

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING  
Teleconference Meeting  
Wednesday, April 8, 2020  
6:00 PM



**Dial-in Number Options:**

1-312-626-6799

1-646 876-9923

1-346-248-7799

**Meeting ID: 443 799 086**

<https://zoom.us/j/443799086>

**Agenda**

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	2 min
III. Consideration to Adopt the Agenda as Presented	2 min
IV. Consideration to Approve the Minutes of the 3-11-20 Regular Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	25 min
a. April Finance Report – FY20 as of February 29 <sup>th</sup> {Att. #2}	
b. CMHPSM Board Bylaws {Att. #3}	
c. CEO Authority Control – Employee Position Control and Compensation Policy {Att. #4}	
d. CEO Evaluation Committee Update	
VII. New Business	45 min
a. Preliminary FY20 Budget Amendment Discussion	
b. Board Action Request {Att. #5}	
Consideration to approve the CEO to execute the presented contracts/amendments	
c. Board Action Request {Att. #6, 6a}	
Consideration to approve the FY19 QAPIP Evaluation	
d. Board Action Request {Att. #7a, 7b}	
Consideration to approve the FY20 QAPIP Plan	
e. Board Action Request {Att. #8a, 8b}	
Consideration to approve the proposed revisions to the CMHPSM Board Governance Manual	

.....continued on the next page

**CMHPSM Mission Statement**

*Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.*

f. Board Action Requests {Att. #9a-d}

Consideration to approve the 4 Board Governance Policies as presented

- CEO General Scope of Authority {9a}
- Procurement {9b}
- Investing {9c}
- Financial Stability and Risk Reserve Management {9d}

VIII. Reports to the CMHPSM Board

30 min

- a. Report from the SUD Oversight Policy Board (OPB)
- b. CEO Report to the Board {Att. #10}

IX. Adjournment

**CMHPSM Mission Statement**

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**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES  
March 11, 2020**



**Members Present:** Judy Ackley, Greg Adams, Susan Fortney, Bob King, Sandra Libstorff, Charles Londo, