

HEALTHWEST
FULL BOARD MINUTES

February 23, 2024

8:00 a.m.

**376 E. Apple Ave.
Muskegon, MI 49442**

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:04 a.m.

ROLL CALL

Members Present: Janet Thomas, Thomas Hardy, Marcia Hovey-Wright, Remington Sprague, MD, Janice Hilleary, Tamara Madison,

Members Absent: Charles Nash, Cheryl Natte, John Weerstra, Jeff Fortenbacher, Kim Cyr,

Others Present: Rich Francisco, Holly Brink, Gina Post, Christy LaDronka, Shannon Morgan, Kristi Chittenden, Matt Plaska, Pam Kimble, Anissa Goodno, Jackie Farrar, Brittani Duff, Gary Ridley, Linda Wagoner, Tasha Kuklewski, Chelsea Kirksey, Jennifer Hoeker

Guests Present: Angela Gasiewski, Kristen Wade

MINUTES

HWB 58-B - It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the minutes of the January 25, 2024 Full Board meeting as written.

MOTION CARRIED.

COMMITTEE REPORTS

Finance Committee

HWB 50F - It moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the January 19, 2024, meeting as written.

MOTION CARRIED.

HWB 51F - It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to approve expenditures for the month of December 2023, in the total amount of \$8,365,703.80.

MOTION CARRIED.

HWB 52F – It was moved by Ms. Thomas, second by Mr. Hardy, to approve the HealthWest Executive Director to allow spending among the sources based on the approved budget(s) for the term of the contract.

MOTION CARRIED.

HWB 53F – It was moved by Ms. Thomas, seconded by Dr. Sprague, to contract with the service vendors, Covenant Academies, Lakeshore Training System, Brewer & Bristow Training, Peter Chang Enterprises, Rehman Robson and Roslund Prestige Company, through the term of their contract.

MOTION CARRIED.

HWB 54F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest executive Director to sign a contract with Great Lakes Recovery Centers, Inc., for March 1, 2024 through September 30.

MOTION CARRIED.

HWB 55F- It was moved by Ms. Thomas, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Pharon's Best Haven to provide specialized residential services to eligible HealthWest consumers.

MOTION CARRIED.

HWB 56F- It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Living Hope Home Care, LLC. for the period March 1, 2024 through September 30, 2025 to provide CLS and Respite services to eligible HealthWest consumers.

MOTION CARRIED.

HWB 57F- It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize HealthWest Executive Director to sign contract with Pine Rest Christian Mental Health Services effective March 1, 2024 through September 30, 2025 to provide Crisis Residential Services to eligible HealthWest Consumers

MOTION CARRIED.

Recipient Rights Committee

HWB 48R- It was moved by Ms. Natte, seconded by Ms. Hilleary, to approve the minutes of the December 1, 2023 meeting as written.

MOTION CARRIED.

HWB 49R- It was moved by Ms. Hilleary, seconded by Ms. Natte, to approve the Recipient Rights Reports for December 2023 / January 2024..

MOTION CARRIED.

Program Personnel Committee

HWB 46P- It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the minutes of the December 1, 2023 meeting as written

MOTION CARRIED.

HWB 47P- It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Network Procurement Plan that was created on September 29, 2023.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

HWB 59B- It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve the HealthWest Network QAPIP Plan that was created on September 29, 2023.

MOTION MADE ON FLOOR / MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

- Ms. Kimble, Director of Quality Assurance, presented her QAPIP Plan.
- Ms. Madison provided a Consumer Advisory update.

DIRECTOR'S COMMENTS

Mr. Francisco, Executive Director, presented his Formal Director's report.

MDHHS Updates:

- Gov. Whitmer and budget director, Jen Flood presented on Feb 7th the Executive budget recommendation to the Michigan Senate and House Appropriations Committees. I did share the budget recommendation with the board via email. Some of the highlights for mental health includes:
 - \$193.3 million to expand Michigan's Certified Community Behavioral Health Clinics (CCBHC) demonstration program (\$35.6 million general fund). Funds will be used to support new CCBHC sites and establish more sophisticated oversight and monitoring for the Medicaid CCBHC system.
 - \$36.1 million to increase rates for behavioral health services provided through Medicaid health plans (\$10.2 million general fund). This proposal brings parity in reimbursement rates for behavioral health services paid through Medicaid health plan contracts to improve access to needed supports for Medicaid enrollees.
 - \$8.3 million to establish Medicaid reimbursement for peer provided substance use disorder services (\$2.5 million general fund). Peer recovery specialists will be reimbursed for services provided in a hospital setting.
 - \$7.3 million for the Michigan Crisis and Access Line (MiCAL) (\$8.3 million general fund) to ensure structural ongoing support for services currently provided to individuals experiencing behavioral health crises. Funding will ensure access to text and chat functionality, from a Michigan-based provider, 24 hours a day, seven days a week.
 - \$4 million to enhance gambling prevention and treatment services (state restricted revenue). Funding will support residential gambling treatment, recovery support services, youth education and prevention services, research and evaluation, provider training, a media campaign, and the problem gambling hotline. **(Ref: Alan Bolter, CMHA communication).**
- Michigan MichiCANS soft launch update with MDHHS. Had our "touch base" meeting with MDHHS implementors of MichiCANS Tuesday 2/20. HW is in an advantageous position, with the soft launch. Staff are ready to complete the training for the Comprehensive assessment of MichiCANS but have completed 146 screeners. Once staff complete the training for the assessment, they will be starting to complete those as well.

- The PIHP's have aggregated a report showing the trends and drops in enrollment broken down by the different PIHP regions and then again further broken down into DAB, HMP, and TANF. The data for all regions show the same downward trend in enrollments captured from June 2023 to Jan. 2024. All PIHPs share the same concerns of revenue drops, and this data is being shared to get MDHHS to adjust the rate as soon as possible. According to Stacia, LRE CFO, a separate group at MDHHS is looking at the data. HW board will receive an update as this effort statewide progresses.
- I received an email on February 9th from CMHA that MDHHS staff leading the Conflict Free Access and Planning (CFAP) have confirmed that state's CCBHCs are exempt from the CFAP requirements due to the requirements to access, person centered planning/IPOS development and service provision that CCBHCs must meet. This is good news!

Lakeshore Regional Entity updates:

- Submitted to the LRE the second round of feedback on the LRE/CNHSP contracts which was due 2/20/2024. The LRE did not complete responses to areas under the Compliance section, but assured that updates and changes were being made to this section as well. We should be hearing from the LRE on next steps regarding contract discussions.
- LRE HSW (HAB supports waiver) slots update. The HSW slots offered by MidState to LRE have been transferred to the LRE. However, it is still showing as borrowed slots in the WSA system portal. MDHHS is working to fix this and make these slots permanent to the LRE. The LRE strategy is to roll out ten per month starting in February, ten per March and ten per April for a total of thirty slots transferred.

Executive Director activities CMH level:

- Our IT team is working with County IT to assist in the implementation of the County O365 roll out. It makes sense to have the County leverage HW's current tenant and get the County system updated on Microsoft office. The County is planning to add about fifty licenses of O365 to get started, and then adding additional more licenses.
- We still have not received a date for our CARF accreditation audit, and still waiting on CARF to provide a date. An update from our Quality Improvement team indicated that they may be having a tough time finding surveyors. We will keep the board updated on this as we hear more.
- I have started a workgroup of HW staff to begin looking at our current Strategic Plan and developing an update and document to track progress. In the fall, I will be putting together a strategic work retreat for internal staff in preparation for FY25. The goal is to just update the Strategic plan now with status updates but to do a full survey and input from various stakeholders in the fall.

On the horizon:

- Strategic Plan development
- CARF accreditation – April/May timeframe.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:54 a.m.

Respectfully,

A handwritten signature in green ink that reads "Janet A. Thomas". The signature is written in a cursive style with a long, sweeping underline.

Janet Thomas
Board Chair

/hb



TO: HealthWest Board Members
FROM: Janet Thomas, Board Chair, via Rich Francisco, Executive Director
SUBJECT: Full Board Meeting
February 23, 2024
376 E. Apple Ave., Muskegon, MI 49442
<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWhnQmF5NVYybWRQVG54Tk1GZz09>
One tap mobile: (309)205-3325, 92330401570# Passcode: 428623

REVISED AGENDA

- | | | |
|----|--|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of Minutes | |
| | A) Approval of the Full Board Minutes of January 19, 2024
(Attachment #1 – pg. 1-4) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Committee Reports | |
| | A) Finance Committee
(Attachment #2 – pg. 5-8) | Action |
| | B) Recipient Rights Committee
(Attachment #3 – pg. 9-11) | Action |
| | A) Program Personnel Committee
(Attachment #4 – pg. 12-14) | Action |
| 6) | Items for Consideration | |
| 7) | Old Business | |
| 8) | New Business | |
| 9) | Communication | |
| | A) QAPIP Presentation – Pam Kimble, Director of Quality Assurance
(Attachment #5 – pg. 15-70) | Information |
| | B) Consumer Advisory Update- Tamara Madison | Information |
| | C) Employee Recognition
(Attachment #6 – pg. 71) | Information |
| | D) Rivers Edge Photography Headshots
(Attachment #7 – pg. 72) | Information |

Main Office

- | | |
|---|-------------|
| E) Board Work Session
(Attachment #8 – pg.73) | Information |
| F) New Board Member
(Attachment #9 – pg. 74) | Information |
| G) Director's Report – Rich Francisco, Executive Director
(Attachment #10 – pg. 75-76) | Information |
| 10) Public Comment | |
| 11) Adjournment | Action |

/hb

HEALTHWEST
FULL BOARD MINUTES

January 25, 2024

8:00 a.m.

**376 E. Apple Ave.
Muskegon, MI 49442**

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:00 a.m.

ROLL CALL

Members Present: Jeff Fortenbacher, Thomas Hardy, Kim Cyr, Marcia Hovey-Wright, Janet Thomas, Remington Sprague, MD, Janice Hilleary, John Weerstra

Members Absent: Charles Nash, Tamara Madison, Cheryl Natte

Others Present: Rich Francisco, Holly Brink, Gina Post, Melina Barrett, Christy LaDronka, Shannon Morgan, Gordon Peterman, Latesha Johnson, Kristi Chittenden, Brandy Carlson, Matt Plaska, Pam Kimble, Amber Berndt, Jeremy LaDronka, Jennifer Stewart

Guests Present: Mark Eisenbarth, Angela Gasiewski

MINUTES

HWB 45-B - It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the minutes of the December 15, 2023 Full Board meeting as written.

MOTION CARRIED.

COMMITTEE REPORTS

Finance Committee

HWB 36F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the December 8, 2023, meeting as written.

MOTION CARRIED.

HWB 37F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve expenditures for the month ending November 31, 2023, in the total amount of \$7,716,758.53.

MOTION CARRIED.

HWB 38F – It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to approve continuation of the contracts with Byerly Enterprises LLC, Slim Haven LLC, to provide services to eligible HealthWest consumers and Relias Learning to HealthWest at a cost not to exceed the approved caps for the vendors of \$223,086.79 for FY2024.

MOTION CARRIED.

HWB 39F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the increases in projected expenditures as stated for Stephens Home LLC, totaling \$246,700.00 effective December 29, 2023 through September 30, 2024.

MOTION CARRIED.

HWB 40F - It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the rate increases to the Mental Health Network Providers, effective January 1, 2024, at a cost not to exceed \$35,108,212.50 FY24.

MOTION CARRIED.

HWB 41F- It was moved by Mr. Hardy, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign single case agreements with *out of* network providers in the amount of \$46, 160.00 for services for HealthWest consumers.

MOTION CARRIED.

HWB 42F- It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize the HealthWest Executive Director to sign a contract with Stars Behavioral Health Group, Inc. to provide consultation, training, mentoring, and technical assistance to two site-based trainers to HealthWest Supervisors, at a cost not to exceed \$12,495.00 effective January 1, 2024 through December 31, 2024

MOTION CARRIED.

HWB 43F- It was moved by Mr. Hardy, seconded by Ms. Thomas, to authorize HealthWest to approve the projected expenditure and funding sources for Life Align as stated, with a total not to exceed \$140,844.00, effective October 1, 2023 through September 30, 2024.

MOTION CARRIED.

