manager CMHPSM COO	Monthly Quarterly Q1 February Q2 May Q3 August Q4 November	Met
	Submit CMH Sentinel Events (MDHHS CRM) immediate notification) to CMHPSM based on notification requirements of the event. (24 hour, 48 hours, 5 days)	CMHSPs SUD Providers	As Needed	Met
	Submit SUD Sentinel events bi-annually as required	CMHPSM SUD Providers (Residential, Recovery Housing)	April 2023 October 2023	Met
	Conduct oversight through SE data review and provider monitoring to ensure appropriate follow up is occurring for all events dependent on the	CMHPSM Compliance/Quality Manager	Quarterly Q1 February Q2 May	Met

	type and severity of the event, including a root cause analysis, mortality review, immediate notification to MDHHS as applicable, and meeting required timeframes. Conduct primary source verification of critical incidents and sentinel events.	CMHPSM COO Regional CPT Committee	Q3 August Q4 November	
CMHPSM will ensure Adverse Events (Sentinel/Critical/Risk/ Unexpected Deaths) are monitored and followed up on as specified in the PIHP Contract.	Conduct analysis on critical events to monitor compliance with reporting ,trends, and opportunities for performance improvements.	CMHPSM Compliance/Quality Manager CMHPSM COO Regional CPT Committee	Quarterly Q1 February Q2 May Q3 August Q4 November	Met
Medicaid Services Verification	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will meet or exceed a 95% rate of compliance of Medicaid delivered services in accordance with MDHHS requirements.	Complete Medicaid Event verification reviews in accordance with CMHPSM policy and procedure.	CMHPSM COO CMHPSM CFO	12/31/2023	Met
	Complete The MEV Annual Methodology Report identifying trends, patterns, strengths and opportunities for improvement.	CMHPSM COO	12/31/2023	Met
	Submit the Annual MEV Methodology Report to MDHHS as required	CMHPSM COO	12/31/2023	Met
Utilization Management Plan	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will establish a Utilization Management Plan in accordance with the MDHHS requirements	Complete performance summary quarterly reviewing trends, patterns of under/over utilization, medical necessity criteria, and the process used to review and approve provision of medical services. Identify CMHSPs/SUDPs requiring improvement and present/provide to relevant committees/ councils.	Regional UM/UR Committee	Quarterly Q1 February Q2 May Q3 August Q4 November	Met

	Ensure utilization of uniform screening tools and admission criteria. LOCUS, CAFAS, PECFAS DECA. MCG, ASAM, SIS.	Regional UM/UR Committee Regional CPT Committee	Quarterly (parity)	Met
	Complete analysis of parity program compliance with LOC and LOC exceptions	Regional UM/UR Committee	Quarterly	Partially Met
CMHPSM will demonstrate full compliance with timeframes of service authorization decisions in accordance with the MDHHS requirements.	Oversight of compliance with policy through primary source verification during CMHPSM reviews of ABD state data reports and reviews of delegated functions of CMHSPs.	Regional UM/UR Committee	Quarterly Q1 February Q2 May Q3 August Q4 November	Met
	Analysis of ABD data reports in meeting service decision timeframes.			Met
CMHPSM will meet or exceed the standard for compliance with the adverse benefit determination notices completed in accordance with the 42 CFR 438.404 Includes assurance that ABDs accurately provide service denial reasons in language understandable to person served, type of denial, accuracy of service and denial decision explanation, and compliance with timeframes	Revise ABD training for staff. Staff to complete training	Regional UM/UR Committee	03/30/2023	Partially Met
	Oversight of compliance with policy through primary source verification during CMHPSM reviews of ABD state data reports and reviews of delegated functions of CMHSPs.	Regional UM/UR Committee	Quarterly Q1 February Q2 May Q3 August Q4 November	Met
CMHPSM will meet or exceed the standard for Appeal resolution in accordance with federal and state standards.	CMHPSM will complete an appeals procedure on utilization of the regional EHR appeals module to ensure compliance with all state and federal standards of grievance documentation and resolution. CMHPSM will conduct monthly monitoring of compliance with data collection/documentation that meets state and federal appeals standards, providing retraining and interventions, as needed up to the point where there is 100% compliance	CMHPSM COO CMHPSM Compliance/Quality Manager Regional UM/UR Committee	12/15/2023 Monthly	Met

