

**HEALTHWEST**  
**FULL BOARD MINUTES**

**March 26, 2021**

**8:00 a.m.**

**Held via Zoom**

**CALL TO ORDER**

The meeting of the Full Board was called to order by HealthWest Board Member and Chair of the Recipient Rights Committee John Schrier at 8:02 a.m.

**ROLL CALL**

Members Present: Janice Hilleary (Norton Shores, MI), Remington Sprague, M.D. (Chicago, IL), John Schrier (Muskegon, MI), Stephanie Umlor (Muskegon, MI), Charles Nash (Muskegon, MI), Thomas Hardy (Muskegon, MI), Jeff Fortenbacher (Norton Shores, MI)

Members Excused: Janet Thomas, Cheryl Natte, Marcia Hovey-Wright, Jason Coleman, John Snider

HW Staff Present: Julia Rupp, Amber Berndt, Brandy Carlson, Kelly France, Matt Plaska, Cece Riley, Tami Strodbeck, Catherine Kloska, Mickey Wallace, Susan Conrad, Susan Plotts

Guests: Beth Dick, Mary Dumas, Commissioner Kim Cyr

**MINUTES**

HWB 472-B - It was moved by Mr. Fortenbacher, seconded by Dr. Sprague, to approve the Full Board minutes of the February 26, 2021 meeting as written.

**MOTION CARRIED.**

**COMMITTEE REPORTS**

***Finance Committee***

HWB 456-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to approve the minutes of the February 19, 2021 meeting as written.

**MOTION CARRIED.**

HWB 457-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to approve the expenditures for the month ending February 28, 2021 in the total amount of \$6,663,906.07.

**MOTION CARRIED.**

HWB 458-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to sign a Single Case Agreement with Rivercrest Specialty Hospital in the amount of \$7,935.00 for one HealthWest consumer psychiatric inpatient stay from January 30, 2021 to February 5, 2021 (6 days).

**MOTION CARRIED.**

HWB 459-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to sign a contract with Positive Behavior Supports Corp., for the period March 8, 2021 through September 30, 2021, to provide ABA services to eligible HealthWest consumers, not to exceed \$147,500.00.

**MOTION CARRIED.**

HWB 460-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to sign a contract with Amani, LLC, for the period March 5, 2021 through September 30, 2021, to provide specialized residential and CLS services to eligible HealthWest consumers, not to exceed \$99,300.00.

**MOTION CARRIED.**

HWB 461-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to sign a contract with Alyssa Podskalan for the period April 1, 2021 through September 30, 2021, to provide Therapeutic Recreation services, not to exceed \$11,900.00.

**MOTION CARRIED.**

HWB 462-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to sign a contract extension with Robin Hollebeek Physical Therapy for the period of October 1, 2020 through September 30, 2021, to provide physical therapy services at HealthWest, not to exceed \$33,280.00.

**MOTION CARRIED.**

HWB 463-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize HealthWest to accept the inpatient, partial hospitalization, and ECT rates negotiated by Lakeshore Regional Entity/Beacon Health Options with Pine Rest Hospital, effective October 1, 2020 through September 30, 2021.

**MOTION CARRIED.**

HWB 464-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to sign the FY 2021 contract between HealthWest and the Lakeshore Regional Entity effective October 1, 2020 through September 30, 2021, to provide the following services: Medicaid Managed Specialty Supports and Services, Concurrent 1915 (b)(c) Waiver Program(s), Flint 1115 Demonstration Waiver, and Substance Use Disorder Community Grant Programs.

**MOTION CARRIED.**

HWB 465-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest to purchase up to 50 additional slots from Relias Learning, at a cost of \$110.00 per slot, and a maximum total additional expenditure of \$5,500.00.

**MOTION CARRIED.**

HWB 466-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to contract with **up to 20 parent, youth and family representatives** for training facilitation, committee participation, committee leadership, document review, service design consultation, and social media assistance, effective February 1, 2021 through September 29, 2021, and to be funded through the System of Care Grant, in the amount not to exceed \$25,000.

**MOTION CARRIED.**

HWB 467-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to sign a contract with Trinity Health – Mercy Health Muskegon, for the period March 1, 2021 through March 1, 2024, to provide pharmacy services for HealthWest, not to exceed \$65,000.00 annually.

**MOTION CARRIED.**

HWB 468-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to allow the HealthWest Executive Director to expand the CDW Services contract to add capacity and support for implementation, roll out and governance of our newly acquired Microsoft 365 suite for a cost not to exceed \$25,000.

**MOTION CARRIED.**

HWB 469-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize HealthWest to purchase 75 Electronically Distributed Licenses of Microsoft Power BI Pro to CDW-G at a total cost of \$16,350.00.

**MOTION CARRIED.**

HWB 470-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the HealthWest Executive Director to sign a contract with Trident Care, for the period March 1, 2021 through September 30, 2021, to provide x-ray and ultrasound services at the Muskegon County Jail and Juvenile Transition Center, not to exceed \$12,127.50.

**MOTION CARRIED.**

HWB 471-F - It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to authorize the position changes as outlined on the attached Position Changes for FY 2021 County Budget, effective March 29, 2021.

**MOTION CARRIED.**

### **ITEMS FOR CONSIDERATION**

HWB 473-B - It was moved by Mr. Fortenbacher, seconded by Mr. Hardy, to purchase a 2021 Ford Transit Wagon with the necessary COVID-19 upfit kit from Gorno Ford, Inc. up to \$77,938.00 and to be funded by the MDHHS Pilot Program.

**MOTION CARRIED.**

HWB 474-B - It was moved by Mr. Hardy, seconded by Ms. Umlor, to authorize HealthWest to pay invoice 8822 to Muskegon Quality Builders, Inc. at a cost not to exceed \$18,612.00 for renovation work at 125 Catherine Ave., Muskegon, MI 49442 and funded by Covid dollars from Public Health.

**MOTION CARRIED.**

### **OLD BUSINESS**

There was no old business.

### **NEW BUSINESS**

There was no new business.

### **COMMUNICATION**

The QAPIP was provided in the board packet and will be discussed at a later date to allow time for Board member review and to have additional Board members present.

The Director's Memorandum was provided for Board member review. Ms. Rupp gave a brief update on the status of the LRE lawsuit and the fact that it is hoped that there will be a settlement in the next few weeks. She also discussed the recent hiring of Elizabeth Hertel with MDHHS and the fact that she is an advocate for mental health. The LRE is proposing a solution to cover the past liabilities owed to the regional CMHs. For HealthWest this means roughly \$11 million dollars. One positive action already taken by the LRE is that it was once thought that the LRE could not use current savings to pay past liabilities. The state has since reversed this decision. The

LRE is now in a stronger financial position due to increase in rates and eligible members; as they ended the past fiscal year with a surplus.

Mary Dumas introduced herself to the board as the newly appointed CEO of the Lakeshore Regional Entity. Board members welcomed her attendance.

**AUDIENCE PARTICIPATION**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the board, the meeting adjourned at 8:24 a.m.