HWB 44F- It was moved by Ms. Thomas, seconded by Mr. Hardy, to authorize the HealthWest Executive Director to sign a contract with Organic Care, LLC to provide specialized residential services to eligible HealthWest consumers, at a cost not to exceed \$182,250.00 for FY2024.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

There was no items for consideration.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

- Ms. LaDronka, Access Service Manager, presented his program overview presentation.
- Mr. Plaska, Quality Assurance, presented MMCPIS Performance Data.

DIRECTOR'S COMMENTS

Mr. Francisco, Executive Director, presented his Formal Director's report.

MDHHS Updates:

- Director's forum updates: Attended 1/24/2024.

- Gov. Whitmer presented the State of state address 1/24/2024, 7:00pm. Legislation is coming back in session (1/25/2024). Secondly, we are keeping an eye on the budget that is going to be presented February 7th, which focuses on Mental Health funding and how that will be impacted.
- CMHA is spearheading various meetings (1st meeting was 1/23/2024) with MDHHS to address the enrollment issues experienced by most of the PIHPs and CMHSP with PHE ending and redetermination underway. The CMHA financial analysis currently estimates the revenue drop to be about 43M, and by the end of the Fiscal year will be about 190M for the PIHP system statewide. Bob Sheehan has meetings scheduled with MDHHS leadership, and their actuarial experts, to discuss what needs to be done to address the shortfall experienced. PIHPs and CMHSPs are working to compile data of cases to send to MDHHS. The sense from the first meeting is that MDHHS wants to correct the enrollment issues and address them quickly because the impact will be great.
- Updates from MDHHS staff:
 - Jackie Sproat – provided an update on reducing the administration burden in reporting requirements such as MMBPIS will be done FY25, removal of Annual report on Fraud and Abuse is no longer required as it is duplicative.
 - Patti Neitman - Children’s Bureau team – talked about MichiCANS rollout and gave a status update from the Soft Launch sites as it stands about 150 MichiCANS have been completed so far. HW is a soft launch site. Also talked about the timeline for Children’s waiver renewal and SED waiver renewal coming up and needs to be submitted in June, July timeframe.
 - Belinda Hawks - provided an update on Conflict Free Access and Planning, structural design for this will be presented in February and what that will look like. She stated that they are reviewing current structures and looking at preserving these structures, there will also be a period after the design is complete, there will be consideration for exception for CFAP, for example, CMHSPs that are rural and the only provider of services for the area, etc.
- Michigan MichiCANS soft launch is underway. Our staff has been meeting with MDHHS implementation team on a regular basis. HW is working to align how our CANS systems will align with the state. There are some issues that still need attention, such as the training requirements clarification from MDHHS on individuals to be trained. HW should be ready for the Hard Launch by October 1, 2024.
- CMHA Winter conference is February 5 to the 7th. I believe we will have 3 board members going. This will be held at the Radisson Plaza Hotel in Kalamazoo this time around.

Lakeshore Regional Entity updates:

- We now have a second board member representative at the LRE SUD Policy Oversight board. Mr. Louis Churchwell was appointed by the County Board of Commissioners.
- LRE and CMHSPs are still pulling and evaluating data from the 834-enrollment file, to determine what is happening with our DAB population and why they are being assigned to a different funding population impacting our revenues. The Medicaid redetermination with PHE ending is showing a significantly higher drop in revenues over what was projected. We are working with our MDHHS staff at HealthWest to analyze the data closely, and address what is under our control. The rest of the data will be sent to MDHHS via the LRE. We are also looking at the impact of funding changes on our HSW (Habilitation Supports Waiver) – HAB Supports Waiver consumers’ falling of DAB as well, which is impacting our revenue.

- I have reviewed the LRE CMHSP contract with input from our Corporate Counsel, Foster Swift, and HW has submitted feedback to the LRE. The LRE is working on consolidating all the feedback and will determine next steps. There could potentially be a workgroup at the LRE to sort out some of the contract details. When the contract is finalized, I will come back to the board again to request approving me to sign the contract. In the meantime, the LRE will continue likely with extensions to our current contract.

Executive Director activities CMH level:

- The Quality Improvement Plan will be presented to the board in February. As a CMHSP, we are required to have a completed Performance improvement plan to document all our quality improvement activities.
- We have received our CARF survey information summary. The date for the review is not finalized, but receiving the summary and invoice for the audit is step in the right direction. We are hoping to have the survey date in the April-May timeframe.
- Space moves – Finance and HR staff have moved to Marquette and are sharing space with County staff. Their set up is hybrid--some days working remotely and some days working at Marquette. This is a pretty big change for HW and County staff and are working on transitioning to the new space.

On the horizon:

- Continue to conduct KATA training and opening it up for more staff at HW. There are a variety projects starting for KATA related to the process mapping completed with Fiscal team (flowcharting team). Opportunities for improvement have been identified. The fiscal team is moving into flowcharting the claims processes with the completion of billing processes which have been documented.
- Working on updating the Strategic Plan with a potential rework at the later part of the year.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 9:07 a.m.

Respectfully,

Janet Thomas
Board Chair

/hb

***PRELIMINARY MINUTES
To be adopted and approved at the Full Board Meeting of February 23, 2024***

HEALTHWEST**FINANCE COMMITTEE REPORT TO THE BOARD****via Jeff Fortenbacher, Committee Chair**

1. The Finance Committee met on February 16, 2024.
- * 2. It was recommended, and I move to approve the minutes of the January 19, 2024, meeting as written.
- * 3. It was recommended, and I move to approve expenditures for the month of December 2023, in the total amount of \$8,365,703.80.
- * 4. It was recommended, and I move to approve the HealthWest Executive Director to allow spending among the sources based on the approved budget(s) for the term of the contract.
- * 5. It was recommended, and I move to approve to contract with the service vendors, Covenant Academies, Lakeshore Training System, Brewer & Bristow Training, Peter Change Enterprises, Rehman Robson and Roslund Prestige Company, through the term of their contract.
- * 6. It was recommended, and I move to approve to authorize the HealthWest executive Director to sign a contract with Great Lakes Recovery Centers, Inc., for March 1, 2024 through September 30.
- * 7. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Pharon's Best Haven to provide specialized residential services to eligible HealthWest consumers.
- * 8. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Living Hope Home Care, LLC. for the period March 1, 2024 through September 30, 2025 to provide CLS and Respite services to eligible HealthWest consumers.
- * 9. It was recommended, and I move to approve HealthWest to approve HealthWest Executive Director to sign contract with Pine Rest Christian Mental Health Services effective March 1, 2024 through September 30, 2025 to provide Crisis Residential Services to eligible HealthWest Consumers.

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

Friday, February 16, 2024

8:00 a.m.

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Committee Chair Fortenbacher at 8:00 a.m.

ROLL CALL

Committee Members Present: Jeff Fortenbacher, Janet Thomas, Thomas Hardy, Commissioner Marcia Hovey-Wright, Commissioner Charles Nash, Remington Sprague, M.D.

Also Present: Rich Francisco, Holly Brink, Shannon Morgan, Gina Post, Brandy Carlson, Gary Ridley, Gordon Peterman, Amber Berndt, John Weerstra, Gina Kim, Anissa Goodno, Jackie Farrar, Kristi Chittenden, Cyndi Blair, Jennifer Hoeker, Kim Davis, Justine Belvitch, Brittani Duff, Suzanne Beckeman

Guests Present: Angela Gasiewski

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the January 19, 2024, meeting as written.

MOTION CARRIED

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for December 2023

It was moved by Commissioner Hovey-Wright, seconded by Dr. Sprague, to approve expenditures for the month of December 2023, in the total amount of \$8,365,703.80.

MOTION CARRIED

B. Monthly Report from the Chief Financial Officer

Ms. Carlson presented the December report, noting an overall cash balance of \$1,988,471.96 as of December 31, 2023.

C. December Balance Sheets

Ms. Carlson presented the December Balance Sheets for the Board review.

D. Finance Update Memorandum

Ms. Carlson presented the Finance Update Memorandum for the Board review.

E. Authorization for Removal of Estimated Vendors / Providers Projections Replacing with Five Funding Sources

It was moved by Ms. Thomas, second by Mr. Hardy, to approve the HealthWest Executive Director to allow spending among the sources based on the approved budget(s) for the term of the contract.

MOTION CARRIED

F. Authorization to Approve Increase Projected Contract Expenditures for Harbor Hall, Inc., Cretsinger Care Homes, Ltd., Services De Esperanza, LLC (Services of Hope)

Ms. Thomas pulled the motion due to Item E passing.

MOTION PULLED

G. Authorization to Approve Continuation of Contracting with Service Vendors from FY2023

It was moved by Ms. Thomas, seconded by Dr. Sprague, to contract with the service vendors, Covenant Academies, Lakeshore Training System, Brewer & Bristow Training, Peter Change Enterprises, Rehman Robson and Roslund Prestige Company, through the term of their contract.

MOTION CARRIED

H. Authorization to Approve Contract Great Lakes Recovery

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest executive Director to sign a contract with Great Lakes Recovery Centers, Inc., for March 1, 2024 through September 30.

MOTION CARRIED

I. Authorization to Approve Contract with Pharon's Rest Haven

It was moved by Ms. Thomas, seconded by Commissioner Hovey-Wright, to authorize the HealthWest Executive Director to sign a contract with Pharon's Best Haven to provide specialized residential services to eligible HealthWest consumers.

MOTION CARRIED

J. Authorization to Approve Contract with Living Hope Home Care, LLC.

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Living Hope Home Care, LLC. for the period March 1, 2024 through September 30, 2025 to provide CLS and Respite services to eligible HealthWest consumers.

MOTION CARRIED

K. Authorization to Approve Contract with Pine Rest Christian Mental Health Services

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize HealthWest Executive Director to sign contract with Pine Rest Christian Mental Health Services effective March 1, 2024 through September 30, 2025 to provide Crisis Residential Services to eligible HealthWest Consumers.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Mr. Francisco, Executive Director, provided his Director's Report:

LRE Updates:

- HealthWest continues to monitor the enrollment and eligibility files and reviewing of those individuals that have lost Medicaid funding. Our IT team has submitted a list of cases to Finance ROAT and the LRE IT. I updated the board during the last Finance Committee, that the LRE is working with MDHHS to determine what the causes are, in terms of drops in revenue across the state. The list of cases will be presented to MDHHS, Kristen Jordan, so that they can review what is happening and address the concerns of many CMHSPs across the state. Our biggest concern is the individuals that are dropping off HSW and DABs and getting converted to TANF and other funding sources.
- Contracts Renewal with LRE is still ongoing, I have submitted the aggregated feedback from all CMHSP to our corporate counsel FosterSwift, for the second round of reviews. The LRE will determine the next steps to move the negotiations forward, including all the language changes and requirement updates which are new in the contract.
- Regional COFR discussions. The CMH CEOs is leading a group of staff regionally to develop a COFR (County of Financial Responsibility) guidance. The hope is that all CMHSPs will follow these guidelines to determine how we would handle these arrangements when individuals from another CMHSPs seeks service at HW for example. The guidance will also speak about how CCBHC versus non-CCBHC CMHSPs will be handled. This is posing a complexity regionally and statewide because as a CCBHC demonstration site, we cannot turn anyone away. The issue is, what is stopping non-CCBHC demonstration CMHSP from sending consumers to us for services they normally don't provide because they are not CCBHC.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:36 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
March 15, 2024

HEALTHWEST
RECIPIENT RIGHTS ADVISORY COMMITTEE
REPORT TO THE BOARD

via Thomas Hardy, Committee Chair

1. The Recipient Rights Advisory Committee met on February 12,2024.
- * 2. It was recommended, and I move, to approve the minutes of the December 1, 2023 meeting as written.
- * 3. It was recommended, and I move, to approve the Recipient Rights Reports for December 2023 / January 2024.

/hb

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

**Friday, February 12, 2024
8:00 a.m.
376 E. Apple Ave., Muskegon, MI 49442**

CALL TO ORDER

The regular meeting of the Recipient Rights Advisory Committee was called to order by Chair Hardy at 8:07 a.m.