	(no findings) for 3 consecutive monthly reviews, after which quarterly reviews will be conducted.			
Practice Guidelines	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will adopt, develop, implement nationally accepted or mutually agreed upon (CMHPSM/MDHHS) clinical practice guidelines/standards, evidenced based practices, best practice, and promising practices relevant to the individual served.	Review of CPGs for any updates or revisions to CPGs being utilized in the region.	Regional CPT Committee CMHPSM COO	Quarterly Q1 February Q2 May Q3 August Q4 November	Met
	Update CPG list, including providers that implement/offer CPGs.	Regional NMC Committee	12/31/22	Met
	Communicate available CPGs to provider networks		February 2023 December 2023	Met
CMHPSM will demonstrate full compliance with MDHHS required practice guidelines.	Oversight during CMHPSM reviews of managed care delegated functions to ensure providers adhere to practice guidelines as required.	CMHPSM COO CMHPSM Compliance/Quality Manager	Annually	Met
Oversight of Vulnerable Individuals and Long Term Supports and Services	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will evaluate health, safety and welfare of persons served considered vulnerable and receiving LTSS order to determine opportunities for improving oversight of their care and their outcomes.	Ensure the identification of LTSS in all regional quality/health and safety data reporting including events data, behavior treatment data, survey data of persons experience, performance measures. Ensure LTSS populations served are incorporated in measures of provider monitoring, service authorization, and reviews of outcomes data.	CMHPSM COO CMHPSM Health Data Analyst Regional CPT Committee	January 2023 Quarterly data review Q1 February Q2 May Q3 August Q4 November	Met
Assure accurate identification of persons served within HCBS, 1915i services, and LTSS.	Report development and data analysis of completion and accuracy of HCBS and 1915i assessment and documentation in the clinical record.	CMHPSM COO CMHPSM Health Data Analyst Regional CPT Committee	Report development January 2023 Report analysis Quarterly	Partially Met

	90% compliance with clinical documentation of those persons qualified for HCBS/1915i identified in the EHR. 100% of 1915i recipients enrolled in MDHHA WSA Define LTSS in functionality of data analysis.		Q1 February Q2 May Q3 August Q4 November	
CMHPSM will assess the quality and appropriateness of care furnished to members(vulnerable people) receiving LTSS including an assessment of care between care settings, a comparison of services and supports received	Include analysis of regional committee performance reports (including barriers, improvement efforts, recommendations, and status of recommendations) for efforts to support community integration. critical incidents, sentinel events, risk events, behavior treatment plans, member satisfaction results, practice guidelines, credentialing and recredentialing, verification of Medicaid services, over and underutilization, and provider network monitoring	CMHPSM COO CMHPSM Compliance/Quality Manager Regional CPT Committee Regional CS Committee Regional NMC Committee	Quarterly Q1 February Q2 May Q3 August Q4 November	Met LTTS not yet available in state database
Behavior Treatment	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency / Due Date**	**FY2023 Outcomes**
CMHPSM will demonstrate an increase in compliance with Behavior Treatment data collection and analysis.	Submit data on Behavior Treatment Plans where intrusive and or restrictive techniques have been approved by the behavior treatment committee and where emergency interventions have been used.	CMHPSM BTC Chairs CMHPSM Compliance/Quality Manager	FY23 Quarterly February May August, November	Met HSAG (EQR) Recognition
	Complete Behavior Treatment performance reports that analyze the use of emergency interventions, plans approved with restrictive and/or intrusive interventions, and adherence to the BTPR Standards (including barriers, improvement efforts, recommendations, and status of recommendations).	CMHPSM Compliance/Quality Manager Regional CPT Committee	FY22 Annual Report 2/28/23 FY23 Quarterly February May August, November	Met HSAG (EQR) Recognition
	CMHPSM will explore system abilities to report BTC data electronically more efficiently while maintaining security/privacy and reporting standards.	CMHPSM Compliance/Quality Manager	04/30/23 FY22 Annual Report 2/28/23	Met