Respectfully,

John Schrier  
Chair of the Recipient Rights Committee  
/ab

***PRELIMINARY MINUTES***

***To be adopted and approved at the Full Board Meeting of April 30, 2021***

**HEALTHWEST****FINANCE COMMITTEE REPORT TO THE BOARD****via Janet Thomas, Committee Vice Chair**

1. The Finance Committee met on March 19, 2021.
- \* 2. It was recommended, and I move, to approve the minutes of the February 19, 2021, meeting as written.
- \* 3. It was recommended, and I move, to approve the expenditures for the month ending February 28, 2021 in the total amount of \$6,663,906.07.
- \* 4. It was recommended, and I move, to authorize the HealthWest Executive Director to sign a Single Case Agreement with Rivercrest Specialty Hospital in the amount of \$7,935.00 for one HealthWest consumer psychiatric inpatient stay from January 30, 2021 to February 5, 2021 (6 days).
- \* 5. It was recommended, and I move, to authorize the HealthWest Executive Director to sign a contract with Positive Behavior Supports Corp., for the period March 8, 2021 through September 30, 2021, to provide ABA services to eligible HealthWest consumers, not to exceed \$147,500.00.
- \* 6. It was recommended, and I move, to authorize the HealthWest Executive Director to sign a contract with Amani, LLC, for the period March 5, 2021 through September 30, 2021, to provide specialized residential and CLS services to eligible HealthWest consumers, not to exceed \$99,300.00.
- \* 7. It was recommended, and I move, to authorize the HealthWest Executive Director to sign a contract with Alyssa Podskalan for the period April 1, 2021 through September 30, 2021, to provide Therapeutic Recreation services, not to exceed \$11,900.00.
- \* 8. It was recommended, and I move, to authorize the HealthWest Executive Director to sign a contract extension with Robin Hollebeek Physical Therapy for the period of October 1, 2020 through September 30, 2021, to provide physical therapy services at HealthWest, not to exceed \$33,280.00.
- \* 9. It was recommended, and I move, to authorize HealthWest to accept the inpatient, partial hospitalization, and ECT rates negotiated by Lakeshore Regional Entity/Beacon Health Options with Pine Rest Hospital, effective October 1, 2020 through September 30, 2021.
- \*10. It was recommended, and I move, to authorize the HealthWest Executive Director to sign the FY 2021 contract between HealthWest and the Lakeshore Regional Entity effective October 1, 2020 through September 30, 2021, to provide the following services: Medicaid Managed Specialty Supports and Services, Concurrent 1915 (b)(c) Waiver Program(s), Flint 1115 Demonstration Waiver, and Substance Use Disorder Community Grant Programs.
- \*11. It was recommended, and I move, to authorize the HealthWest to purchase up to 50 additional slots from Relias Learning, at a cost of \$110.00 per slot, and a maximum total additional expenditure of \$5,500.00.

- \*12. It was recommended, and I move, to authorize the HealthWest Executive Director to contract with up to 20 parent, youth and family representatives for training facilitation, committee participation, committee leadership, document review, service design consultation, and social media assistance, effective February 1, 2021 through September 29, 2021, and to be funded through the System of Care Grant, in the amount not to exceed \$25,000.
- \*13. It was recommended, and I move, to authorize the HealthWest Executive Director to sign a contract with Trinity Health – Mercy Health Muskegon, for the period March 1, 2021 through March 1, 2024, to provide pharmacy services for HealthWest, not to exceed \$65,000.00 annually.
- \*14. It was recommended, and I move, to allow the HealthWest Executive Director to expand the CDW Services contract to add capacity and support for implementation, roll out and governance of our newly acquired Microsoft 365 suite for a cost not to exceed \$25,000.
- \*15. It was recommended, and I move, to authorize HealthWest to process payment for the purchase of 75 Electronically Distributed Licenses of Microsoft Power BI Pro to CDW-G at a total cost of \$16,350.00.
- \*16. It was recommended, and I move, to authorize the HealthWest Executive Director to sign a contract with Trident Care, for the period March 1, 2021 through September 30, 2021, to provide x-ray and ultrasound services at the Muskegon County Jail and Juvenile Transition Center, not to exceed \$12,127.50.
- \*17. It was recommended, and I move, to authorize the position changes as outlined on the attached Position Changes for FY 2021 County Budget, effective March 29, 2021. A motion to remove 9. from the attachment was made and supported.

/ab

## HEALTHWEST

### FINANCE COMMITTEE MEETING MINUTES

**Friday, March 19, 2021**

**8:00 a.m.**

**Zoom Virtual Meeting**

### CALL TO ORDER

*The regular meeting of the Finance Committee was called to order by Chair Snider at 8:04 a.m.*

### ROLL CALL

*Committee Members Present: John Snider (North Muskegon, MI), Janet Thomas (Muskegon, MI), Dr. Remington Sprague (Norton Shores, MI), Commissioner Marcia Hovey-Wright (Muskegon, MI), Commissioner Charles Nash (Muskegon, MI), Stephanie Umlor (Muskegon, MI), Jeff Fortenbacher (Muskegon, MI), Jason Coleman, (North Muskegon, MI)*

*Also Present: Brandy Carlson, Amber Berndt, Tami Strodbeck, Julia Rupp, Kelly France, Susan Conrad, Wesley Woods, Cece Riley, Matt Plaska, Cyndi Blair, Catherine Kloska, Catherine Kloska, Lauren Meldrum, Mickey Wallace*

### MINUTES

It was moved by Dr. Sprague, seconded by Mr. Fortenbacher, to approve the minutes of the February 19, 2021, meeting as written.

**MOTION CARRIED.**

### ITEMS FOR CONSIDERATION

**A. Approval of Expenditures for February 2021**

It was moved by Mr. Fortenbacher, seconded by Ms. Umlor, to approve the expenditures for the month ending February 28, 2021 in the total amount of \$ 6,663,906.07.

**MOTION CARRIED.**

**B. Interim Balance Sheets of February 2021**

Ms. Carlson presented the Interim Balance Sheets of February 2021, noting that there was a negative cash balance of (6,148,027.36) for Fund 2220. Fund 7930 has a positive cash balance of \$517,546.24.

C. HealthWest Expenditures Financial Statement

Ms. Carlson presented the HealthWest Expenditure report for February 2021 which shows the estimated true variance to date of \$4,894,078. Expenditures are under budget to date.

D. Finance Update – Fees and Inpatient Summary

The Substance Abuse Fee Report has positive variance of 401,650 through the month of February 2021. It should be noted that this variance report is based on the budget approved by the HealthWest Board during the month of August 2020.

The Other Fees Report has a positive total variance of 3,000,710 through the month of February 2021. The variance report is based on the budget approved by the HealthWest Board during the month of August 2020.

E. Budget Variance Analysis Report

Our expenditure budget variance based on the budget approved by the HealthWest Board during the month of February 2021 is \$4,971,439. With contingencies for contractual services and COVID premium pay in the amount of \$5,363,064 has been recognized. I have also recognized a decrease in revenue should the pandemic situation start to improve and MDHHS reopens Medicaid and Healthy MI reporting requirements from their population. I utilized a 15.5% decrease in the population as a whole past on historical data, for a total amount of \$4,335,171, this would leave HealthWest with a net variance of approximately 2,175,763 after the five months of the fiscal year. Due to the different periods of the budget year that these variances are calculated, this would prorate out to a variance of approximately \$4,894,078.

However, this figure does not really give us a true picture of where we stand as we are not able to use the different funding sources (i.e., State GF and Medicaid, etc.) to offset each other's shortfalls. Therefore, a truer picture would be as follows:

Behavioral Health Traditional Medicaid	\$3,841,838
Behavioral Health Healthy Michigan	\$185,409
Autism	\$146,856
State General Fund	\$85,484
Substance Use Funds	\$634,491
<b>TOTAL</b>	<b>\$4,894,078</b>

F. Month End Projection Trends

Ms. Carlson presented the month-end projection trends for board member review.

G. Medicaid Eligibles by Program

The Medicaid Eligibles graphs were provided for review.

H. FY 2020 Interim Balance Sheets

Ms. Carlson presented the Interim Balance Sheets of FY 2020, noting that there was a negative cash balance of (9,519,002.56) for Fund 2220. Fund 7930 has a positive cash balance of **\$710,485.68**.



*I. FY 2020 HealthWest Expenditures Financial Statement*

Ms. Carlson presented the HealthWest Expenditure report for FY 2020 which shows the estimated true variance to date of \$7,418,086. Expenditures are under budget to date.