ROLL CALL

Members Present: Janet Thomas, Tamara Madison, Cheryl Natte, Thomas Hardy, Janice Hilleary, John Weerstra

HealthWest Staff Present: Holly Brink, Shannon Morgan, Amber Berndt, Rich Francisco, Gary Ridley, Kristi Chittenden, Tasha Kuklewski, Jennifer Hoeker, Gina Kim, Cyndi Blair, Kim Davis

Guest Present: Kristen Wade

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Hilleary, to approve the minutes of the December 1, 2023 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for December 2023 / January 2024

It was moved by Ms. Hilleary, seconded by Ms. Natte, to approve the Recipient Rights Reports for December 2023 / January 2024.

MOTION CARRIED.

For the months of December 2023 / January 2024, there were 108 HealthWest and 26 provider employees trained:

Rights Updates HealthWest	90
Rights Updates Provider	2
New Employee Training HealthWest/Contracted	15
New Employee Training Provider	25
SUD Recipient Rights Orientation Employee	0
SUD Recipient Rights Orientation Provider	0

For the months of December 2023 / January 2024 there were 593 incident reports and 12 rights allegations.

Statistical data showing type and code was provided in the enclosed report.

There were a total of 7 deaths reported in December 2023 / January 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on Abuse & Neglect.

DIRECTOR'S COMMENTS

There was no Director's Comments.

AUDIENCE PARTICIPATION / PUBLIC COMMENT

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:23 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
April 12, 2024***

HEALTHWEST

PROGRAM AND PERSONNEL COMMITTEE REPORT TO THE BOARD

via Cheryl Natte, Committee Chair

1. The Program Personnel Committee met on February 9, 2024.
- * 2. It was recommended, and I move, to approve the minutes of the December 1, 2023 meeting as written.
- * 3. It was recommended, and I move, to approve the HealthWest Network Procurement Plan that was created on September 29, 2023.

/hb

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

February 9, 2024
8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:00 a.m.

ROLL CALL

Members Present: Cheryl Natte, Janet Thomas, Tamara Madison, Thomas Hardy, Janice Hilleary, John Weerstra

Staff Present: Holly Brink, Shannon Morgan, Amber Berndt, Rich Francisco, Gary Ridley, Kristi Chittenden, Tasha Kuklewski, Jennifer Hoeker, Kim Davis, Gina Kim, Cyndi Blair

Guests Present: Kristen Wade

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the minutes of the December 1, 2023 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Network Procurement Plan that was created on September 29, 2023.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Executive Director, Rich Francisco, provided an update:

The MichiCANS soft launch is progressing well and will place HealthWest in a good position for the hard launch. The soft launch site has completed over 150 assessments, utilizing MichiCANS and our staff currently participating in the soft launch has completed the training. HealthWest has also submitted a total number of staff to be trained prior to Hard Launch of MichiCANS for Oct. 1, 2024:

- Combined with Adult (depending on how the 18-21 old population is defined):
 - Clinical-92
 - Supervisor-20
 - Leadership-9

The submission of the CCBHC renewal grant has been submitted thanks to the finance team grants division and CCBHC leads in getting this submitted. This is the 3rd year continuation of this CCBHC grant. On top of the CCBHC demonstration status HealthWest has, we still get additional grant funding from SAMHSA for the CCBHC expansion grant for about 1M to help support and continue our efforts with CCBHC.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:06 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

***PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on
April 12, 2024***



QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN (QAPIP)

February 23, 2024

Prepared By: Pamela Kimble, Director of Quality Assurance

Last Updated: February 24, 2023

Reviewed By: Performance Improvement Committee January 10, 2024

HealthWest Leadership Team January 30, 2024

Approved By: HealthWest Board of Directors February 23, 2024

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Mission Statement

To be a leader in integrated healthcare, inspiring hope and wellness in partnership with individuals, families, and the community.

Vision Statement

Building a healthier, more informed, and inclusive community through innovation and collaboration.

Quality Assurance

The systematic process used to determine if services meet quality standards. This includes meeting contractual requirements and other agreed upon quality standards.

Performance Improvement

An efficient approach for improving employee and organizational performance to achieve results. It is a process that describes preferred performance, identifies causes of performance concerns, and then selects, designs, and implements interventions to fix the cause and measure change in performance.

The Goal of Performance Improvement

To solve performance issues and/or recognize opportunities for enhancement in performance at the organizational, system, process, and employee levels to achieve desired organizational results of high-quality, sustainable behavioral health services that increase positive outcomes for consumers.

I. PURPOSE

The HealthWest Quality Assurance and Performance Improvement Plan (QAPIP) aims to follow a process of assessment, strategy development, stakeholder input, plan implementation, results review, and change using the cycle of continuous quality improvement (CQI). HealthWest will seek to improve outcomes for those receiving services.

The function of the QAPIP is to guide the agency-wide quality improvement activities of HealthWest and support the integration of a continuous quality improvement philosophy into the organization's everyday work.

Continuous quality improvement is based on the following assumptions:

1. Persons working on behalf of the organization seek to provide high-quality services.
2. In nearly all situations, improvement can be made by analyzing processes and systems for completing work.
3. Persons served will be involved in defining the quality of services.
4. Decisions are based on reliable data.

The QAPIP addresses the requirements of the Michigan Department of Health and Human Services (MDHHS), Commission on Accreditation of Rehabilitation Facilities (CARF) standards, Lakeshore Regional Entity (LRE), and other federal requirements through the implementation of organization-wide, systematic, and performance-based activities.

II. Policy

HealthWest will have a fully operational QAPIP that upholds industry standards for best practices in performance measurement, performance management, and performance improvement, as described in MDHHS contracts, CARF standards for behavior healthcare providers, and the Certified Community Behavioral Health Clinic (CCBHC) Handbook.

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

Consistent with the structure of HealthWest and its Board of Directors, this authority is discharged through HealthWest's Executive Director. In turn, the Executive Director discharges this authority through the Director of Quality Assurance.

III. GOALS

1. Target improvements at all levels, including management, administration, and programs. Dimensions of care such as access, effectiveness, efficiency, and satisfaction will be addressed.
2. Involve people served and those who care for them in assessing and improving satisfaction with outcomes and services.
3. Develop performance indicators to ensure that services are effective, safe, respectful, and appropriate.
4. Track key performance indicators, comparing performance to statewide and/or nationwide data when available.
5. Ensure that service providers fulfill their contractual or employment obligations per applicable regulatory and accreditation standards.
6. Ensure that service providers are competent and capable of providing services through a system of competency evaluation and credentialing.
7. Ensure that HealthWest provides effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
8. Ensure that performance indicators and improvement activities impact all populations served by the agency, including but not limited to populations such as persons served over a long period of time, older adults, children, non-English speakers, and those with developmental disabilities.

IV. PLAN REQUIREMENTS

The Quality Assurance and Performance Improvement Plan will meet the following requirements:

1. Meet the Michigan Mission-Bases Performance Indicator System (MMBPIS) standards. Failure to meet the standards for one quarter will result in initiating a performance improvement project and in-depth analysis.
2. Develop internal standards for performance when these standards are not set by MDHHS, CARF, the LRE, federal standards, and/or awarded grant requirements.
3. Performance improvement projects will sustain improvement in significant aspects of clinical and non-clinical services.
4. Monitor and review activities to ensure systematic problems are identified and corrected.
5. Meet all MDHHS and awarded grant requirements for grievances and appeals and maintain an active member services function.
6. Maintain a record of all performance improvement projects and provide follow-up data to ensure improvements are demonstrated and maintained.
7. Performance improvement activities in the clinical area will strive to improve prevention, acute, chronic, high-volume, and high-risk services, providing a whole-person approach to health care services as well as any process that may be relevant to service improvement.

8. Performance improvement activities in non-clinical processes may include availability, accessibility, cultural competency, quality of providers, processes regarding billing and authorizations, appeals, grievances, and complaints.
9. Identify performance improvement initiatives through a regular process of data gathering, analysis, and prioritization, which considers prevalence, need, risks, and the interest of persons served in pursuing the project.
10. Ensure that whole-person wellness promotion occurs for persons served who are eligible for services.
11. Review all sentinel events and implement action items based on these reviews.
12. Implement a utilization management function that clearly identifies criteria for services with the agency, publicizes these to those individuals currently and potentially receiving services, and reviews trends in access and service utilization.
13. Carry out performance projects as required by State, Federal and awarded grant guidelines.

V. PLAN REVIEW

The Quality Assurance and Performance Improvement Plan (QAPIP) will be reviewed on an annual basis. Review and evaluation will include:

1. A review of QAPIP goals from the previous year;
2. A review of the Performance Improvement Committee's objectives and actions from the previous year;
3. A review of the annual Performance Improvement Committee self-evaluation results;
4. A review of all quality oversight activities;
5. A review of the appropriateness and relevance of current performance indicators and quality measures (contained throughout this report);
6. An overall performance summary, including progress on improvement projects and trends within the accessibility, effectiveness, efficiency, and satisfaction of HealthWest services;
7. Identification of QAPIP goals and priorities for the coming year;
8. Recommendations and next steps.

Upon its completion, the annual QAPIP review and evaluation is provided to the HealthWest Leadership Team and Board of Directors, as well as the provider network and Consumer Advisory Committee. Additionally, the annual QAPIP review and evaluation is available to Staff, consumers, and members of the community. The QAPIP can be provided at any time upon request.

VI. RESPONSIBILITIES

- A. The HealthWest Board will annually approve the Quality Assurance and Performance Improvement Plan. The Board will also periodically review performance improvement data and information.

- B. The Executive Director will ensure that a quality improvement (QI) system is in place. The director will review recommendations from the Leadership Team and authorize any subsequent action plans.
- C. The Medical Director or designee shall provide consultation to any committee that requires medical consultation. The Medical Director or designee will serve as an ad hoc member of the Leadership Team and will ensure that psychiatric representation is available for the Pharmacology & Therapeutics/Medication Committee, Utilization Management Committee, and the Behavior Treatment Review Committee, as needed.
- D. The Director of Quality Assurance will be responsible for the implementation and ongoing functions of the QI system. The Director of Quality Assurance will serve as a member of the Leadership Team and will provide facilitation and data analysis within the QI system. This includes the ongoing development of the QAPIP and evaluation of the QI system.
- E. The HealthWest Leadership Team will have central responsibility for the implementation of the QAPIP.
- F. Managers and Staff will participate on committees and performance improvement workgroups. Managers will authorize appropriate Staff to perform these functions prior to Staff participating in a committee or workgroup.
- G. HealthWest Staff may make recommendations for change using the employee suggestion process. Staff may also bring quality issues to their direct supervisor for evaluation. Quality and performance initiatives may also start based on findings in process and data quality monitoring such as Medicaid Verification. Staff will serve on committees and performance improvement workgroups if approved by their direct supervisor.
- H. Contractual agencies will be evaluated based on the performance standards stated in their contracts. They will be provided a regular means of communicating issues to HealthWest, such as the Provider Network Meeting, which meets monthly or by submitting issues to the contracts department.

VII. STRUCTURE

The HealthWest Board meets monthly and receives quarterly reports regarding the agency's performance on indicators in the Michigan Mission Based Performance Indicator System (MMBPIS). Additional performance indicators and data, as well as consumer satisfaction data, are also presented to the HealthWest Board or its subcommittees on a regular basis. The structure of the quality

assurance system is graphically depicted in Appendix B: Quality Assurance and Performance Improvement Structure.

The Performance Improvement Committee will regularly report to the Leadership Team with findings and recommendations. See *Appendix C: PI Committee Members*, *Appendix D: HealthWest QAPIP FY2024 Assessment and Goals*, and *Appendix E: QAPIP Data Review Schedule* for a detailed review of committee responsibility for plan development, policy, CARF standards, and performance indicators. The duties and responsibilities of Performance Improvement Committee include:

1. Receive regular outcome reports from committees and departments.
2. Review and evaluate various survey results and identify priorities for improvement.
3. Review and evaluate all employee-generated suggestions for improvement.
4. Annually review and approve the QAPIP.
5. Annually review the committee structure to ensure comprehensive improvement process.
6. Review results from root cause analysis of those sentinel events warranting such analysis.
7. Assure that plans for improving systems are in place and effectively implemented, monitored, and communicated.
8. Identify the organization's training needs related to quality assurance and performance improvement.
9. Recommend priorities for action based on data and recommendations.
10. Maintain a log that tracks the status of all actions taken.
11. Ensure that any work group assigned by the Performance Improvement Committee understands its role and function clearly.