		Regional CPT Committee	FY23 quarterly February May August, November	
	CMHPSM will conduct quarterly analysis and reporting of BTC data reinstated by PIHP staff by 2/28/23, reported to Regional CPT Committee for any corrective action measures to be taken, and incorporated into the CMHPSM QAPIP documents and reports	CMHSM COO CMHPSM Compliance/Quality Manager	FY22 Annual Report 02/28/23 FY23 quarterly March May August, November	Met
Provider Monitoring	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency/ Due Date**	**FY2023 Outcomes**
CMHPSM will be in compliance with PIHP Contract Requirements.	Conduct delegated managed care reviews to ensure adequate oversight of delegated functions for CMHSP, and subcontracted functions for the SUD providers. Coordinate quality improvement plan development, incorporating goals and objectives for specific growth areas based on the site reviews, and submission of evidence for follow up reviews.	Regional NMC Committee CMHPSM COO CMHPSM SUD Services Director	Annual	Met for SUD Partially Met for CMHSPs
CMHPSM will demonstrate an increase in compliance with the External Quality Review(EQR)-Compliance Review	Implement corrective action plans for areas that were not in full compliance, and quality improvement plans for recommendations. Conduct delegated managed care reviews to ensure adequate oversight of delegated functions for CMHSP, and subcontracted functions for the SUDP.	CMHPSM COO CMHPSM Compliance/Quality Manager Regional Compliance Committee	Monthly Quarterly	Met
CMHPSM will demonstrate full compliance with the EQR-Performance Measure Validation Review	Implement quality improvement plans for recommendations provided by the external quality review team. Conduct delegated managed care reviews to ensure adequate oversight of delegated functions	CMHPSM CIO CMHPSM COO CMHPSM Compliance/Quality Manager	Annual	Met

	for CMHSP, and subcontracted functions for the SUDP.	Regional CPT Committee Regional EOC Committee		
CMHPSM will receive a score of "Met" for the EQR Performance Improvement Project Validation	Implement and comply with all PIP Validation submission requirements	CMHPSM CIO CMHPSM COO CMHPSM Compliance/Quality Manager Regional CPT Committee Regional EOC Committee	Annual	Met
CMHPSM will demonstrate an increase in compliance with the MDHHS 1915 Reviews.	Monitor systematic remediation for effectiveness through delegated managed care reviews and performance monitoring through data.	CMHPSM COO CMHPSM Compliance/Quality Manager	09/30/23	Met
CMHPSM will demonstrate full compliance with the MDHHS Substance Use Disorder Protocols	Provide evidence to support SUD requirements	CMHPSM COO CMHPSM SUD Services Director	09/30/23	Met
CMHPSM will demonstrate assurances of adequate capacity and services for the region, in accordance with the MDHHS Network Adequacy standards.	Submit Network Adequacy Report to MDHHS Complete Network Adequacy Assessment including all required elements.	CMHPSM COO Regional NMC Committee	02/28/23 09/30/23	Met
Provider Qualifications	**Objectives/Activities**	**Assigned Person or Committee/Council**	**Frequency/ Due Date**	**FY2023 Outcomes**
CMHPSM will ensure physicians, other healthcare providers, and non-licensed individuals are qualified to perform their jobs.	CMHPSM will conduct monthly monitoring of compliance with Organizational credentialing and re-credentialing requirements, providing retraining and procedures revisions as needed up to the point where there are no findings for 3 consecutive monthly reviews, after which quarterly reviews will be conducted. Data reports of progress will be included in the QAPIP report to the Regional CPT Committee and the CMHPSM governance bodies.	CMHPSM COO Regional NMC Committee	Monthly Quarterly	Partially Met