*J. Finance Update – Fees and Inpatient Summary*

The Substance Abuse Fee Report has positive variance of 778,981 through the fiscal year. It should be noted that this variance report is based on the budget approved by the HealthWest Board during the month of August 2020.

The Other Fees Report has a negative total variance of (4,911,340) through the fiscal year. The variance report is based on the budget approved by the HealthWest Board during the month of August 2020.

*K. Budget Variance Analysis Report*

Our expenditure budget variance based on the budget approved by the HealthWest Board for fiscal year end 2020 is \$7,941,235. With the offset of the revenue deficit, this puts HealthWest at a positive net budget variance of \$976,346 for fiscal year end 2020.

However, this figure does not really give us a true picture of where we stand as we are not able to use the different funding sources (i.e., State GF and Medicaid, etc.) to offset each other's shortfalls. Therefore, a truer picture would be as follows:

Behavioral Health Traditional Medicaid	\$3,841,838
Behavioral Health Healthy Michigan	\$185,409
Autism	\$146,856
State General Fund	\$85,484
Substance Use Funds	\$634,491
<b>TOTAL</b>	<b>\$4,894,078</b>

*L. Month End Projection Trends*

Ms. Carlson presented the month-end projection trends for FY 2020 for board member review.

Mr. Snider praised Brandy Carlson and her team for the work they've put in and the turn around they've made. Ms. Carlson will prepare a memorandum for the Board of the Commissioners with an update.

*M. Authorization to Sign a Single Case Agreement with Rivercrest Specialty Hospital*

It was moved by Ms. Thomas, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a Single Case Agreement with Rivercrest Specialty Hospital in the amount of \$7,935.00 for one HealthWest consumer psychiatric inpatient stay from January 30, 2021 to February 5, 2021 (6 days).

**MOTION CARRIED.**

N. *Authorization to Sign a Contract with Positive Behavior Supports Corporation for ABA Services for HealthWest Consumers*

It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Positive Behavior Supports Corp., for the period March 8, 2021 through September 30, 2021, to provide ABA services to eligible HealthWest consumers, not to exceed \$147,500.00.

**MOTION CARRIED.**

O. *Authorization to Sign a Contract with Amani, LLC for Specialized Residential and CLS Services*

It was moved by Ms. Thomas, seconded by Ms. Umlor, to authorize the HealthWest Executive Director to sign a contract with Amani, LLC, for the period March 5, 2021 through September 30, 2021, to provide specialized residential and CLS services to eligible HealthWest consumers, not to exceed \$99,300.00.

**MOTION CARRIED.**

P. *Authorization to Sign a Contract with Alyssa Podskalan for Therapeutic Recreation Services*

It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Alyssa Podskalan for the period April 1, 2021 through September 30, 2021, to provide Therapeutic Recreation services, not to exceed \$11,900.00.

**MOTION CARRIED.**

Q. *Authorization to Sign a Contract Extension with Robin Hollebeek Physical Therapy for Physical Therapy Services*

It was moved by Commissioner Hovey-Wright, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract extension with Robin Hollebeek Physical Therapy for the period of October 1, 2020 through September 30, 2021, to provide physical therapy services at HealthWest, not to exceed \$33,280.00.

**MOTION CARRIED.**

R. *Authorization to Accept Inpatient Rates Negotiated by the LRE/Beacon Health Options with Pine Rest Hospital*

It was moved by Dr. Sprague, seconded by Commissioner Hovey-Wright, to authorize HealthWest to accept the inpatient, partial hospitalization, and ECT rates negotiated by Lakeshore Regional Entity/Beacon Health Options with Pine Rest Hospital, effective October 1, 2020 through September 30, 2021.

**MOTION CARRIED.**

S. *Authorization to Sign FY 2021 Contract with the Lakeshore Regional Entity*

It was moved by Ms. Thomas, seconded by Mr. Coleman, to authorize the HealthWest Executive Director to sign the FY 2021 contract between HealthWest and the Lakeshore Regional Entity

effective October 1, 2020 through September 30, 2021, to provide the following services: Medicaid Managed Specialty Supports and Services, Concurrent 1915 (b)(c) Waiver Program(s), Flint 1115 Demonstration Waiver, and Substance Use Disorder Community Grant Programs.

**MOTION CARRIED.**

**T. Authorization to Purchase Additional Training Slots from Relias Learning**

It was moved by Dr. Sprague, seconded by Commissioner Hovey-Wright, to authorize the HealthWest to purchase up to 50 additional slots from Relias Learning, at a cost of \$110.00 per slot, and a maximum total additional expenditure of \$5,500.00.

**MOTION CARRIED.**

**U. Authorization to Contract with 20 Parent, Youth, and Family Representatives for Systems of Care Facilitation, Participation, Consultation, and Leadership Assistance**

It was moved by Mr. Coleman, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to contract with up to 20 parent, youth and family representatives for training facilitation, committee participation, committee leadership, document review, service design consultation, and social media assistance, effective February 1, 2021 through September 29, 2021, and to be funded through the System of Care Grant, in the amount not to exceed \$25,000.

**MOTION CARRIED.**

**V. Authorization to Contract with Trinity Health – Mercy Health Muskegon for Pharmacy Services**

It was moved by Mr. Coleman, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Trinity Health – Mercy Health Muskegon, for the period March 1, 2021 through March 1, 2024, to provide pharmacy services for HealthWest, not to exceed \$65,000.00 annually.

**MOTION CARRIED.**

**W. Authorization to Expand the CDW Services Contract for Microsoft 365 Implementation and Support**

It was moved by Commissioner Hovey-Wright, seconded by Mr. Coleman, to allow the HealthWest Executive Director to expand the CDW Services contract to add capacity and support for implementation, roll out and governance of our newly acquired Microsoft 365 suite for a cost not to exceed \$25,000.

**MOTION CARRIED.**

**X. Authorization to Purchase 75 Power BI Licenses for Data Reporting from CDW-G**

It was moved by Mr. Coleman, seconded by Ms. Umlor, to authorize HealthWest to purchase 75 Electronically Distributed Licenses of Microsoft Power BI Pro from CDW-G at a total cost of \$16,350.00.

**MOTION CARRIED.**

Y. *Authorization to Contract with Trident Care for Imaging Services at the Muskegon County Jail and Juvenile Transition Center*

It was moved by Ms. Umlor, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Trident Care, for the period March 1, 2021 through September 30, 2021, to provide EKG, x-ray and ultrasound services at the Muskegon County Jail and Juvenile Transition Center, not to exceed \$12,127.50.

A correction was made to remove EKG from the list of services provided by Trident Care.

**MOTION CARRIED.**

Z. *Authorization to Make Position Changes as Outlined in the Position Changes for FY 2021 County Budget Spreadsheet*

It was moved by Commissioner Hovey-Wright, seconded by Mr. Coleman, to authorize the position changes as outlined on the attached Position Changes for FY 2021 County Budget spreadsheet, effective March 29, 2021.

**MOTION CARRIED.**

A motion to amend the above motion to remove 9. was made by Commissioner Hovey-Wright and supported by Mr. Coleman.

**MOTION CARRIED.**

**OLD BUSINESS**

There was no old business.

**NEW BUSINESS**

Ms. Carlson thanked Susan Conrad for her efforts over the last few months as she's taken a new position outside of the agency.

**COMMUNICATIONS**

There were no communications.

**DIRECTOR'S COMMENTS**

A brief discussion took place regarding the LRE/State Settlement. One item in the works is a deeper into our operations that Ms. Rupp has been asking for for a number of years. The LRE will bare the expense of this project. Ms. Rupp will update the board as she learns of more.

Commissioner Nash thanked the crisis staff (Christy and Kayla) for their assistance recently.