The Quality Assurance Team is responsible for the following:

1. Presents the Quality Assurance and Performance Improvement Plan to the Leadership Team and the CMH Board on an annual basis.
2. Provides consultation and support to departments and the Leadership Team in their role of quality assurance.
3. Ensures that performance improvement data is regularly presented to the Leadership Team.
4. Completes all state-required performance indicator reports.
5. Completes all state-required consumer satisfaction surveys and reports data.
6. Completes a root cause analysis of those sentinel events warranting such analysis.
7. Leads preparation for Commission on Accreditation of Rehabilitation Facilities (CARF) surveys, Michigan Department of Health and Human Services (MDHHS) audits, and Lakeshore Regional Entity (LRE) site reviews.

VIII. STANDING COMMITTEES

Standing committees serve functions that are directly related to contract or accreditation requirements. They are long-standing and are responsible for monitoring and reporting specific findings identified in the Quality Assurance and Performance Improvement Plan. They may or may not

be required by MDHHS, CARF, etc. All committees report to and are monitored by the Performance Improvement Committee/Quality Team. Committees include HealthWest staff and may include persons served by the organization or persons who care about them, such as family members, guardians, and advocates.

Behavior Treatment Review Committee – This committee, mandated by MDHHS contract, reviews restrictive, intrusive, or aversive behavior plans, whether developed by HealthWest clinical staff or contracted programs, and psychotropic medications prescribed for behavioral control purposes. The committee also educates Staff regarding behavior issues. Refer to *Policy and Procedure No. 06-001 Behavior Treatment Plan Review Committee* for full details. The committee provides recommendations for Staff seeking interventions for challenging cases. The committee meets monthly and reports quarterly to the Performance Improvement Committee and to the Lakeshore Regional Entity's regional committee.

Certified Community Behavioral Health Clinic (CCBHC) Committee – This committee works to maintain CCBHC Certification, meeting 100% of requirements. It aligns with CCBHC certification criteria to secure additional funding and position our organization for the future model of behavioral healthcare. Sub-committees include Designated Collaborative Organizations (DCOs) and Care Coordination. The committee meets bi-weekly and reports to the Performance Improvement Committee quarterly.

Clinical Operations Committee: This team provides oversight, guidance, and direction regarding clinical operations across the organization to improve workflow and clinical communications, discover and implement efficiencies, ensure adherence to all standards and requirements, support evidence-based and best practices, and improve the overall Staff and consumer experience in the delivery of clinical care. The committee collaborates with the Quality Assurance Department to ensure clinical decisions align with the standards of governing bodies, addresses systemic level issues identified through audits and corrective action plans, reviews and supports initiatives related to implementation and sustainability of evidence-based and best practice models (*Policy and Procedure No. 06-017*), oversees clinical practices and policies, and reviews credentialing when there is ambiguity as to if the credentials are appropriate/qualify for a position. The committee meets monthly and reports to the Performance Improvement Committee semi-annually.

Compliance Committee – This committee provides oversight of the compliance functions of the organization, reviews compliance incidents and data, and oversees policy and procedure development in privacy, security, and compliance. The committee develops a *Corporate Compliance Plan* and an annual *Risk Management Plan*, which covers a variety of risk factors such as programmatic, financial, or health and safety. This committee is responsible for the agency's Risk Management and Corporate Compliance Plans. The committee meets monthly and reports to the Performance Improvement Committee quarterly.

Consumer Advisory Committee – This committee comprises HealthWest staff and current HealthWest consumers or guardians. The committee reviews satisfaction surveys, consumer experiences, and other information to make recommendations to the agency. The committee meets monthly and reports to the Performance Improvement Committee quarterly.

Doctors' Committee – This committee is chaired by the HealthWest Medical Director. The committee addresses areas related to the safety and quality of healthcare provided to individuals in services. The committee also provides an organized mechanism for evaluation and assessment of medical Staff through the Peer Review process. Refer to *Policy and Procedure No. 12-003 Medical Staff Peer Review Protocol*. The quarterly summary report from these findings is used to identify opportunities for performance improvement and areas for additional education. The committee meets monthly and reports to the Performance Improvement Committee quarterly.

Team for Inclusion, Diversity, and Equity (Collectively TIDE Committee) – TIDE promotes opportunities that support the personal and professional development of all employees, with the intent to promote a culture of awareness which values inclusion, diversity, and equity. TIDE is made up of several smaller committees. These distinct groups share the same scope to improve cultural intelligence, build intrapersonal relationships, and ensure the principles of inclusion and belonging are represented in the workplace for all. Committees meet monthly and report to the Performance Improvement Committee semi-annually. Current committees within TIDE include:

- African American
- Asian American, Pacific Islander
- Latin, Hispanic
- LGBTQIA+
- Native American
- Persons with Disabilities
- Women

Environment of Care Committee – This committee oversees efforts across the organization to ensure that effective safety, emergency preparedness, and security issues are addressed. The committee meets quarterly and reports to the Performance Improvement Committee semi-annually. Please refer to *Policy and Procedure No. 10-009 Environment of Care*.

Pharmacy Committee – This committee monitors the utilization of medications in HealthWest-operated and contractual programs. The workgroup reviews significant medication errors, assures compliance with internal and external standards and policies, provides assistance to programs for the purpose of developing procedures, and revises HealthWest policies and procedures regarding medication. Refer to *Policy and Procedure No. 06-010 Medication Management*. Record reviews are completed monthly by prescribers, pharmacists, and nurses, independent of the monthly committee meeting. The committee meets monthly and reports to the Performance Improvement Committee quarterly.

Provider Contract Meeting – This is not a committee but a standing meeting that works to address any HealthWest provider network issues that may be related to contractual changes, HealthWest Latitude 43 issues, Provider Performance and Compliance issues, as well as any other HealthWest provider concerns such as billing changes. This group includes HealthWest staff and provider staff and meets monthly. Information from this meeting is used to update the Network Adequacy Plan. The plan and data related to it is presented to the Performance Improvement Committee semi-annually.

Recipient Rights Advisory Committee – This committee, mandated by MDHHS contract, helps to ensure that every individual receiving HealthWest services has certain protected rights. The committee membership is appointed by the Board and includes board members. The committee meets every other month. Refer to *Policy and Procedure No. 04-006 Safeguarding the Rights of Recipients*. It is the responsibility of the Recipient Rights Office to collect and report data to the Performance Improvement Committee quarterly.

Utilization Management Steering Committee – This committee monitors the utilization of resources to ensure that services are clinically necessary, effective, and provided in the most cost-effective manner. Regular data reports will be reviewed, and adjustments will be made in the organization based on the data. It is responsible for the agency's Utilization Plan. The committee meets monthly and reports to the Performance Improvement Committee quarterly.

IX. 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. HealthWest has a system in place to document and monitor such events, report to the PIHP and MDHHS as required within the appropriate timeframes, ensure root cause analyses are performed as required by Staff with the appropriate credentials, and that improvements and preventative measures are put in place to address safety issues and avoid future adverse events. Healthwest's policies, procedures, and reporting system for adverse events were developed to fulfill all requirements specified in the MDHHS/PIHP Medicaid Managed Care Specialty Supports Services Contract as well as the requirements established by the Lakeshore Regional Entity for its affiliate CMHSPs. For additional information, see the *HealthWest Policy and Procedure No. 04-019 Reporting Unusual Incidents, MDHHS QAPIP Practice Guidelines*, and the MDHHS/PIHP Contract. See also *Appendix E: Critical Incident Reporting Grid*.

1. Critical Incidents: Events or incidents that meet MDHHS reporting requirements, including Suicide, Non-Suicide Death, Emergency Medical Treatment due to Injury or Medication Error, Hospitalization due to Injury of Medication Error, Arrest of a consumer living in a residential setting or receiving waiver services, or injury as a result of physical management.

- a. Critical incidents will be reported consistent with MDHHS contract requirements.
 - b. The Quality Assurance Team will analyze critical incident and risk event data. This information will be reported regularly to the Leadership Team, who will, as appropriate, review additional information needed to determine when and what actions to remediate a situation or to reduce the potential for similar events to be implemented.
 - c. Critical incident reporting will be submitted to Lakeshore Regional Entity by the 15th of each month. See Appendix E for a grid of critical incidents.
2. Risk Events: Events that put an individual at risk of harm. Such an event is reported internally and analyzed to determine what action needs to be taken to remediate the problem or situation and prevent additional events and incidents. Risk events minimally include:
- a. Harm to Self: Actions taken by consumers that cause physical harm requiring emergency medical treatment or hospitalization due to an injury that is self-inflicted (e.g. pica, head banging, self-mutilation, biting, suicide attempts.)
 - b. Harm to Others: Actions taken by consumers that cause physical harm to others (family, friends, Staff, peers, public, etc.) that result in injuries requiring emergency medical treatment or hospitalization of the other person(s).
 - c. Police Calls: Police calls by Staff of specialized residential settings, general (AFC) residential homes or other provider agency staff for assistance with a consumer during a behavioral crisis situation.
 - d. Emergency Use of Physical Management: Techniques used as an emergency intervention to restrict the movement of an individual by continued direct physical contact despite the individual's resistance to prevent them from physically harming themselves or others. The term "physical management" does not include briefly holding an individual to comfort him or her or to demonstrate affection or holding their hand.
3. Sentinel Events:
- a. Critical incidents that meet the criteria as sentinel events will result in a full review, analysis, and semiannual report by HealthWest to MDHHS and the Lakeshore Regional Entity compliance point-person. The review will meet requirements as defined by MDHHS and specified in HealthWest *Policy No. 04-021, Reporting a Review of Recipient Death*. The results of root cause analysis, with recommendations for change, will be presented to Leadership Team for information and further action if necessary.
 - b. The Quality Assurance Team will provide support and facilitation to the review process.
 - c. The Quality Assurance Team will maintain a log of all recommendations, assuring that actions are taken to complete all plans and that this information is reported regularly to the Leadership Team.
 - d. Staff involved in the review will have the proper expertise and credentials for the specific event being reviewed. The Medical Director or other assigned medical professional will participate in the process and review all results when appropriate.
 - e. HealthWest will report all applicable deaths to the State per *attachment C 6.5.1.1 in the State contract* and will ensure that all deaths subsequent to leaving a state facility within a 6-month period will be properly reported.

X. INVOLVEMENT OF PERSONS SERVED

HealthWest will ensure that persons served will be offered input and involvement in the performance improvement system through the following mechanisms:

1. Primary consumers of mental health services serve on the CMH Board.
2. HealthWest consumers serve as full members of the Consumer Advisory Committee.
3. HealthWest consumer(s) will serve on the Performance Improvement Committee.
4. Satisfaction surveys are completed according to the following frequency:
 - a. Behavior treatment - annually
 - b. Persons served with mental illness or emotional disturbance – annually.
 - c. Persons served with developmental disabilities (includes parents and guardians) – annually.
 - d. Post-discharge satisfaction surveys – monthly.
 - e. Satisfaction with contractual provider services – completed during contract review and pre-planning and treatment planning process.
 - f. ACT and Home-Based satisfaction as mandated by MDHHS.
 - g. Progress note completion or quarterly outcome measures in the electronic medical record as required.
5. Persons served will always be given the opportunity to contact a representative of HealthWest directly as part of the satisfaction process.
6. When specific issues are discovered, special efforts may be utilized, such as targeted consumer interviews or focus groups.
7. Involvement of persons served will be solicited to address issues relating to the quality, availability, and accessibility of services.
8. HealthWest will seek to improve the representation of people served in quality improvement participation, policy setting, employment, and volunteer opportunities.
9. HealthWest will communicate information on satisfaction, performance indicators, and needs assessment to consumers and stakeholders.
 - a. The Consumer Advisory Committee will receive this information for discussion and be given the opportunity to make recommendations to the HealthWest Executive Director and HealthWest Leadership Team.
 - b. Data will be provided to the CMH Board on a regular basis. Performance Indicator data will be presented at least quarterly.
 - c. Findings and analysis will be made available on the HealthWest website. Periodically, information will be made available in agency lobbies and offices.

XI. PERFORMANCE IMPROVEMENT/REMEDIAL ACTIONS/TRAINING

The Leadership Team will identify issues that require additional effort to resolve and improve. In addition to standing committees, workgroups may be developed. A workgroup is not mandated by MDHHS, CARF, or any other compliance standard. It is established by the HealthWest Leadership Team

to address a specific project or identified focus area within the agency. Workgroups are comprised of HealthWest staff across multiple departments and assigned on a voluntary basis. Group/project outcomes will be used by HealthWest Leadership and Board to measure growth in the identified focus area. The duration of the group is dictated by the assigned scope. A "Committee/Workgroup Charter" will be completed that specifies the scope of expectation for any group sanctioned by the Leadership Team.

The Quality Assurance Team provides support to the QI system by serving as consultants to the committees and performance improvement groups. This includes using QI tools and methods to assist in problem identification and plan development. Below are some of the most common tools that will be used in improvement efforts at HealthWest.

KATA. HealthWest will use a process improvement tool called Improvement KATA. Improvement KATA accomplishes improvements through a scientific process with a goal-oriented method to meet objectives. KATA allows practitioners to evaluate existing conditions, define a work goal or objective, and work towards these goals using a Plan, Do, Check, Act (PDCA) process. KATA also works on the foundations of LEAN thinking, which aims to remove waste in processes and increase value to the consumer through an efficient and timely process. (<https://www.lean.org/lexicon/kata>)

Flowcharting. A process used at HealthWest to visualize a workflow or process. It gives a picture of each step within a process in the order it occurs. It is useful when analyzing how a process is done, where there may be gaps or departmental overlaps in a process that can be improved, and when planning a new workflow or process.

Root Cause Analysis (RCA). Tools and methodologies used to identify causal factors in a specific event or, more broadly, in situations where performance has dropped below standards. Common tools used to complete an RCA include but are not limited to, "The Five Whys", Fishbone diagram, Pareto Chart, and scatter plot diagrams. Events or situations that may require an RCA can come from many sources, such as incident reports, appeals/grievances, or corrective action plans. The highest priority is given to events that result in significant harm or death, followed by those that may be "near miss" events or those events that could have resulted in harm but did not.

Performance improvement opportunities can occur at any point during HealthWest's operations. Regardless of when an opportunity presents itself and whether it arises following a specific event or as the result of ongoing monitoring, corrective action must be taken to address all performance concerns. However, there may be times when improvement opportunities appear to conflict with other existing organizational priorities. The Performance Improvement Committee and Leadership Team will prioritize improvement projects within the context of the regulatory requirements and the agency's overall strategic plan goals, as well as existing improvement projects already underway. To assist in the prioritization of Performance Improvement projects a Prioritization Matrix will be used, *Appendix G: PI Project Prioritization Matrix*. Ratings will be completed as a committee/team, as opposed to one individual, to reduce the risk of bias in the process.

XII. CREDENTIALING, PRIVILEGING, AND COMPETENCY OF STAFF

Credentialing/re-credentialing, privileging, primary source verification, and qualification of CMHSP Participants (Staff who are employees of HealthWest or under contract to the CMHSP) are delegated by the LRE to HealthWest. Accordingly, HealthWest has established written policies and procedures for the credentialing and re-credentialing of providers in compliance with MDHHS's Credentialing and Re-Credentialing Processes Guidelines. Practices relating to these functions are explained in detail in HealthWest *Policy and Procedure No. 02-026 Credentialing and Re-Credentialing Requirements of HealthWest Employees and Licensed Independent Practitioners* and *No. 10-004 Credentialing and Re-Credentialing of Contracted Agency Provider*. The policies and procedures ensure 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 maintains a complete system for credentialing and competency that includes HealthWest staff and contractual Staff. HealthWest is also responsible for the selection, orientation, training, and evaluation of the performance and competency of their own Staff and subcontractors. HealthWest conducts credentialing and privileging of all HealthWest staff who provide services, as well as licensed individual practitioners upon hire/contract initiation, and annually thereafter. HealthWest written policies and procedures also ensure that non-licensed providers of care or support are qualified to perform their jobs.

Staff employed by external provider agencies contracted by HealthWest must also be appropriately credentialed and qualified to provide services. Credentialing, privileging, primary source verification, and qualification of Staff employed by contracted external provider agencies is conducted by the provider agency. Oversight is provided by the Provider Relations/Network Manager, integrated into contractual requirements, and verified during CMHSP and provider site reviews.

XIII. HEALTH DISPARITIES

HealthWest will continue to evaluate access and treatment trends of ethnic/minority groups. Evaluation analyzes all current activities designed to assure equitable access and effective treatment to persons with cultural barriers to receiving services. In addition, the Performance Improvement Committee will specifically track health disparities between those who identify as Black/African American and those who identify as White. The primary focus of intervention will be to increase the percentage of individuals who receive follow-up to hospitalization within 7 and 30 days after an acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm while also reducing the racial disparity measure between Black/African American and White individuals.

Additional efforts to reduce disparities in other areas of the agency are being implemented by the Diversity, Equity, and Inclusion Team and the Human Resources Team. These efforts will also be reported to and tracked by the Performance Improvement Committee. Efforts include increasing diversity in hiring at all levels and in increasing cultural intelligence capabilities and values throughout the agency.

XIV. UTILIZATION MANAGEMENT SYSTEM

HealthWest will have a Utilization Management Committee that will be responsible for the following:

1. 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.
2. Mechanisms to review trends in service utilization, outcomes, and costs on a regular basis.
3. Procedures for conducting prospective, concurrent, and retrospective reviews of authorizations.
4. Development and maintenance of a Utilization Management Plan.

XV. CLAIMS VERIFICATION OF MEDICAID SERVICES

HealthWest and the PIHP will conduct an audit of all internal and external programs to ensure that claims billed under Medicaid have met standards as identified by the Lakeshore Regional Entity, MDHHS, and federal standards. Data will be provided to the Lakeshore Regional Entity as requested. Findings will be presented to HealthWest's Compliance Committee. Immediate recommendations may be made to the agency's Leadership Team. Claims found to be deficient will result in a required plan of correction. Restitution will be sought for those claims when necessary.

XVI. APPENDICES

- Appendix A: Acronyms and Definitions
- Appendix B: Management/Performance Improvement Structure
- Appendix C: PI Committee Members
- Appendix D: HealthWest QAPIP FY 2024 Assessment and Goals
- Appendix E: QAPIP Data Review Schedule
- Appendix F: Critical Incident Reporting Grid
- Appendix G: PI Project Prioritization Matrix

Appendix A: Acronyms and Definitions

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.

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or the person's representative.

CARF: Commission on Accreditation of Rehabilitation Facilities. An international non-profit organization that accredits health and human service programs.

CCBHC: Certified Community Behavioral Health Clinic. Designated provider organizations that have adopted a model focused on increasing access to high-quality care, integrating behavioral health with physical health care, promoting the use of evidence-based practices, and establishing standardization and consistency with a set criterion for all certified clinics to follow.

CMHSP: Community Mental Health Services Program. For the purposes of this document, refers to HealthWest.

Committee: Committees serve functions that are directly related to contract or accreditation requirements. They are long-standing and are responsible for monitoring and reporting specific findings identified in the Quality Assurance and Performance Improvement Plan. They may or may not be required by MDHHS, CARF, etc. Committee members may be assigned by the Executive Director or be voluntarily assigned as appropriate. All committees report to and are monitored by the Performance Improvement Committee/Quality Team.

Credentialing: The process of reviewing the education, experience, and background of all staff to establish their qualifications for providing services. This includes all licensed professional staff as well as non-licensed staff who provide services.

HealthWest Leadership Team: A committee comprised of staff designated by the HealthWest executive director who are responsible for strategic planning and decision-making.

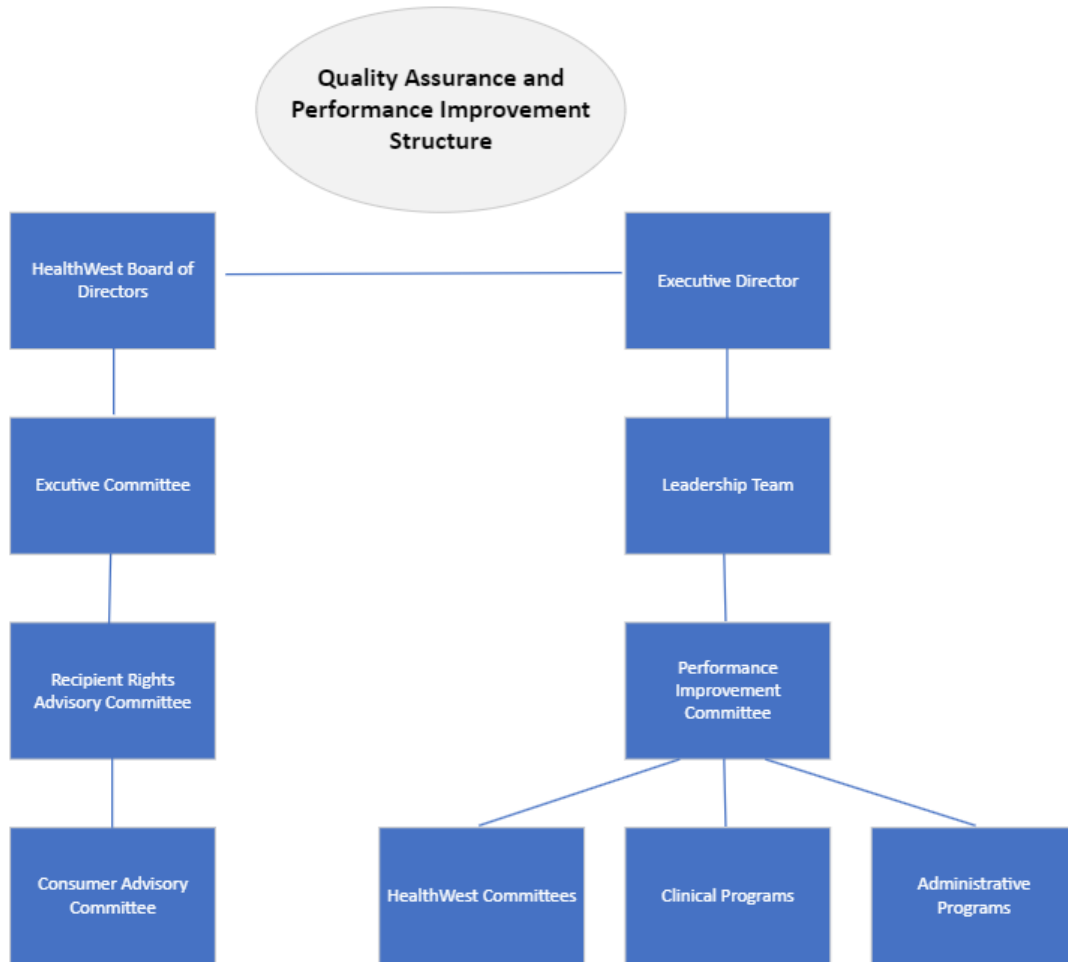
Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the Lakeshore Regional Entity (LRE), its member CMHSPs, and the Substance Use Disorder provider panel.

Performance Improvement Committee: The CMHSP committee comprised of HealthWest staff and persons served; responsible for oversight and implementation of the agency's QAPIP.

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

Workgroup: Workgroups are established by the HealthWest leadership team to address a specific project or identified focus area within the agency. They are not mandated by MDHHS, CARF, or any other compliance standard. They are comprised of HealthWest staff across multiple departments and assigned on a voluntary basis. Group/project outcomes will be used by HealthWest leadership and Board to measure growth in the identified focus area. The duration of the group is dictated by the assigned scope.

Appendix B: Quality Assurance and Performance Improvement Structure



Appendix C: Performance Improvement Committee Members

Accountant I	Urbain Ndoye
Chief Clinical Officer – Clinical Operations Committee	Cyndi Blair
Clinical Services Manager – Integrated Health Committee	Suzanne Beckeman
Clinical Services Manager – Utilization Management	Carrie Crummett
Communications and Training Manager – Appeals/Grievances	Gary Ridley
Consumer Advisory Committee Representative	David Scholtens
Director of Adult Clinical Services	Amie Bakos
Director of Children's Clinical Services	Ann Judson
Director of Data Architecture and Analytics	Natalie Walther
Director of Diversity, Equity, and Inclusion	Mickey Wallace
Director of Health Information Services	Linda Anthony
Director of Quality Assurance	Pamela Kimble
Evaluation and Innovation Specialist – CIRE/Survey Data	Shawna Curran
Manager of Performance Improvement and Accreditation – Site Review Standards/CARF	Matt Plaska
Manager of Procurement and Provider Network	Jackie Farrar
Recipient Rights Officer – Recipient Rights Advisory Committee	Linda Wagner
SUD Quality Assurance Manager	Jennifer Stewart

Appendix D: HealthWest QAPIP FY2024 Assessment and Goals

Name	Related Standard	Committee/Department/Person Responsible	Status	FY 2023 Baseline (Q1-Q3)	FY 24 Performance Goal
6. Child/Adolescent major depressive disorder: Suicide Risk Assessment (SRA-BH-C) Percentage of visits for consumers aged 6-17 with a diagnosis of major depressive disorder with an assessment for suicide risk	CCBHC - Incentive Payments	Linda Cloz	Ongoing	17.60%	23.90%
7. Major depressive disorder: suicide risk assessment (SRA-A)Percentage of consumers 18+ with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during a visit in which a new diagnosis or recurrent episode is identified	CCBHC - Incentive Payments		Ongoing	5.29%	12.50%
8. Adherence to Antipsychotic Meds for Individuals with Schizophrenia (SAA-AD) Percentage of adults 18+ with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic med for at least 80% of their treatment episode.	CCBHC - Incentive Payments		Ongoing	50%	58.50%
9b. Follow-up after hospitalization for mental illness, ages 18+ (FUH-AD#2) Percentage of discharges (age 18+) hospitalized for mental illness who had a follow-up visit with a mental health provider, reported for follow-up within 7 and 30 days after discharge.	CCBHC - Incentive Payments		Ongoing	68.70%	58%
10b. Follow-up after hospitalization for mental illness, ages 6-17 (FUH-CH#2) Percentage of discharges (age 6-17) hospitalized for mental illness who had a follow-up visit with a mental health provider, reported for follow-up within 7 and 30 days after discharge.	CCBHC - Incentive Payments		Ongoing	75%	70%
13a. Initiation and engagement of alcohol and other drug dependence treatment (IET-BH) Percentage of consumers age 13+ with a new episode of AOD dependence who initiated treatment through inpatient AOD admission, outpatient visit, IOP encounter, or partial hospitalization within 14 days of diagnosis OR initiated treatment and had 2+ services with a diagnosis of AOD within 30 days of the initiation visit	CCBHC - Incentive Payments		Ongoing	42.32%	25%

Appendix E: QAPIP Data Review Schedule



Quality Assurance and Performance Improvement Program

	Q1			Q2			Q3			Q4		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Improvement Projects/Kata <i>Ongoing performance/quality improvement projects/CAP updates</i>	x	x	x	x	x	x	x	x	x	x	x	x
Strategic Plan Objective(s)		x		x		x		x		x		x
Quality Based Payment indicators	x		x		x		x		x		x	
Environment of Care Committee <i>Safety and Security Issues</i>	x						x					
Provider Monitoring <i>Quality of Care, Network Adequacy, Site Reviews</i>	x						x					
Clinical Operations Committee <i>Best practice guidelines, program fidelity, program description updates</i>		x						x				
IPS Supported Employment <i>Fidelity measures</i>		x						x				
QAPIP Evaluation and Review			x						x			
Workgroup Updates			x						x			
Utilization Management <i>Authorizations, Utilization, Denials, Retro Reviews</i>	x			x			x			x		
Integrated Care, Pharmacy, and Doctors <i>Care Coordination, Medication Errors, Psychiatric Prescriber Peer Reviews</i>	x			x			x			x		
Recipient Rights <i>Rights allegations and substantiations data</i>	x			x			x			x		
Adverse Events <i>Critical Incidents, Risk Events, Sentinel Events</i>	x			x			x			x		
Behavior Treatment Data <i>Behavior Treatment Plans, Physical Management, Survey</i>		x			x			x			x	
SUD Services <i>Grant data, Quality indicators</i>		x			x			x			x	
Michigan's Mission-Based Performance Indicators		x			x			x			x	
Medicaid Claims Verification <i>Medicaid Verification Results</i>			x			x			x			x
Customer Services/Consumer Advisory Committee <i>Satisfaction, Inquiries, Grievances, Appeals</i>			x			x			x			x
Compliance Committee <i>Compliance investigations, HIPAA breach, CAPs</i>			x			x			x			x
Diversity, Equity, and Inclusion <i>Training, CQ Initiatives, Resource Groups</i>			x			x			x			x

Appendix F: Critical Incident Reporting Grid

Service	Suicide (01)	Death (02)	EMT (03)	Hospital (04)	Arrest (05)	Death of Unknown Cause (06)	MAT Med Error (07)	SUD Med Error (08)	Serious Challenging Behaviors (09)
ACT	●	●				●			
CLS	●	●				●			
Case Management	●	●				●			
Homebased	●	●				●			
Wraparound	●	●				●			
Any other service	●	●				●			
SUD Services	●	●				●	●		
HAB Waiver	●	●	●	●	●	●			
SED Waiver	●	●	●	●	●	●			
Child Waiver	●	●	●	●	●	●			
Living Situation									
Specialized Residential	●	●	●	●	●	●	●		
Child Caring Institution	●	●	●	●	●	●	●		
SUD Residential	●	●	●	●	●	●	●	●	●

Appendix G: PI Project Prioritization Matrix

Criteria	Weight	Scoring Values	Performance Improvement Requests							
			Enter Scoring Value	Enter Scoring Value	Enter Scoring Value	Enter Scoring Value	Enter Scoring Value	Enter Scoring Value	Enter Scoring Value	Enter Scoring Value
- Regulatory Requirement (MDHHS, LRE, CARF, CCBHC, etc.) - Strategic Plan Requirement - Other services/departments depend on it	5	0: None are true 3: One is true 6: Two are true 9: All are true	0		0		0		0	
Risk Mitigation - Are consumers at risk if improvement is not made? - Is the agency at risk if improvement is not made?	4	0: Little risk if not made 3: Some risk if not made 6: Much risk if not made 9: High risk if not	0		0		0		0	
Value to Stakeholders - How much value does the PI project provide to consumers, staff, community?	3	0: Little value to stakeholders 3: Some value to stakeholders 6: A lot of value to stakeholders 9: Essential/Critical to stakeholders	0		0		0		0	
Cost - Includes implementation and maintenance costs - Includes financial costs, staff time/capacity, and other resources.	2	0: Lots of unknow or hidden costs 3: Some costs are known 6: Many costs are known 9: All costs, direct & indirect, are known, tabulated and approved.	0		0		0		0	
Total Score			0		0		0		0	

Quality Assurance and Performance Improvement Program

	Q1			Q2			Q3			Q4		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Improvement Projects/Kata <i>Ongoing performance/quality improvement projects/CAP updates</i>	X	X	X	X	X	X	X	X	X	X	X	X
Strategic Plan Objective(s)		X		X		X		X		X		X
Quality Based Payment indicators	X		X		X		X		X		X	
Environment of Care Committee <i>Safety and Security Issues</i>	X						X					
Provider Monitoring <i>Quality of Care, Network Adequacy, Site Reviews</i>	X						X					
Clinical Operations Committee <i>Best practice guidelines, program fidelity, program description updates</i>		X						X				
IPS Supported Employment <i>Fidelity measures</i>		X						X				
QAIP Evaluation and Review			X						X			
Workgroup Updates			X						X			
Utilization Management <i>Authorizations, Utilization, Denials, Retro Reviews</i>	X			X			X			X		
Integrated Care, Pharmacy, and Doctors <i>Care Coordination, Medication Errors, Psychiatric Prescriber Peer Reviews</i>	X			X			X			X		
Recipient Rights <i>Rights allegations and substantiations data</i>	X			X			X			X		
Adverse Events <i>Critical Incidents, Risk Events, Sentinel Events</i>	X			X			X			X		
Behavior Treatment Data <i>Behavior Treatment Plans, Physical Management, Survey</i>		X			X			X			X	
SUD Services <i>Grant data, Quality indicators</i>		X			X			X			X	
Michigan's Mission-Based Performance Indicators		X			X			X			X	
Medicaid Claims Verification <i>Medicaid Verification Results</i>			X			X			X			X
Customer Services/Consumer Advisory Committee <i>Satisfaction, Inquiries, Grievances, Appeals</i>			X			X			X			X
Compliance Committee <i>Compliance investigations, HIPAA breach, CAPs</i>			X			X			X			X
Diversity, Equity, and Inclusion <i>Training, CQ Initiatives, Resource Groups</i>			X			X			X			X

Quality Assurance & Performance Improvement Plan (QAPIP) FY2024



HealthWest
Muskegon's Behavioral Wellness Connection



Purpose

To guide the agency-wide quality improvement activities of HealthWest and support the integration of a continuous quality improvement philosophy into the organization's everyday work.



Continuous quality improvement is based on the following assumptions:

Persons working on behalf of the organization seek to provide high-quality services.

In nearly all situations, improvement can be made by analyzing processes and systems for completing work.

Persons served will be involved in defining the quality of services

Decisions are based on reliable data.

Policy

HealthWest will have a fully operational Quality Assurance and Performance Improvement Plan (QAPIP) that upholds industry standards for best practices in performance measurement, performance management, and performance improvement, as described in MDHHS contracts, CARF standards for behavior healthcare providers, and the Certified Community Behavioral Health Clinic (CCBHC) Handbook.



Goals



Target improvements at all levels, including management, administration, and programs. Dimensions of care such as access, effectiveness, efficiency, and satisfaction will be addressed.

Involve people served and those who care for them in assessing and improving satisfaction with outcomes and services.

Develop performance indicators to ensure that services are effective, safe, respectful, and appropriate.

Track key performance indicators, comparing performance to statewide and/or nationwide data when available.

Ensure that service providers fulfill their contractual or employment obligations per applicable regulatory and accreditation standards.

Ensure that service providers are competent and capable of providing services through a system of competency evaluation and credentialing.

Ensure that HealthWest provides effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

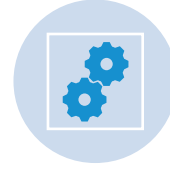
Ensure that performance indicators and improvement activities impact all populations served by the agency, including but not limited to populations such as persons served over a long period, older adults, children, non-English speakers, and those with developmental disabilities.



Requirements



Meet the Michigan Mission-Based Performance Indicator System (MMBPIS) Standards. Failure to meet the standards for one quarter will result in initiating a performance improvement project and in-depth analysis.



Develop internal standards for performance when these standards are not set by MDHHS, CARF, the LRE, federal standards, and/or awarded grant requirements.



Performance improvement projects will sustain improvement in significant aspects of clinical and non-clinical services.



Monitor and review activities to ensure systematic problems are identified and corrected.



Meet all MDHHS and awarded grant requirements for grievances and appeals and maintain an active member services function.



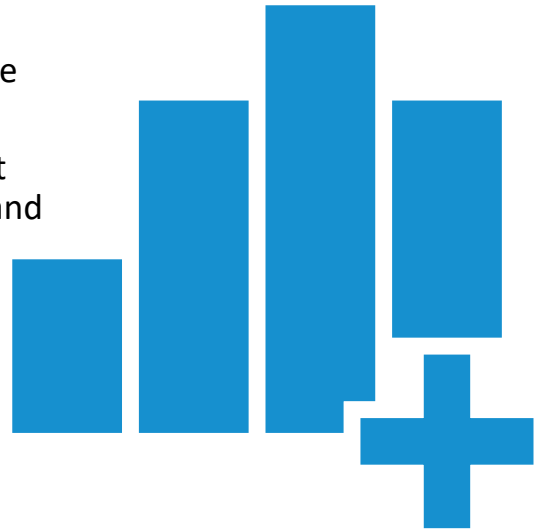
Maintain a record of all performance improvement projects and provide follow-up data to ensure improvements are demonstrated and maintained.

Plan Review

The Quality Assurance and Performance Improvement Plan (QAPI) will be reviewed on an annual basis.



- A review of QAPIP goals from the previous year;
- A review of the Performance Improvement Committee's objectives and actions from the previous year;
- A review of the annual Performance Improvement Committee self-evaluation results;
- A review of all quality oversight activities;
- A review of the appropriateness and relevance of current performance indicators and quality measures (contained throughout this report);
- An overall performance summary, including progress on improvement projects and trends within the accessibility, effectiveness, efficiency, and satisfaction of HealthWest services;
- Identification of QAPIP goals and priorities for the coming year;
- Recommendations and next steps.



Responsibilities



The HealthWest Board will annually approve the Quality Assurance and Performance Improvement Plan. The Board will also periodically review performance improvement data and information.

The Executive Director will ensure that a quality improvement (QI) system is in place. The director will review recommendations from the Leadership Team and authorize any subsequent action plans.

The Medical Director or designee shall provide consultation to any committee that requires medical consultation. The Medical Director or designee will serve as an ad hoc member of the Leadership Team and will ensure that psychiatric representation is available for the Pharmacy Committee, Utilization Management Committee, and the Behavior Treatment Review Committee.

The Director of Quality Assurance will be responsible for the implementation and ongoing functions of the QI system. The Director of Quality Assurance will serve as a member of the Leadership Team and will provide facilitation and data analysis within the QI system. This includes the ongoing development of the QAPIP and evaluation of the QI system.

The HealthWest Leadership Team will have central responsibility for the implementation of the QAPIP.

Managers and Staff will participate on committees and performance improvement workgroups. Managers will authorize appropriate Staff to perform these functions prior to Staff participating in a committee or workgroup.

HealthWest Staff may make recommendations for change using the employee suggestion process. Staff may also bring quality issues to their direct supervisor for evaluation. Quality and performance initiatives may also start based on findings in process and data quality monitoring such as Medicaid Verification.

Contractual agencies will be evaluated based on the performance standards stated in their contracts. They will be provided a regular means of communicating issues to HealthWest, such as the Provider Network Meeting, which meets monthly or by submitting issues to the contracts department.

Quality Assurance Team

The Quality Assurance Team is responsible for the following:

Presents the Quality Assurance and Performance Improvement Plan to the Leadership Team and the CMH Board on an annual basis.

Provides consultation and support to departments and the Leadership Team in their role of quality assurance.

Ensures that performance improvement data is regularly presented to the Leadership Team.

Completes all state-required performance indicator reports.

Completes all state-required consumer satisfaction surveys and reports data.

Completes a root cause analysis of those sentinel events warranting such analysis.

Leads preparation for Commission on Accreditation of Rehabilitation Facilities (CARF) surveys, Michigan Department of Health and Human Services (MDHHS) audits, and Lakeshore Regional Entity (LRE) site reviews



Standing Committees

Standing committees serve functions that are directly related to contract or accreditation requirements. They are long-standing and are responsible for monitoring and reporting specific findings identified in the QAPIP. All committees report to and are monitored by the Performance Improvement Committee.

Standing Committees

- Behavior Treatment Review Committee
- Certified Community Behavioral Health Clinic (CCBHC) Committee
- Clinical Operations Committee
- Compliance Committee
- Consumer Advisory Committee
- Doctors' Committee
- Team for Inclusion, Diversity, and Equity (TIDE)
- Environment of Care Committee
- Integrated Health Committee
- Pharmacy Committee
- Provider Contract Meeting
- Recipient Rights Advisory Committee
- Utilization Management Steering Committee

Adverse Events

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.



Critical Incidents

Risk Event

An event that put an individual at risk of harm.

Sentinel Event

Unexpected event involving death or serious physical or psychological injury, or risk thereof.

Involvement of Persons Served

HealthWest will ensure that persons served will be offered input and involvement in the performance improvement system through the following mechanisms.

Primary consumers of mental health services serve on the CMH Board.

HealthWest consumers serve as full members of the Consumer Advisory Committee.

HealthWest consumer(s) will serve on the Performance Improvement Committee.

Satisfaction surveys are completed according to the following frequency

Persons served will always be given the opportunity to contact a representative of HealthWest directly as part of the satisfaction process.

When specific issues are discovered, special efforts may be utilized, such as targeted consumer interviews or focus groups.

Involvement of persons served will be solicited to address issues relating to the quality, availability, and accessibility of services.

HealthWest will seek to improve the representation of people served in quality improvement participation, policy setting, employment, and volunteer opportunities.

HealthWest will communicate information on satisfaction, performance indicators, and needs assessment to consumers and stakeholders.

The Leadership Team will identify issues that require additional effort to resolve and improve. The Quality Assurance Team provides support to the QI system by serving as consultants to the committees and performance improvement groups. Below are some of the most common tools that will be used in improvement efforts at HealthWest.

Most common tools that will be used in improvement efforts:

KATA

Flowcharting

Root Cause
Analysis (RCA)

Performance Improvement

Credentialing

Credentialing/re-credentialing, privileging, primary source verification, and qualification of CMHSP Participants (Staff who are employees of HealthWest or under contract to the CMHSP) are delegated by the LRE to HealthWest.

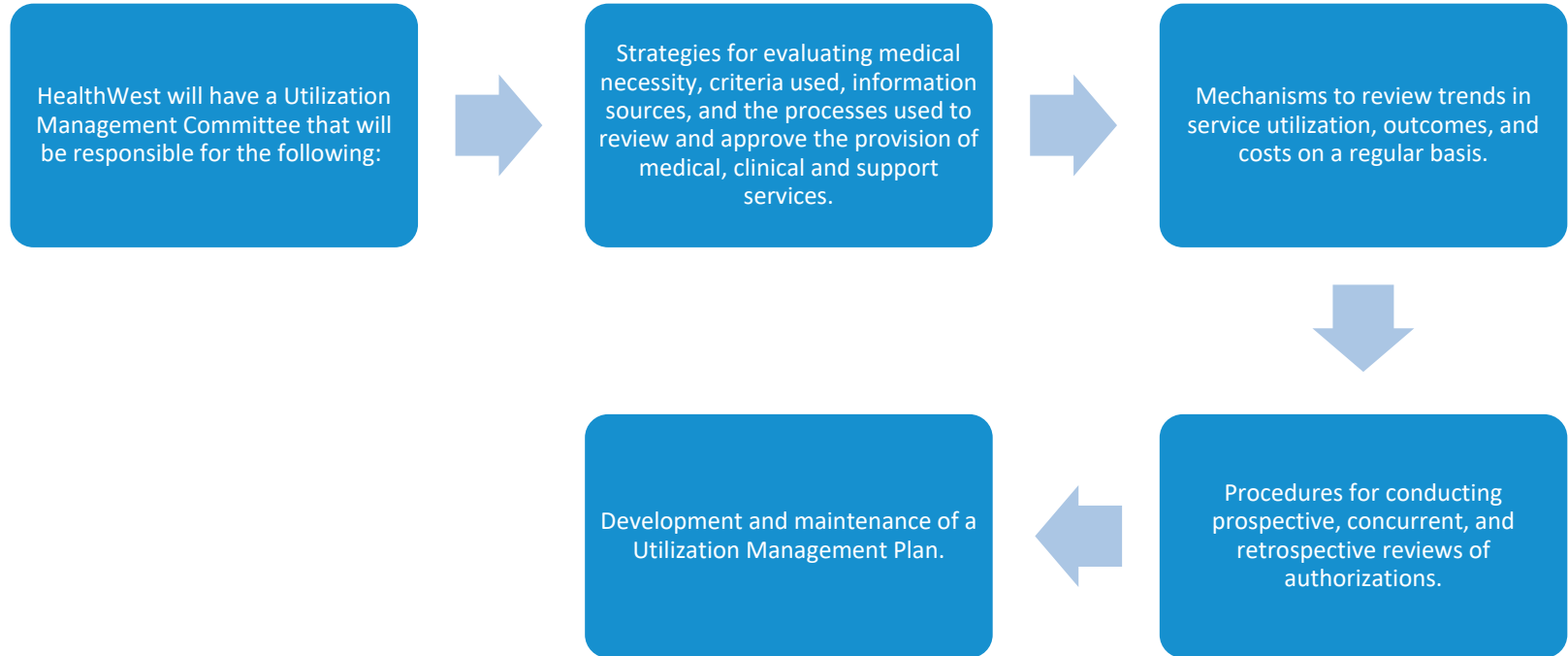
The policies and procedures ensure that each provider, employed and contracted, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual requirements, including relevant work experience and, education, and cultural competence.



Health Disparities

HealthWest will continue to evaluate access and treatment trends of ethnic/minority groups. Evaluation analyzes all current activities designed to assure equitable access and effective treatment to persons with cultural barriers to receiving services.

Utilization Management System

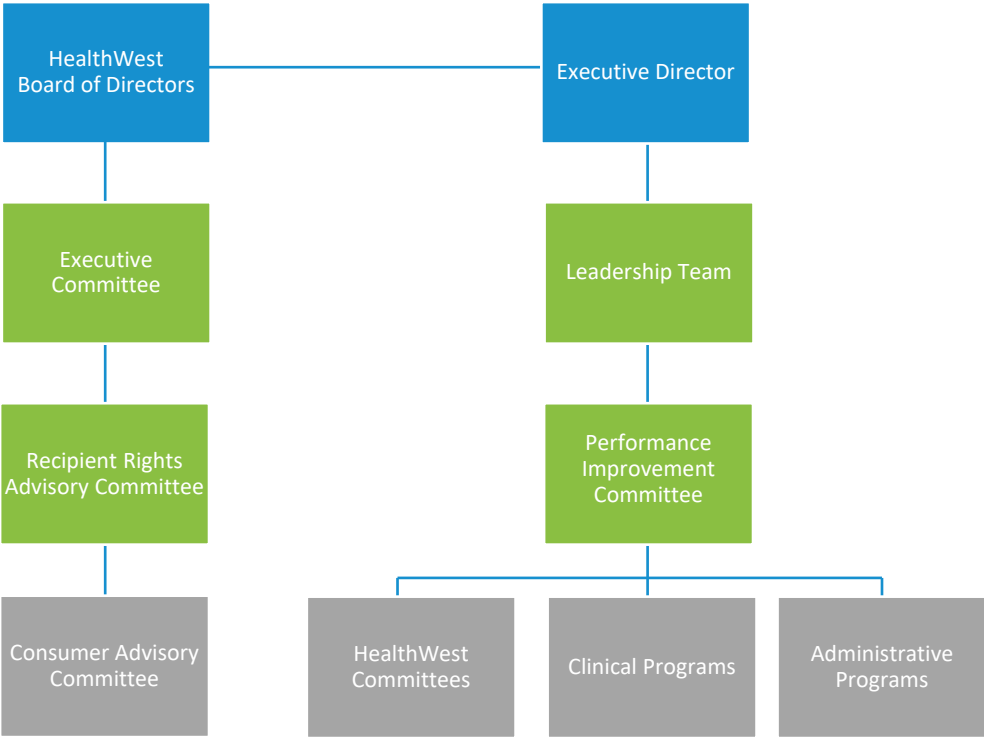




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Quality Assurance & Performance Improvement Structure



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Recipient Rights Officer – Recipient Rights Advisory Committee	Linda Wagner
SUD Quality Assurance Manager	Jennifer Steward

Performance Improvement Committee Members

HealthWest QAPIP FY2024 Assessment & Goals

Name	Related Standard	Committee/Department/Person Responsible	Status	FY 2023 Baseline (Q1-Q3)	FY 24 Performance Goal
6. Child/Adolescent major depressive disorder: Suicide Risk Assessment (SRA-BH-C) Percentage of visits for consumers aged 6-17 with a diagnosis of major depressive disorder with an assessment for suicide risk	CCBHC - Incentive Payments	Linda Cloz	Ongoing	17.60%	23.90%
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8. Adherence to Antipsychotic Meds for Individuals with Schizophrenia (SAA-AD) Percentage of adults 18+ with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic med for at least 80% of their treatment episode.	CCBHC - Incentive Payments		Ongoing	50%	58.50%
9b. Follow-up after hospitalization for mental illness, ages 18+ (FUH-AD#2) Percentage of discharges (age 18+) hospitalized for mental illness who had a follow-up visit with a mental health provider, reported for follow-up within 7 and 30 days after discharge.	CCBHC - Incentive Payments		Ongoing	68.70%	58%
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13a. Initiation and engagement of alcohol and other drug dependence treatment (IET-BH) Percentage of consumers age 13+ with a new episode of AOD dependence who initiated treatment through inpatient AOD admission, outpatient visit, IOP encounter, or partial hospitalization within 14 days of diagnosis OR initiated treatment and had 2+ services with a diagnosis of AOD within 30 days of the initiation visit	CCBHC - Incentive Payments		Ongoing	42.32%	25%



Quality Assurance and Performance Improvement Program

	Q1			Q2			Q3			Q4		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Improvement Projects/Kata <i>Ongoing performance/quality improvement projects/CAP updates</i>	x	x	x	x	x	x	x	x	x	x	x	x
Strategic Plan Objective(s)		x		x		x		x		x		x
Quality Based Payment indicators	x		x		x		x		x		x	
Environment of Care Committee <i>Safety and Security Issues</i>	x						x					
Provider Monitoring <i>Quality of Care, Network Adequacy, Site Reviews</i>	x						x					
Clinical Operations Committee <i>Best practice guidelines, program fidelity, program description updates</i>		x						x				
IPS Supported Employment <i>Fidelity measures</i>		x						x				
QAPI Evaluation and Review			x						x			
Workgroup Updates			x						x			
Utilization Management <i>Authorizations, Utilization, Denials, Retro Reviews</i>	x			x			x			x		
Integrated Care, Pharmacy, and Doctors <i>Care Coordination, Medication Errors, Psychiatric Prescriber Peer Reviews</i>	x			x			x			x		
Recipient Rights <i>Rights allegations and substantiations data</i>	x			x			x			x		
Adverse Events <i>Critical incidents, Risk Events, Sentinel Events</i>	x			x			x			x		
Behavior Treatment Data <i>Behavior Treatment Plans, Physical Management, Survey</i>		x			x			x			x	
SUD Services <i>Grant data, Quality indicators</i>		x			x			x			x	
Michigan's Mission-Based Performance Indicators		x			x			x			x	
Medicaid Claims Verification <i>Medicaid Verification Results</i>			x			x			x			x
Customer Services/Consumer Advisory Committee <i>Satisfaction, Inquiries, Grievances, Appeals</i>			x			x			x			x
Compliance Committee <i>Compliance investigations, HIPAA breach, CAPs</i>			x			x			x			x
Diversity, Equity, and Inclusion <i>Training, CQ Initiatives, Resource Groups</i>			x			x			x			x

Review Schedule

Service	Suicide (01)	Death (02)	EMT (03)	Hospital (04)	Arrest (05)	Death of Unknown Cause (06)	MAT Med Error (07)	SUD Med Error (08)	Serious Challenging Behaviors (09)
ACT	●	●				●			
CLS	●	●				●			
Case Management	●	●				●			
Homebased	●	●				●			
Wraparound	●	●				●			
Any other service	●	●				●			
SUD Services	●	●				●	●		
HAB Waiver	●	●	●	●	●	●			
SED Waiver	●	●	●	●	●	●			
Child Waiver	●	●	●	●	●	●			
Living Situation									
Specialized Residential	●	●	●	●	●	●	●		
Child Caring Institution	●	●	●	●	●	●	●		
SUD Residential	●	●	●	●	●	●	●	●	●

Critical Incident Reporting Grid

PI Project Prioritization Matrix



Criteria	Weight	Scoring Values	Performance Improvement Requests					
			Enter Scoring Value	Enter Scoring Value	Enter Scoring Value	Enter Scoring Value	Enter Scoring Value	Enter Scoring Value
<ul style="list-style-type: none"> - Regulatory Requirement (MDHHS, LRE, CARF, CCBHC, etc.) - Strategic Plan Requirement - Other services/departments depend on it 	5	0: None are true 3: One is true 6: Two are true 9: All are true	0	0	0	0	0	0
Risk Mitigation <ul style="list-style-type: none"> - Are consumers at risk if improvement is not made? - Is the agency at risk if improvement is not made? 	4	0: Little risk if not made 3: Some risk if not made 6: Much risk if not made 9: High risk if not	0	0	0	0	0	0
Value to Stakeholders <ul style="list-style-type: none"> - How much value does the PI project provide to consumers, staff, community? 	3	0: Little value to stakeholders 3: Some value to stakeholders 6: A lot of value to stakeholders 9: Essential/Critical to stakeholders	0	0	0	0	0	0
Cost <ul style="list-style-type: none"> - Includes implementation and maintenance costs - Includes financial costs, staff time/capacity, and other resources. 	2	0: Lots of unknow or hidden costs 3: Some costs are known 6: Many costs are known 9: All costs, direct & indirect, are known, tabulated and approved.	0	0	0	0	0	0
Total Score			0	0	0	0	0	0

Questions?

Thank you!



HealthWest Employee Recognition / Feedback from Consumers:

A call came through Customer Service February 1st about the Crisis Residential Team.

I was speaking to a woman in services about a complaint that she had. **BUT! She did NOT have a complaint about you or the CRU.** Instead, she had very high praise for the CRU and the treatment that she received there. She spoke quite a bit about how helpful her stay at the CRU was and that she learned a lot about herself and her treatment needs. She was very enthusiastic about your team and her time with you.

So, great work! Please share this with your team over there. Thank you for all that you do.

Keep up the GREAT work Justine & Devan!!!!!!

An email came through on behalf of the LRE for Commending HW Staff.

LRE Communication Commending the life saving actions of our staff that were involved in a non-fatal overdose that occurred on site at MHC in November 2023. The swift and expert medical attention provided by our medical staff and then the outreach and engagement activity that occurred by Access Center staff following the event are to be commended and I want to make sure you are all aware of the external praise for our staff as well!

True heroes are all of you. Please verbally pass along the LRE's appreciation to all staff involved in this event!!!!!!

Main Office

376 E. Apple Ave. | Muskegon, MI 49442 | P (231) 724-1111 | F (231) 724-3659

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RIVERSEDGE

LIFESTYLE PHOTOGRAPHY

HealthWest Board Members!

We would like to include a professional headshot of our HealthWest Board Members on our website!

Board of Directors

- Janet Thomas, *Chair*
- Cheryl Natte, *Vice Chair*
- Jeff Fortenbacher, *Treasurer*
- Thomas Hardy
- Janice Hilleary
- Marcia Hovey-Wright, *Muskegon County Commissioner*
- Charles Nash, *Muskegon County Commissioner*
- F. Remington Sprague, MD
- Tamara Madison
- Kim Cyr, *Muskegon County Commissioner*
- John Weerstra
- Vacancy - Consumer (Secondary)

Interested in joining our board? [Click here to apply.](#)

RiversEdge is our HealthWest staff photographer. **Please present this document to RiversEdge personnel on either of these dates:**

- **Monday, March 4th @ 1:30pm**
- **Monday, March 18th @ 1:30pm**

RiversEdge: 845 Terrace St
Muskegon, MI, 49440

Please note: RiversEdge is in the same building as Radium Photo (PLEASE DO NOT GO TO RADIUM PHOTO FOR YOUR PHOTO)



BOARD MEMBER NAME: _____

If you have any questions or issues please reach out to Holly Brink
231-670-4303 or holly.brink@healthwest.net



Board of Directors

HW Board Work Session:

Survey to follow from Holly Brink for date / time options:

Monday, March 11th

- 5:00pm – 7:00pm

Friday, March 22nd (following Full Board)

- 9:00a.m. – 11:00 a.m.

Monday, March 25th

- 5:00 p.m. – 7:00 p.m.

Educational Opportunities:

- Community Leadership Big Picture
- CCBHC Updates
- Rate of Units & Service Codes from Pilot
- Growth of DCO Services / Old Baselines
- Changes to MichiCANS
- SUD Update & How Funding Works
- Club House – Member Driven
- Other Areas of Interest

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New HealthWest Board Member – County Commissioners Appointed 2/20/24

Mary Vasquez:

Retired Educator (34 years), member of the Hispanic Community, bilingual & bicultural native of Muskegon, has knowledge of the school systems, Catholic faith and migrant at risk populations. Serves as a secondary consumer of services for family treated for ADHA, psychological disorder (schizophrenia)

Term 2/20/2024 – 3/31/2027

Main Office

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HealthWest.net



MEMORANDUM

Date: February 23, 2024

To: HealthWest Board of Directors

CC: Mark Eisenbarth, Muskegon County Administrator
 Matt Farrar, Muskegon County Deputy Administrator
 Angie Gasiewski, Muskegon County Accounting Manager

From: Rich Francisco, Executive Director

Subject: **Director's Update**

MDHHS Updates:

- Gov. Whitmer and budget director, Jen Flood presented on Feb 7th the Executive budget recommendation to the Michigan Senate and House Appropriations Committees. I did share the budget recommendation with the board via email. Some of the highlights for mental health includes:
 - \$193.3 million to expand Michigan's Certified Community Behavioral Health Clinics (CCBHC) demonstration program (\$35.6 million general fund). Funds will be used to support new CCBHC sites and establish more sophisticated oversight and monitoring for the Medicaid CCBHC system.
 - \$36.1 million to increase rates for behavioral health services provided through Medicaid health plans (\$10.2 million general fund). This proposal brings parity in reimbursement rates for behavioral health services paid through Medicaid health plan contracts to improve access to needed supports for Medicaid enrollees.
 - \$8.3 million to establish Medicaid reimbursement for peer provided substance use disorder services (\$2.5 million general fund). Peer recovery specialists will be reimbursed for services provided in a hospital setting.
 - \$7.3 million for the Michigan Crisis and Access Line (MiCAL) (\$8.3 million general fund) to ensure structural ongoing support for services currently provided to individuals experiencing behavioral health crises. Funding will ensure access to text and chat functionality, from a Michigan-based provider, 24 hours a day, seven days a week.
 - \$4 million to enhance gambling prevention and treatment services (state restricted revenue). Funding will support residential gambling treatment, recovery support services, youth education and prevention services, research and evaluation, provider training, a media campaign, and the problem gambling hotline. **(Ref: Alan Bolter, CMHA communication).**

- Michigan MichiCANS soft launch update with MDHHS. Had our “touch base” meeting with MDHHS implementors of MichiCANS Tuesday 2/20. HW is in an advantageous position, with the soft launch. Staff are ready to complete the training for the Comprehensive assessment of MichiCANS but have completed 146 screeners. Once staff complete the training for the assessment, they will be starting to complete those as well.
- The PIHP’s have aggregated a report showing the trends and drops in enrollment broken down by the different PIHP regions and then again further broken down into DAB, HMP, and TANF. The data for all regions show the same downward trend in enrollments captured from June 2023 to Jan. 2024. All PIHPs share the same concerns of revenue drops, and this data is being shared to get MDHHS to adjust the rate as soon as possible. According to Stacia, LRE CFO, a separate group at MDHHS is looking at the data. HW board will receive an update as this effort statewide progresses.
- I received an email on February 9th from CMHA that MDHHS staff leading the Conflict Free Access and Planning (CFAP) have confirmed that state’s CCBHCs are exempt from the CFAP requirements due to the requirements to access, person centered planning/IPOS development and service provision that CCBHCs must meet. This is good news!

Lakeshore Regional Entity updates:

- Submitted to the LRE the second round of feedback on the LRE/CNHSP contracts which was due 2/20/2024. The LRE did not complete responses to areas under the Compliance section, but assured that updates and changes were being made to this section as well. We should be hearing from the LRE on next steps regarding contract discussions.
- LRE HSW (HAB supports waiver) slots update. The HSW slots offered by MidState to LRE have been transferred to the LRE. However, it is still showing as borrowed slots in the WSA system portal. MDHHS is working to fix this and make these slots permanent to the LRE. The LRE strategy is to roll out ten per month starting in February, ten per March and ten per April for a total of thirty slots transferred.

Executive Director activities CMH level:

- Our IT team is working with County IT to assist in the implementation of the County O365 roll out. It makes sense to have the County leverage HW’s current tenant and get the County system updated on Microsoft office. The County is planning to add about fifty licenses of O365 to get started, and then adding additional more licenses.
- We still have not received a date for our CARF accreditation audit, and still waiting on CARF to provide a date. An update from our Quality Improvement team indicated that they may be having a tough time finding surveyors. We will keep the board updated on this as we hear more.
- I have started a workgroup of HW staff to begin looking at our current Strategic Plan and developing an update and document to track progress. In the fall, I will be putting together a strategic work retreat for internal staff in preparation for FY25. The goal is to just update the Strategic plan now with status updates but to do a full survey and input from various stakeholders in the fall.

On the horizon:

- Strategic Plan development
- CARF accreditation – April/May timeframe.