CMHPSM will have credentialing policies/ procedures, in accordance with MDHHS Credentialing and Re-Credentialing Process, for ensuring that all providers rendering services to individuals are appropriately credentialed within the state and are qualified to perform their services. CMHPSM ensures all delegates performing credentialing functions comply with all initial (including provisional/temporary) credentialing requirements according to initial credentialing and re-credentialing monitoring tools for organizations and LIPs Clinical service providers are credentialed by the CMHSP prior to providing services and ongoing.	CMHPSM monthly monitoring of compliance with LIP credentialing and re-credentialing requirements providing retraining and procedures revisions as needed up to the point where there are no findings for 3 consecutive monthly reviews, after which quarterly reviews will be conducted. Data reports of progress will be included in the QAPIP report to the Regional CPT Committee and the CMHPSM governance bodies. Primary Source Verification and credentialing and recredentialing policy and procedure review will occur during CMHPSM reviews of CMHSP delegated functions and Medicaid Service Verification activities. CMHPSM increase monitoring for providers scoring less than 90% on the file review and will be subject to additional review of credentialing and re-credentialing records. Review semi-annual credentialing and re-credentialing report to ensure credentialing within the appropriate timeframes. CMHPSM will convene a regional workgroup of CMHSP staff involved in credentialing of clinical service staff to develop policy, procedures, and monitoring tools/documents that meet the credentialing and re-credentialing requirements for directly hired CMHSP staff as delegated to the CMHSPs.	CMHPSM COO Regional NMC Committee	Monthly Quarterly	Policies /Procedures Completed Monitoring Partially Met
		CMHPSM COO Regional NMC Committee	PSV Annually	Met Pending FY23 MDHHS Site review results
		CMHPSM COO Regional NMC Committee	Semi Annually May 2023 November 2023	Partially Met
		CMHPSM COO Regional NMC Committee	Monthly workgroup Quarterly reporting	Met
Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements.	CMHPSM Oversight and monitoring during auditing of CMHSP delegated functions. CMHSP and SUD Provider reviews of delegated functions.	CMHPSM COO CMHPSM SUD Services Director	Annually	Partially Met Met

		Regional NMC Committee		
Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements.	CMHPSM Oversight and monitoring during auditing of CMHSP delegated functions. CMHSP and SUD Provider reviews of delegated functions.	CMHPSM COO CMHPSM SUD Services Director Regional NMC Committee	Annually	Partially Met Met

Figure 2. FY23 Performance Measures

FY21-23 CMHPSM Strategic Plan Metrics/Milestones Relevant to FY23 QAPIP Performance Measures:
Strategic Plan Goal #3. Improve the comprehensiveness and validity of the health data within our regional electronic health record: CRCT.
Strategic Plan Goal #7. Improve regional compliance reviews to support components of the quadruple aim.
Strategic Plan Goal #6. Improve documentation for all critically important CMHPSM functions.
Strategic Plan Goal #8. Improve the capacity, effectiveness, and quality of SUD services.

FY2023 Performance Measure Outcomes:	Green- Meeting or Exceeding State Benchmark	White – in-process or data is not yet available as of this status report.	Orange – Not currently meeting benchmark as of this status report.	Grey – No benchmark or establishing baseline, or is a baseline year.

Strategic Plan Goal(s)	**Michigan Mission Based Performance Indicator System**	**Committee/ Council**	**FY2023 Outcomes**
3, 7	CMHPSM will meet or exceed the standard for Indicator 1: Percentage of Children who receive a Prescreen within 3 hours of request (Standard is 95% or above)	Regional CPT Regional EOC	99.47%
3, 7	CMHPSM will meet or exceed the standard for Indicator 1: Percentage of Adults who receive a Prescreen within 3 hours of request (Standard is 95% or above)	Regional CPT Regional EOC	98.38%
3, 7	CMHPSM will meet or exceed the standard for Indicator 2. A The percentage of new persons during the quarter receiving a completed bio psychosocial assessment within 14 calendar days of a non-emergency request for service (by four sub-populations: MI-adults, MI-children, IDD-adults, IDD-children. (No Standard)	Regional CPT Regional EOC	Overall decrease MI Adult 55.33% SED Child 56.59% DD Child 63.60% DD 56.35%

3, 7, 8	CMHPSM will meet or exceed the standard for Indicator 2 b. The 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)	Regional CPT Regional EOC	59.65%
3, 7	CMHPSM will meet or exceed the standard for Indicator 3 Percentage of new persons during the quarter starting any needed on-going service within 14 days of completing a non-emergent biopsychosocial assessment (by four sub-populations: MI-adults, MI-children, IDD-adults, and IDD-children). (No Standard)	Regional CPT Regional EOC	Overall increase MI Adult 67.46% SED Child 69.7% DD Adult 79.13% DD 84.69%
3, 7	CMHPSM will meet or exceed the standard for Indicator 4a1: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Standard is 95% or above) (Child)	Regional CPT Regional EOC	95.48%
3, 7	CMHPSM will meet or exceed the standard for Indicator 4a2: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Standard is 95% or above) (Adult)	Regional CPT Regional EOC	95.36%
3, 7, 8	CMHPSM will meet or exceed the standard for Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit (Standard is 95% or above)	Regional CPT Regional EOC	98.35%
3, 7	CMHPSM will meet or exceed the standard for Indicator 10: Re-admission to Psychiatric Unit within 30 Days (Standard is 15% or less) (Child)	Regional CPT Regional EOC	5.1%
3, 7	CMHPSM will meet or exceed the standard for Indicator 10: Re-admission to Psychiatric Unit within 30 Days (Standard is 15% or less) (Adult)	Regional CPT Regional EOC	11.7%
3, 7, 8	CMHPSM will demonstrate and increase in compliance with access standards for the SUD priority populations. (Baseline)	Regional CPT Regional EOC	Baseline
Strategic Plan Goal(s)	**BH TEDS Data**	**Committee**	**FY2023 Outcomes**
3, 7	Increase identification of veterans (military fields) to support increase in utilization of Veterans Navigation services. Maintain overall BHTEDS completion rates to state 95% standard during FY2023. Improve crisis encounter BHTEDs completion to 95% during FY2023.	Regional EOC Regional CPT	Met 98.45% 98.54%
Strategic Plan Goal(s)	**Performance Improvement Projects**	**Committee**	**FY2023 Outcomes**
3, 7, 6	PIP 1: The racial disparities of no-shows for the initial Biopsychosocial Assessment (BPS) in individuals accessing CMH services will be reduced or eliminated. (FY22 Baseline)	Regional EOC Regional CPT	FY22 Baseline 22.94% (Minority) 12.22% (White)

<table>
<tr><td>3, 7, 6</td><td>PIP 2: Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service. FY22 Baseline:<table><tr><td>MI Adult</td><td>64.75%</td></tr><tr><td>SED Child</td><td>56.96%</td></tr><tr><td>DD Child</td><td>68.35%</td></tr><tr><td>DD Adult</td><td>62.16%</td></tr><tr><td>SUD</td><td>59.37%</td></tr></table></td><td>Regional EOC
Regional CPT</td><td><table><tr><td>MI Adult</td><td>67.46%</td></tr><tr><td>SED Child</td><td>69.7%</td></tr><tr><td>DD Adult</td><td>79.13%</td></tr><tr><td>DD</td><td>84.69%</td></tr></table></td></tr>
<tr><th>Strategic Plan Goal(s)</th><th>Assessment of Member Experiences</th><th>Committee</th><th>FY2023 Outcomes</th></tr>
<tr><td>3, 7, 6</td><td>Percentage of children and/or families indicating satisfaction with mental health services. (Standard 85%/)
Percentage of adults indicating satisfaction with mental health services. (Standard 85%)
Percentage of individuals indicating satisfaction with long-term supports and services. (Standard 85%)</td><td>Regional Customer Services Committee</td><td>Ten of the eleven items in the survey scored above threshold
Item #10 - I know how to file a complaint - scored at 64%,</td></tr>
<tr><td>3, 7, 8</td><td>Percentage of consumers indicating satisfaction with SUD services. (Standard 3 Likert score)</td><td>CMHPSM SUD Director
Regional Co-Occurring Workgroup</td><td>Averages of most questions ranging at 2.8 or higher on the 3-point scale. The Involvement domain scored below 2.8 for all 4 counties at 2.56%</td></tr>
<tr><th>Strategic Plan Goal(s)</th><th>Member Appeals and Grievance Performance Summary</th><th>Committee</th><th>FY2023 Outcomes</th></tr>
<tr><td>3, 7, 6, 8</td><td>The percentage (rate per 1000) of Medicaid appeals which are resolved in compliance with state and federal timeliness and documentation standards including the written disposition letter (30 calendar days) of a standard request for appeal. (Standard 95%)</td><td>Regional UM/UR Committee

Regional CPT Committee</td><td>.98 per 100
100% Met</td></tr>
<tr><td>3, 7, 6, 8</td><td>The percentage (rate per 1000) of Medicaid grievances are resolved with a compliant written disposition sent to the consumer within 90 calendar days of the request for a grievance. (Standard 95%)</td><td>Regional CS Committee

Regional CPT Committee</td><td>1.4 per 100
1.5 100% Met</td></tr>
</table>

Strategic Plan Goal(s)	Adverse Event Monitoring and Reporting	Committee	FY2023 Outcomes
3, 7, 6, 8	The rate of critical incidents per 1000 persons served will demonstrate a decrease from previous year. (CMHSP) (excluding deaths)	Regional CPT Committee Regional EOC Committee	Baseline: 3.8 per 1000 FY2022 (0.96) to FY2023 (1.18)
3, 7, 6, 8	The rate, per 1000 persons served, of Non-Suicide Death will demonstrate a decrease from previous year. (CMHSP)(Natural Cause, Accidental, Homicidal) Ensure compliance with timely and accurate reporting of critical and sentinel events (100%) 100% CEs reporting 100% timely reporting	Regional CPT Committee Regional EOC Committee	FY23 displayed an 18% decrease over FY2022 (52.6 to 43.0), meeting this target.
3, 7, 6, 8	Quarterly report and analysis of type, trends over time (including mortality), events per 1,000, regional trends over time starting with 2020, analysis of trends by service, engagement in treatment, precipitating events. Analysis of CE trends for potential PI projects	Regional CPT Committee Regional EOC Committee	Met
3, 7, 6, 8	The rate, per 1000 persons served, of Sentinel Events will demonstrate a decrease from the previous year.	Regional CPT Committee Regional EOC Committee	Baseline
3, 7, 6, 8	Individuals involved in the review of sentinel events must have the appropriate credentials to review the scope of care. 100% reported to PIHP and state 100% timeframes met 3day review of critical events (CEs) that are sentinel events (SEs) 100% RCA completion	Regional CPT Committee Regional EOC Committee	Met
Strategic Plan Goal(s)	**Joint Metrics**	**Committee**	**FY2023 Outcomes**
3, 7, 6, 8	Collaboration meeting completed between entities for the ongoing coordination and integration of services. (100%)	Regional EOC Committee Regional CPT Committee	100%
3, 7, 6	The percentage of discharges for adults (18 years or older) who were hospitalized for treatment of selected mental illness and who had a follow-up visit with a mental health	Regional EOC Committee	68%

	practitioner within 30 days after discharge. FUH Report, Follow-Up After Hospitalization Mental Illness Adult (Standard-58%) Measurement period will be calendar year 2021.	Regional CPT Committee	
3, 7, 6	The percentage of discharges for children (ages 6-17 years) who were hospitalized for treatment of selected mental illness and who had a follow-up visit with a mental health practitioner within 30 days after discharge. FUH Report, Follow-Up After Hospitalization Mental Illness Adult (Standard-70%) Measurement period will be calendar year 2021.	Regional EOC Committee Regional CPT Committee	83%
3, 7, 6	Racial/ethnic group disparities will be reduced. CMHPSM will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following a psychiatric hospitalization (adults and children) (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period will be a comparison of calendar year 2020 with calendar year 2021.	Regional EOC Committee Regional CPT Committee	Rates greater than the typical statewide value
3, 7, 8	Follow up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days. (Standard 27%) Measurement period will be calendar year 2021.	Regional EOC Committee Regional CPT Committee	44.77%
3, 7, 8	Reduce the disparity measures for FUA. Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following an emergency department visit for alcohol or drug use. (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period will be a comparison of calendar year 2020 with calendar year 2021.	Regional EOC Committee Regional CPT Committee	In compliance
Strategic Plan Goal(s)	**Performance Based Incentive Payments**	**Committee**	**FY2023 Outcomes**
3, 7, 6	CMHPSM will improve or maintain data quality on BH-TEDS military and veteran fields. Data will be analyzed and monitored for discrepancies between VSN and BH-TEDS data. Identification of beneficiaries who may be eligible for services through the Veterans Administration.	Regional EOC Committee Regional CPT Committee	In compliance
3, 7	Increased data sharing with other providers through sending ADT messages for purposes of care coordination through health information exchange. (narrative report)	Regional EOC Committee	Complete

		Regional CPT Committee	
3, 7, 8	CMHPSM will participate in DHHS-planned and DHHS-provided data validation regarding the percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who initiate treatment within 14 calendar days of the diagnosis received: (1. Initiation of AOD Treatment) *No state threshold set yet*	Regional EOC Committee Regional CPT Committee	Complete
3, 7, 8	CMHPSM will participate in DHHS-planned and DHHS-provided data validation regarding the percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit. (2. Engagement of AOD Treatment) *No state threshold set yet*	Regional EOC Committee Regional CPT Committee	Complete
	CMHPSM will increase participation in patient-centered medical homes/health homes. (narrative report)	Regional CPT Committee	Complete
Strategic Plan Goal(s)	**Priority Measures**	**Committee**	**FY2023 Outcomes**
	Clinical SUD		
3, 7, 8	CMHPSM SUD providers will meet ASAM continuum completion rates (Target 95%) CMHPSM SUD providers will meet priority population timelines (Target 95%) CMHPSM SUD Provider decrease in open SUD wrapper admissions without service and increase in closed cases. (above 20%) Monthly data reviews and quarterly data analysis reporting**.** (Target 95%)	Regional CPT Committee	**ASAM Measure reset at 75%** FY23 Baseline 83% **Priority Measure reset at 75%** FY23 Average: 80% SUD Wrappers 28% 97%
Strategic Plan Goal(s)	**Utilization Management/LTSS**	**Committee**	**FY2023 Outcomes**
3, 7, 6	Assess validity and reliability of LOCUS application across the region. a. Increase in timely completion of LOCUS (at intake, before annual BPS signed) b. Percentage of LOCUS score changes over time. Significant score changes show medical necessity c. Percentage of LOCUS overrides do not exceed 10% d. Clear documentation of overrides e. LOCUS score is accurately reflected in parity Level of Care in clinical record	Regional UM/UR Committee	a. 72% (from 70%) b. 98.9% c. 13% d. 99.86% e. Deferred to FY24