**AUDIENCE PARTICIPATION**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the committee, the meeting adjourned at 9:05 a.m.

Respectfully,

John Snider  
Committee Chair

JS/ab

**PRELIMINARY MINUTES**  
**To be approved at the Finance Meeting on**  
**April 23, 2021**

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Finance Committee	BUDGETED	NON-BUDGETED X	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE March 26, 2021		REQUESTOR SIGNATURE Brandy Carlson, Chief Financial Officer
<p><b>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</b></p> <p>Authorization is requested to amend the previous motion (HWB 437-F) from January's Finance Committee meeting to purchase a 2021 Ford Transit Wagon from Gorno Ford, Inc. in the amount of \$77,938.00, of which will be fully funded by the Michigan Department of Health &amp; Human Services Mobile COVID Units: Pilot Program.</p> <p>HealthWest in partnership with the Muskegon County Health Department, both as Muskegon County Departments, has been granted mobile testing funds in order to participate in a pilot program with the Michigan Department of Health &amp; Human Services. Within this partnership, there are two main objectives:</p> <ul style="list-style-type: none"> <li>• To create a mobile COVID testing pilot program in Muskegon County <ul style="list-style-type: none"> <li>○ A workflow process for screening community members for COVID-19 using the mobile unit will be developed and implemented</li> </ul> </li> <li>• To increase the identification of COVID-19 infections in Muskegon County <ul style="list-style-type: none"> <li>○ A community outreach protocol to identify potential sites will be implemented and outreach to those sites who have expressed interest in hosting an event will occur</li> <li>○ COVID-19 testing at community events to identify infections will be conducted</li> </ul> </li> </ul> <p>The State of Michigan has conducted the competitive bid process and contracted for the state-wide purchase of the vehicle from Gorno Ford, Inc.</p>			
<p><b>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</b></p> <p>I move to authorize HealthWest to purchase a 2021 Ford Transit Wagon with the necessary COVID-19 upfit kit from Gorno Ford, Inc. up to \$77,938.00 and to be funded by the MDHHS Pilot Program.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes    _____ No    _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes    _____ No    _____ Other		

HWB 473-B

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE March 26, 2021	REQUESTOR SIGNATURE Brian Speer, Contract Specialist	
<p><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></p> <p>HealthWest Board authorization is requested for HealthWest to pay invoice 8822 from <b>Muskegon Quality Builders, Inc.</b>, for HVAC renovation work done at 125 Catherine Avenue, Muskegon, MI 49442. The cost of the renovation will be applied to future rent payments from the current lease contract with Muskegon Covenant Academy. The total amount of the invoice shall not exceed \$18,612.00.</p>			
<p><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></p> <p>I move to authorize HealthWest to pay invoice 8822 to Muskegon Quality Builders, Inc. at a cost not to exceed \$18,612.00 for renovation work at 125 Catherine Ave., Muskegon, MI 49442.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes    _____ No    _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes    _____ No    _____ Other		



QUALITY ASSESSMENT AND  
PERFORMANCE IMPROVEMENT  
PROGRAM (QAPIP)

ANNUAL PLAN FY2021

PREPARED BY:  
REVIEWED AND APPROVED BY:  
REVIEWED BY:  
REVIEWED BY:  
REVIEWED AND APPROVED BY: HEALTH WEST BOARD -



## Definitions

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

Credentialing: The process of establishing the qualifications of licensed professionals and assessing their background and legitimacy.

Clinical Privileging Committee: The committee of professional peers/staff appointed to evaluate and recommend an individual practitioner to be allowed to provide specific services for HealthWest within well-defined training criteria.

CMHSP: Community Mental Health Services Program. For the purposes of this document would be referring to HealthWest.

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the Lakeshore Regional Entity (LRE), its member CMHSPs, and the Substance Use Disorder provider panel.

HealthWest Leadership Committee: A committee comprised of key, senior HW staff who are responsible for strategic planning, agency operations, and decision-making.

HealthWest Executive Committee: A committee comprised of executive-level HealthWest staff who are responsible for approval of policies and procedures.

HealthWest Performance Improvement Committee: The CMHSP performance improvement committee comprised of HealthWest staff and persons served.

Prepaid Inpatient Health Plan (PIHP): One of ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, intellectual/development disabilities, and substance use.

Adverse Events: Adverse Events include any event that is inconsistent with or contrary to the expected outcomes of the organization's functions that warrants a review. Subsets of these adverse events will qualify as "reportable events" according to the MDHHS Critical Event Reporting System. These include MDHHS defined sentinel events, critical incidents, and risk events.

## Purpose

As the CMHSP for Muskegon County, HealthWest has developed this Quality Assessment and Performance Improvement Program (QAPIP) to guide the quality improvement activities of the agency. The QAPIP is intended to serve several functions, including but not limited to:

1. Serve as the quality improvement structure for the managed care activities of HealthWest.
2. Link, monitor, and coordinate activities around organizational performance improvement priorities;
3. Provide support to organizational efforts to integrate a performance improvement philosophy into the everyday work of the organization;

4. Make recommendations to Leadership and/or Executive Team for specific improvement actions and changes;
5. Communicate improvements and challenges within and outside the organization;
6. Weigh risks and opportunities associated with identified organizational performance improvement opportunities; and
7. Describes how these functions are accomplished in the written plan, including the organizational structure and responsibilities relative to these functions.

## Policy

HealthWest will have a fully operational QAPIP that meets the conditions specified in the PIHP-CMH Contract.

The QAPIP will be reviewed and approved on an annual basis by HealthWest Governing Board. Through this process, the governing board gives authority for implementation of the plan and all its components. This authority is essential to the effective execution of the plan.

Consistent with the structure of HW, and the structure of its Governing Board, this authority is discharged through the HealthWest's Executive Director. In turn, the CEO discharges this authority through the Director of Quality/Performance Improvement.

## Authority

A strong quality assurance and performance improvement process requires consistent accountability across the organization. This means that the Performance Improvement (PI) Committee has the ability to recommend to the HealthWest Leadership Committee that opportunities for improvement are prioritized and specific actions to address these improvement opportunities are taken. Ultimate authority for Quality Assurance / Performance Improvement at HealthWest rests with the HealthWest Board of Directors, who vests responsibility for all operations of the organization with the HealthWest Executive Director. The HealthWest Executive Director places responsibility for the leadership, implementation, and overall organizational coordination of Performance Improvement/Quality Assurance Activities with the Director of Quality Improvement.

## Structure

### 1. Provider/Consumer Involvement

The involvement of provider and person served representatives is essential to comprehensiveness of the QAPIP. As such, this involvement is sought, encouraged, and supported at several levels, including:

- a. The HealthWest Governing Board will have persons served as members.
- b. HealthWest will have a consumer advisory panel that provides input to various managed care activities.
- c. The Performance Improvement Committee will be comprised of staff from HealthWest, and representation of primary and secondary persons served.

## 2. CMHSP Leadership Committee

HealthWest Leadership Committee will have the central responsibility for the implementation of the QAPIP. The membership consists of key staff from HW, including:

- a. Executive Director (Chair)
- b. Chief Financial Officer
- c. Director Information Systems r
- d. Director of Quality Improvement
- e. Chief Clinical Officer
- f. Clinical Quality Assurance Manager
- g. Clinical Quality Assurance Manager for SUD
- h. Director of Diversity Equity and Inclusion
- i. Director of Community Relations
- j. Communications and Training Manager
- k. Medical Director
- l. Clinical Services Manager of IDD

## 3. CMHSP Performance Improvement Committee

The Performance Improvement (PI) Committee will be responsible for ensuring that Network Providers have appropriate performance improvement structures and activities necessary to monitor the provision of quality services and to meet federal and state requirements. This group provides the primary link between the performance improvement structures of Network Providers and HW.

PI Committee is chaired by the Director of Quality Improvement with the Quality Improvement Administrative Assistant acting as the Recorder. The committee is comprised of:

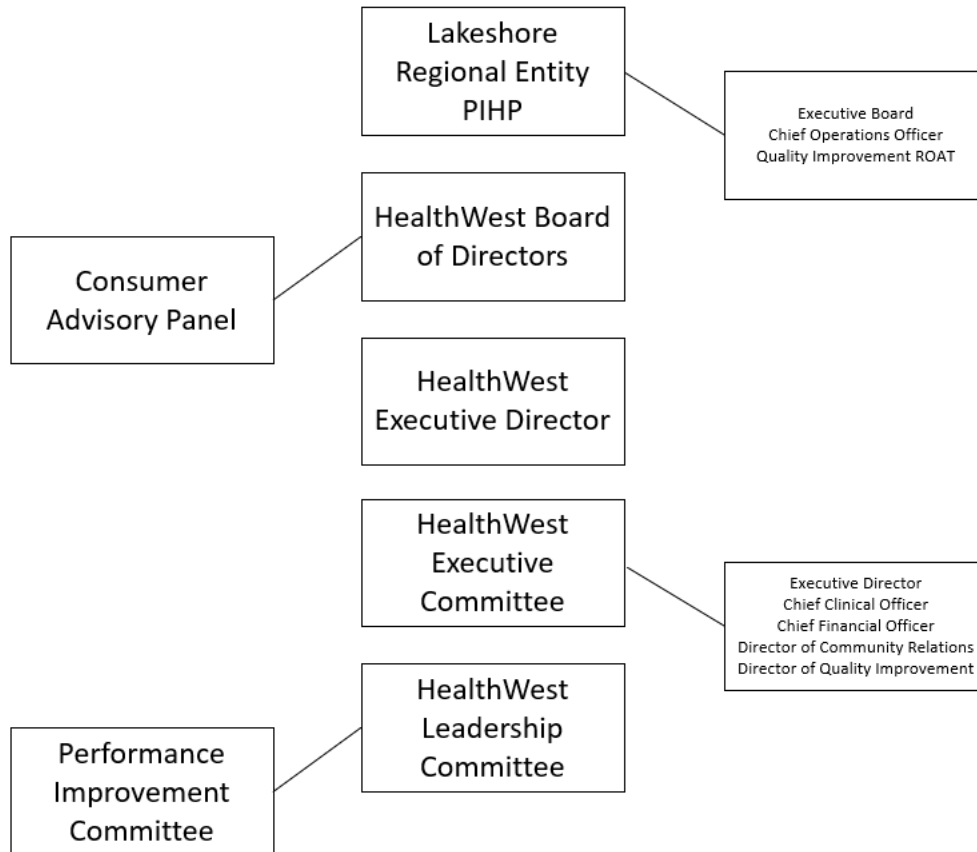
- a. Chief Clinical Officer
- b. Director of Quality/Performance Improvement (chair)
- c. Designated members from Leadership Committee
- d. Data Analyst
- e. Director of Autism (Pam Kimble)
- f. Clinical Quality Assurance
- g. SUD Quality assurance
- h. Primary or secondary persons served from appropriate service populations, including persons with developmental disabilities, adults with mental illness, children with severe emotional disturbances, and persons with substance use disorders.
- i. Ad hoc members include all members of the Leadership/Executive Team, the Medical Director, Regulations and Rights Officer, Human Resources Coordinator, Director Information Systems, contract providers and/or other stakeholders, and any member of the HealthWest staff.

## 4. Accountability

One of the basic tenets of performance improvement, and a key element of all successful teams, is accountability. Consequently, the success of this plan is dependent on each component

understanding, and meeting, its accountabilities. This begins with the basic premise that each employee and/or agent of each organization, whether HealthWest, its Network Providers, contract agency, or subcontract agency, will be accountable for the quality and integrity of his/her work: accountable to beneficiaries, coworkers, various committees to which he/she belongs, and to his/her employer. The following table displays the reporting accountability of the various formal components of the quality improvement and assessment program.

### HealthWest Performance Improvement Structure



### Responsibilities

Each of the components of the QAPIP structure will have specific responsibilities. These various tasks, when taken in whole, will ensure that HealthWest and its Network Providers are administering quality services, effectively managing and protecting available resources, protecting the rights of service beneficiaries, and identifying opportunities to improve.

1. The Lakeshore Regional Entity (LRE) Board of Directors is accountable for quality assessment and performance improvement activities across the 7-county affiliation of the PIHP. The LRE Board will annually review and evaluate the written regional Quality Assessment and Performance Improvement Plan. The Board will regularly receive specific reports of affiliation-wide performance indicators, quality oversight activities, and corrective actions as requested.

They vest authority for management of Quality Oversight to the Chief Operating Officer (COO) for the LRE. The LRE COO is responsible for implementation of Quality Oversight at the PIHP Level and is responsible for facilitation of the affiliation-wide Quality Oversight Committee.

Members of HealthWest PI Committee sit as members of the LRE QI Regional Operations Advisory Team and support affiliation-wide Quality Oversight Functions.

As part of the contractual arrangement between the LRE and HealthWest, Quality Assurance/Performance Improvement is a delegated function, whereby the affiliation ensures compliance with federal and state requirements for a functioning quality improvement system but HealthWest is responsible for its implementation. All Community Mental Health Service Programs, as part of this arrangement, will develop, implement and maintain quality improvement programs and will report results of monitoring and improvement activities to the Regional Quality Advisory Team as requested.

## 2. HealthWest Leadership Committee

HW Leadership Committee, will have the lead role in implementing the QAPIP. This begins with responsibility for the performance, quality, effectiveness, and efficiency of the managed care activities. In addition to managing the "PI" function for the managed care organization, HW Leadership Committee also has responsibility for the following:

### a. Claims Verification

The verification of Medicaid claims is required both by federal regulation and the MDHHS PIHP contract. Primary responsibility for this activity is with the PIHP. The LRE policy on Medicaid Verification defines the specific processes used for ongoing record review, including the verification of documentation for services provided, timeliness of documentation and quality of service provided and documented. The Lakeshore Regional Entity PIHP performs regular record reviews and results are provided to PI, Executive Team, and HW Corporate Compliance Officer. If HealthWest's performance is below accepted PIHP thresholds, the HW Corporate Compliance officer will share findings with the Leadership Committee. The Leadership Committee will determine actions necessary to improve performance. HW Corporate Compliance Officer also shares individual level data/findings with appropriate HW staff.

### b. Practice Guidelines

HW recognizes the state of the art in clinical practice is rapidly changing as our knowledge base on disability and treatment evolve. National research provides a foundation for direction for treatments specific to diagnostic categories, however, this research usually does not provide for clear guidance for persons with multiple disabilities or severe and persistent mental illness. The HealthWest Clinical Leadership Committee is responsible for reviewing the literature for guidelines with research supporting evidence or expert consensus, assessing the validity of the method, based on the strength of the evidence and expert judgment, assessing the reliability and reproducibility of the practice, and examining clinical applicability including attention to multidisciplinary strengths that benefit the people we serve.

HW is also responsible for implementing all contractually mandated Practice Guidelines. These include but are not limited to Person Centered Planning / Family-Centered Planning, Self-Determination Policy and Practice Guideline, Inclusion, Housing, Consumerism, Co-occurring Treatment, Jail Diversion, and School to Community Transition.

The process for developing, reviewing, adopting, and disseminating practice guidelines as specified in HW "Practice Guidelines" policy and procedure will be assigned to the Clinical Oversight Committee. These guidelines will be approved by the Executive Committee. Dissemination to contract providers is the responsibility of the Contract Manager. HealthWest Leadership Committee will have the responsibility for ensuring the policy and procedure are implemented.

#### c. Adverse Events

Adverse Events include any event that is inconsistent with or contrary to the expected outcomes of the organization's functions that warrants a review. Subsets of these events, adverse events, will qualify as "reportable events" according to the MDHHS Critical Event Reporting System. These include MDHHS defined sentinel events, critical incidents, and risk events. HW has a system in place to monitor these events, utilizing staff with appropriate credentials for the scope of care, and within the required timeframes. HealthWest submits and/or reports required events to the PIHP. The PIHP then reports adverse events to MDHHS including events requiring immediate notification as specified in the Medicaid Managed Specialty Supports Services contract within the timelines required by MDHHS. HealthWest is responsible for the process of review and follow-up of sentinel events, critical incidents, and other events that put people at risk of harm to its CMHSP Participants. HealthWest will take appropriate action to ensure that any immediate safety issues have been addressed, including the identification of a sentinel event within three business days in which the critical incident occurred and the commencement of a root cause analysis within two business days of the identification of the sentinel event. HW will ensure that those involved in the root cause analysis process have appropriate credentials to address the scope of the issues involved. Following completion of a root cause analysis, or investigation, HealthWest will develop and implement either a plan of action or an intervention to prevent further occurrence or recurrence of the adverse event, or documentation of the rationale for not pursuing an intervention. The plan shall address the staff and/or program/committee responsible for implementation and oversight, timelines, and strategies for measuring the effectiveness of the action. Sentinel Events are tracked at HealthWest via a Critical Incident database. Notification of the occurrence of a Sentinel Event is reported to the LRE. For additional information see the HW Policy on Sentinel Events.

#### i. Sentinel Events

Primary responsibility for review of sentinel events will be vested in HealthWest and its Network Providers. The Director of Quality will be responsible for ensuring that this occurs, with proper reporting, as specified in HW "Critical Incident, Risk Event, Sentinel Event, and Death Reporting" policy and procedure. HealthWest Leadership Committee will have the responsibility for assuring the policy and procedure is implemented appropriately.

ii. Critical Incidents and Risk Events

At least quarterly, HealthWest Leadership Committee will analyze critical incident and risk event data. Based upon this analysis, HealthWest Leadership Committee will, as appropriate, review additional information needed to determine when and what actions are needed to remediate a situation or to reduce the potential for similar events.

d. Credentialing

In compliance with MDHHS's Credentialing and Re-Credentialing Processes (FY20 Attachment P7.1.1, FY20 Attachment PII.B.A), HealthWest has established written policy and procedures for ensuring appropriate credentialing and re-credentialing of the provider network. HW shall ensure that credentialing activities occur upon employment/contract initiation, and minimally every two (2) years thereafter. HW written policies and procedures also ensure that non-licensed providers of care or support are qualified to perform their jobs. Credentialing, privileging, primary source verification and qualification of staff who are employees of HW or under contract to the CMH, are the responsibility of HW. Credentialing, privileging, primary source verification and qualification of CMHSP Participant/SUD Provider staff is delegated to the HealthWest from the PIHP. HW is responsible for ensuring that each provider, employed and contracted, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual requirements, including relevant work experience and education, and cultural competence. HealthWest is responsible for the selection, orientation, training and evaluation of the performance and competency of their own staff and subcontractors. Credentialing is the responsibility of the Human Resources Manager at hire and annually thereafter. Clinical Privileges are the responsibility of the privileging committee chaired by Clinical Quality Assurance Managers.

e. Utilization Management

HealthWest will have a Utilization Management Plan that will identify the following:

- i. Strategies for evaluating medical necessity, criteria used, information sources, and the processes used to review and approve the provision of medical, clinical and support services;
- ii. Mechanisms for regular and ongoing review of individual needs of the persons served, circumstances and services being delivered;
- iii. Mechanisms to identify and correct under-utilization as well as over-utilization;
- iv. Procedures for conduction prospective, concurrent, and retrospective reviews of authorizations.

Data and recommendations for system-related Performance Improvement opportunities are directed to the PI Committee for their review and action and/or recommendation.

f. Provider Monitoring

HealthWest will monitor its Network Providers at least annually. This includes contracted providers, and certain out-of-network providers, as needed. Monitoring will include a review

service and support provision, and compliance with administrative requirements. As appropriate, targeted monitoring activities for people identified as “vulnerable” are also conducted. When a provider is found to be out of compliance with a contractual requirement, appropriate corrective actions are required, as specified in HealthWest policy and procedure.

### 3. Performance Improvement Committee

The PI Committee will be HealthWest’s primary connection to the quality improvement activities and structures of Network Providers. This committee will also be a vehicle for beneficiary input. The primary responsibilities of the PI Committee include.

#### a. Coordination with Network Provider Structures

An inherent principle of quality improvement is that improvement is best addressed by the individuals involved in the systems to be improved. Consequently, those best equipped to improve the various functions of the Network Providers are those within the organizations. For this reason, HealthWest has taken a position of supporting the existing QI structures within the various provider organizations. It will be the responsibility of the HealthWest, however, to ensure that each of these structures meets the requirements of federal and state regulations and the MDHHS-PIHP contract.

#### b. Performance Indicators

The MDHHS has established performance indicators for PIHPs. HealthWest will report performance indicators for all services populations to the MDHHS. Additionally, HealthWest reports performance indicators for Medicaid beneficiaries. This information includes beneficiaries served, whether for mental health, intellectual/developmental disability or substance abuse disorders. The CPI will monitor HealthWest performance in this area. When standards are not met, the CPI will do an analysis of the indicator and determine what is the cause of the non-compliance and develop a plan to bring the indicator into compliance.

#### c. Consumer Satisfaction and Outcome Measures

The CPI committee will be responsible for conducting surveys of beneficiaries to assess their degree of satisfaction with services. The CPI Annual Work Plan will address specifics for implementation of satisfaction surveys. Additionally, the CPI committee will advance the implementation of outcome measurement as appropriate.

#### d. Performance Improvement Projects

Federal regulations and the MDHHS-PIHP contract require that each PIHP conduct at least two Performance Improvement Projects each year. Currently, MDHHS mandates the topic of one of the two projects. The CPI committee will be responsible for selecting the second topic. The Director of Performance Improvement will be responsible for reporting the Performance Improvement Projects.

Performance Improvement Projects are designed such that they achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant



aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and satisfaction of the individuals served. Performance improvement projects must address clinical and non-clinical aspects of care. Clinical areas include, but are not limited to, high-volume services, high-risk service, and continuity and coordination of care. Non-clinical areas include, but are not limited to, appeals, grievances and complaints, and access to, and availability of services. Project topics will be selected in a manner which considers the potential impact on the individuals the organization serves, and the particular demographic characteristics and health risks of individuals served.

In addition, HW also participates in an ongoing basis in the Quality Assurance Performance Improvement Projects identified by MDHHS at the PIHP Level and in other Performance Improvement Projects identified and approved at that level.

e. Analysis of Behavior Treatment Data

The CPI committee will review, at least quarterly, an analysis of data from HealthWest's behavior treatment review committee. This review will include any intrusive or restrictive techniques that have been approved or used with beneficiaries where physical management was necessary in an emergency. At a minimum, this review will include number of incidents and duration of intervention, trend analysis as possible, as well as evidence that HealthWest is examining possible changes in treatment. As appropriate, the Chair of HealthWest's Behavior Treatment Review Committee will attend the PI meeting to present and discuss data and the analysis of trends. This is intended to maximize the value of this process by providing expert analysis and insight.

4. Director of Quality Improvement

This HealthWest staff position will be the individual with primary responsibility for implementation of the QAPIP, including providing appropriate staff support to the various committees and structures.