3, 6	Correct timeframes used for advance action notice (Target 100%) Accurate use of reduction, suspension, or termination decisions. (Target 100%) ABDs provide service denial reasons in language understandable to person served.(95%) Analyze type of denial, accuracy of service and denial decision explanation, and compliance with timeframes. (95%)	Regional UM/UR Committee	100% 100% 97.4% 95%
3, 6	Assess overutilization of services: Identify any services by population that indicate overutilization. Where indicated develop interventions to address overutilization. Incorporate LTSS, c waiver utilization, trends over time, provider stability factors. Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person-centered plan.	Regional UM/UR Committee	Baseline
	Assess underutilization of services: Identify any services by population that indicate underutilization. Where indicated develop interventions to address underutilization. Incorporate LTSS, c waiver utilization, trends over time, provider stability factors. Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person-centered plan.	Regional UM/UR Committee	Baseline
3, 7, 6, 8	Evidence of use of parity program for those with established LOC in CMHPSM reviews of CMHSPs clinical records for all populations (Standard 90%).	Regional UM/UR Committee	Deferred for FY24 onset
3, 7, 8	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages (Standard <=5%).	Regional UM/UR Committee	Deferred for FY24 onset
3, 7	Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines. (Target 100%). Implement an inner rater reliability with the MCG Indicia parity system for psychiatric inpatient, crisis residential, and partial hospitalization service decisions.	Regional UM/UR Committee	Deferred for FY24 onset Met
Strategic Plan Goal(s)	**Behavior Treatment**	**Committee**	**FY2023 Outcomes**
3	Consistent quarterly reporting of BTC data (100%) Consistent data analysis of BTC data (100%)	Regional CPT Committee	100%
3, 7, 6	Development of BTC data baselines at the completion of BTC quarterly reporting and data analysis in FY2023.	Regional CPT Committee	Met
Strategic Plan Goal(s)	**Clinical Practice Guidelines**	**Committee**	**FY2023 Outcomes**

6	CPGs reviewed at least annually.	Regional CPT Committee	Completed
6	CPGs published to both provider network and members.	Regional CS Committee Regional NMC Committee	50%
Strategic Plan Goal(s)	**Provider Monitoring**	**Committee**	**FY2023 Outcomes**
3, 7, 6, 8	Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements.	Regional NMC Committee	99.8% CMHSP
3, 7, 6, 8	Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements.	Regional NMC Committee	PIHP review: 92% Pending FY23 MDHHS Site Review findings
3, 7, 6, 8	Credentialing and re-credentialing of organizational providers meet all state/federal requirements and timelines.	Regional NMC Committee	92% 174/203
3, 7, 6	Credentialing and re-credentialing of LIP providers meet all state/federal requirements and timelines.	Regional LIP Committee	95% (16/17)
	Conduct delegated managed care reviews to ensure adequate oversight of delegated functions for CMHSP, and subcontracted functions for the SUDP. 100% completion of planned audits. 100% of providers will have remedial action sufficient wherein no contractual action needs to be taken. Coordinate quality improvement plan development, incorporating goals and objectives for specific growth areas based on the site reviews, and submission of evidence for the follow up reviews. 100% of corrective action plans are completed and submitted as required.	CMHPSM COO Regional CPT Committee Regional Compliance Committee	100% SUD 50% CMHSP Pending FY23 MDHHS Site Review findings
3, 7, 6	CMHPSM will demonstrate an increase in applicable providers within the network that are "in compliance" with the HCBS rule (MDHHS HCBS CAP Guidance form).	Regional NMC Committee	20 HCBS sites
Strategic Plan Goal(s)	**Health Home (OHH, BHH, CCBHC) Performance Measures**	**Committee**	**FY2023 Outcomes**
3, 7, 6, 8	Meet or exceed OHH performance benchmarks.		Met
3, 7, 6	Meet or exceed BHH performance benchmarks.	Regional BHH Workgroup	Met
3, 7, 6, 8	Meet or exceed federally defined QBP measures and benchmarks for CCBHCs.	Regional CCBHC Workgroup	Met