On an annual basis, the Director of Quality Improvement will work with various committees to conduct a review of the quality assessment and performance improvement activities of HealthWest. This will include a review of annual work plans, developing a work plan for the coming year, reviewing the written QAPIP, and recommending changes as needed. Information on the effectiveness of the HealthWest's QAPIP will be provided annually to persons served and stakeholders.

The Director of Quality Improvement will also ensure that HealthWest maintains an appropriate quality improvement program to meet the requirement of federal regulations and national accreditation. Summary reports of the quality improvement activities, minutes of quality improvement meetings, revised quality improvement plans, as well as annual evaluations of the quality improvement plan/program will be submitted to the LRE. All quality improvement programs and activities will be consistent with the standards and requirements for managed care, as specified in federal regulation and the MDHHS-PIHP contract. Reporting to the PI Committee will, in most cases, be sufficient to ensure compliance with these requirements.

## Confidentiality

HealthWest is completely committed to maintaining the confidentiality of individuals served in our organization. The following statements below reflect specific tenets of this commitment. Specific details regarding confidentiality and the protection of consumer records are reflected in HealthWest Policy and Procedure. For purposes of the QAPIP, the following expectations are highlighted:

1. The contents of clinical records and provider credentialing files are confidential.
2. Although usually accomplished via aggregate non-individual-identifying reports, at times QI may review specific individually identifiable and confidential information.
3. Access to confidential performance improvement or quality oversight information (i.e., clinical information, medical history, credentialing information) shall be restricted to those individuals and/or committees charged with the responsibility and accountability for the various aspects of the program.
4. Individual provider information may be utilized and/or evaluated at the time of re-credentialing or contracting.
5. All information about individuals served and/or provider-specific information will be kept in a confidential manner in accordance with applicable federal and state laws and will be used solely for the purposes of quality oversight and/or directly related activities. Disclosing confidential information about individuals served and/or provider information internally or externally may be grounds for immediate dismissal from the committee.

## Corrective Action Initiatives

Corrective Action or Plan of Correction may be requested by the PI Committee at any point in time regarding an identified performance challenge where the organization, a provider, a department, or a team does not meet the established thresholds or standards (as set by the organization, via contract, or accrediting body). Problems requiring corrective action may be identified through routine performance indicator monitoring, results of a monitoring study, results of a special study, results of a site visit, results of a Utilization Management/Utilization Review study, and/or results of a root cause analysis. Minimum elements of an acceptable plan of correction (POC) or corrective action include summary of the assessment of the nature of the problem, plan to address the problem with timeframes, identified leads, action steps, proofs, timeline for next monitoring, and a statement regarding how to know a plan of correction is completed (for all required elements see Attachment 1). POCs may be accepted or rejected by PI committee and consultative recommendations may be added at the discretion of the committee. Problems with implementing a POC should be shared with the PI and primary supervisor in advance of the deadline for completion. Repeated failure to submit timely plans of correction or corrective action plans will be addressed first through the behavioral contract and then through the attention of the primary supervisor.

## Priorities for Performance Improvement

Performance Improvement opportunities occur at various times throughout the life of a system. On occasion, the improvement opportunity identified conflicts with other existing organizational priorities. The PI Committee thus engages in an ongoing process of identifying and prioritizing Performance Improvement Opportunities that it identifies over the course of the year. Recommendations regarding prioritization of these issues are sent to the Leadership Committee for prioritization within the context of other Organizational Goals and Improvement Projects. The prioritization schema utilized at

HealthWest at both the CPI and Leadership Committee level asks individuals to prioritize activities based upon the impact of the issue on:

- Mission, Vision, Values (M, V, V critical)
- Level of Risk (contractual, person served, accreditation, other)
- Number of individuals served by the organization who would be affected.
- Process complexity
- Impact on other well-functioning processes
- Drain on organizational resources.

#### Standing Performance Measures

The following list of performance measures will be analyzed and reported to the PI Committee at least annually. Where appropriate, analysis will include performance compared to established benchmarks or targets, tracking of performance over time, actions to improve performance, outcomes of the actions to improve performance, and ongoing plans for each measure. Detailed reports are made to PI Committee at appropriate intervals, and performance on all the listed measures will be summarized annually as part of the PI Committee's annual program evaluation.

Measure	Category	Source	Suggested Reporting Frequency
DHIP Outcomes Measures	Effectiveness	CAFAS and PECFAS outcome reports	Annual
Access, efficiency, and outcomes as reported via the Michigan Mission-Based Performance Indicator System	Access	MMBPIS	Quarterly
Annual Submission: Requests for Services and Disposition of Requests, Waiting Lists, Priority Needs and Action Plans and Provider Network Capacity			
LRE Site Review	Compliance	LRE	Annual
CARF Accreditation Summary	Compliance	CARF	Triennial
Medicaid Verification Results	Compliance	LRE	Quarterly
Physical Management and Behavior Treatment Review Committee Data	Health & Safety	BSC report	Quarterly
Post-Discharge Monitoring (MH and SUD)	Satisfaction	PI Committee	Annual
BHTEDS	Effectiveness	MDHHS	Quarterly
PI Committee Self-Evaluation	Effectiveness	PI Committee	Annual
Accessibility assessment	Access	Customer Services	Annual
UM Summaries	Effectiveness, efficiency	UM dept.	Monthly
Suicide deaths and suicide attempts	Health & Safety	Sentinel Events, CIRE	Quarterly
Prescriber Peer Review	Effectiveness, Health & Safety	Prescriber Peer Review	Semi-Annual

Monitoring effects of psychotropic medications: metabolic labs, AIMS, and side effects	Health & Safety	Prescriber Peer Review	Semi-Annual
Jail Diversion Data	Access	LRE	Semi-annual
Mobile Crisis Utilization	Access, Efficiency, Business Function	Clinical QA	Quarterly
Customer Service Activity	Business Function	Customer Services	Annual
Grievance and Appeal Monitoring	Business Function	Customer Services	Annual
Critical Incidents and Risk Events	Health & Safety	PI Committee	Quarterly
SUD Sentinel Events	Health & Safety	PI Committee	Semi-Annual
Provider Network Quality Oversight – Site Reviews		LRE	Annual
Performance Measurement and Improvement: Results achieved for persons served (for each program)	Effectiveness, Outcomes	CARF	Annual
Performance Measurement and Improvement: Experience of services received and other feedback from the person served (for each program)	Satisfaction	CARF	Annual
Performance Measurement and Improvement: Experiences of services and other feedback from other stakeholders (for each program)	Satisfaction	CARF	Annual
Performance Measurement and Improvement: Resources used to achieve results for persons served	Efficiency	CARF	Annual
Performance Measurement and Improvement: Service Access	Access	CARF	Annual

## Reporting

Reports and corrective action plans developed at the request of the committee are submitted to the Director of Performance Improvement for distribution to the committee as part of the monthly/quarterly meeting packet. The findings of monitoring and evaluation activities and/or Plans of Corrections are presented to CPI committee by the individual responsible for the study and/or POC.

Minutes of all PI committee meetings will be kept in a standard format sufficient to document the topics discussed, analysis and resulting action items. The minutes will be approved by the PI committee and will include original attachments. Meeting packets and accompanying minutes from the previous meetings will be maintained by the Director of Performance Improvement and are available for audit and/or review as requested. All records, audit materials and communications / correspondence will be retained according to regulatory record keeping requirements. Such records are not available as part of "Discovery" or other proceedings associated with litigation and may not be copied or distributed in any manner. Such records are not part of the medical record.

Communicating Performance Data to Staff and Stakeholders

On a monthly basis, the PI Committee will select reports that are important and of interest to staff and the general public. These reports will be shared with staff, persons served and other stakeholders via appropriate communication channels.

#### Annual Self-Assessment

In order to ensure the ongoing effectiveness of the committee and to support a strong QA/PI process within the organization, PI will conduct an annual self-assessment of the workings of the committee. Annually, all members will be advanced a series of questions designed to assess the workings of the committee (see Attachment #2). The group allocates time on the agenda for a thoughtful discussion of the strengths and challenges of the committee. Recommendations regarding improving performance are then drafted and reviewed by the committee to determine if they will achieve the desired impact. Results of the Annual Self-Assessment are incorporated into the Annual Program Evaluation described below.

#### Annual Program Evaluation

The PI Committee completes an annual QAPIP evaluation that includes:

1. A review of QAPIP Goals of the previous year;
2. A review of the Committee annual Self-Evaluation results;
3. A review of all quality oversight activities;
4. A review of the appropriateness and relevance of current measures (contained throughout this report).
5. Identify QAPIP Goals for the coming year.
6. An overall performance summary including Improvements to Quality-of-Service Delivery, Trends in Service Delivery and Health Outcomes over Time, and Progress on Goals and Objectives
7. Recommendations and next steps.

Documentation of the QAPIP annual review, its findings and recommendations are forwarded to the Leadership/Executive Team, the Board, the provider network, the Consumer Advisory Panel, and any person served upon request.

The annual review may lead to:

1. Identification of educational/training needs.
2. Establishment and revision of policies and procedures related to performance initiatives.
3. Recommendations regarding credentialing of practitioners.
4. Changes in operations to minimize risks in the delivery of quality services, and;
5. Development of objectives for the coming year.

Attachment 1

Plan of Correction (POC) Monitoring Template

Instructions: Each POCs monitoring plan submitted should include all of the following elements. See below for an example of a POC that contains all the necessary elements.

Standard Number: Usually an acronym (DHHS, CWP, etc.) and letters and number to identify the standard.

Citation: Brief description of the standard that was not met; should explain the reason a POC was required.

Plan of Correction: A description of the tasks to be completed to correct the identified opportunity for improvement and achieve the desired outcome.

Proofs: What evidence will you bring forward to show evidence that the outcome has been achieved.

Responsible Person(s): Name of the person(s) responsible for completing the tasks identified in POC. These are also the individuals who will be contacted for monitoring updates and proofs.

How will we know when POC is completed? This is a brief statement of when the POC will be considered “done” and taken off the POC monitoring list.

Status or Monitoring: Is this a status update or a full monitoring proof? A status proof requires a discreet change that needs to be made and reported while a monitoring proof requires a change that requires ongoing monitoring or measurement to substantiate that the change has been made.

Completion Time Frame: When will the tasks identified in the POC be completely implemented?

- Plans of correction written will remedy the situation within 30 – 60 days of receiving the citation.
- Monitoring will take place at a minimum of every 30 days.
- If after 60 days, there is no incremental improvement, appropriate staff and leadership will work together to write a new POC.
- The new POC will be monitored at a minimum of every 30 days.
- If after an additional 60 days, there is no incremental improvement, appropriate deputy directors will be notified and will assist in the POC process.

Monitoring Frequency: How frequently will the status of this POC be reviewed and where? All POCs will be reviewed at PI Committee for completion at least quarterly, but you may identify more frequent intervals at additional locations if it’s helpful to you for getting the POC completed, and the outcome achieved.

- Monitoring will take place at a minimum of every 30 days.

Standard: MMBPIS #2	Mark when Complete: <input type="checkbox"/>
CITATION (OK to summarize; also include reason for POC) Timeliness—95% of assessments have not occurred within 14 calendar days of the person’s first request for services.	
PLAN OF CORRECTION	

The Assessment and Stabilization Team supervisors will re-train staff on the 14-day standard and proper documentation when the person being served chooses to have their assessment appointment more than 14 days after the date when services were first requested. Clinician must document on the Call Log at least one assessment appointment date that was offered to the person within 14 calendar days of their request for services and complete a Chart Memo as needed.

PROOFS  
At least two consecutive quarters of performance within the 95% standard.

RESPONSIBLE PERSON(S):  
Assessment and Stabilization Supervisors

HOW DO WE KNOW WHEN IT'S DONE?  
HealthWest meets the 95% standard for this indicator.  
for 2 consecutive quarters

Check one:  
 Status  
 Monitoring

COMPLETION TIMEFRAME:  
September 30, 2021

Monitoring Frequency: Monthly at PI Committee

Attachment 2

Performance Improvement Committee  
Committee and Self-Evaluation

There are three basic reasons for committees in healthcare organizations to perform periodic self-evaluations. The first is that today's unforgiving health care environment demands nothing less than excellence in healthcare. The second is that a well-constructed self-evaluation process can help a committee improve its performance and achieve and maintain excellence in quality oversight. The third is that regulatory groups (BBA, DHHS, CARF, etc.) specifically require that committees evaluate their own performance.

Self-evaluation provides a committee with a structured opportunity to look at its past performance and to plan ahead. The process allows the committee to ask itself such questions as: What are we doing well? What could we be doing better? What are our objectives? How well did we achieve our objectives, or why did we not achieve our objectives? The committee may then use the answers to develop an action plan to improve its performance and establish new goals.

The aggregated responses from the Performance Improvement Oversight Committee self-evaluation questionnaires will be used to facilitate discussion at the next committee meeting. It is this discussion that provides the real value of the self-evaluation process.

Instructions: Please read each item in the left column and indicate in 1 of the 4 right columns your rating for our committee's performance in this area (Note: in the last section, please rate only your own personal performance).

	Very Good	Good	Fair	Poor
<b>Section 1: Mission and Planning Oversight</b>				
A. Each committee member has received a copy of our committee charge.				
B. Proposals brought before our committee are evaluated to ensure that they are consistent with our committee's charge.				
C. The committee periodically reviews, discusses, and if necessary recommends changes to the committee's charge to ensure that it remains current and relevant.				
D. The committee periodically reviews, discusses, and if necessary recommends changes to the Quality Assurance Performance Improvement Plan (QAPIP) and supportive policy statements.				
E. The committee provides support to organizational efforts to integrate a performance improvement philosophy into the everyday work of the organization.				
F. Committee members are active and effective in representing HW's quality oversight interests.				
G. Our committee supports and assists the HW Executive Director in achieving the HW mission.				
<b>Section 2: Quality Oversight</b>				
A. The committee reviews and discusses performance reports that provide comparative statistical data about HW services.				
B. The committee reviews feedback from community partners including residential homes, the LRE, DHS, referral sources, community agencies, and others, regarding HW's overall performance as a service provider.				



	Very Good	Good	Fair	Poor
C. The committee effectively communicates performance data to HW staff and other stakeholders (communicates improvements and challenges within and outside the organization).				
<b>Section 3: Committee Effectiveness</b>				
A. The committee evaluates its own performance and the individual performance of each committee member.				
B. Committee members work for the overall good of the organization and those we serve.				
C. The frequency and duration of committee meetings are appropriate.				
D. The committee chair ensures that members have equal opportunity to participate, meeting time is used appropriately, and agenda items are addressed with adequate discussion.				
E. Committee members receive the agenda and back-up materials well in advance of meetings.				
F. Committee members come to meetings well prepared.				
<b>Section 4: Individual Self-Assessment</b>				
A. I prepare for meetings, attend meetings, participate in committee discussions and assume a fair workload when applicable.				
B. I deal fairly and appropriately with other committee members.				
C. I support the committee chair in fulfilling the committee charge.				
D. I maintain privacy regarding information discussed in committee meetings.				
E. I am satisfied that no conflict of interest exists in my service as a committee member.				
F. As a committee member, I act as a liaison between HW and the community, representing the interests of both.				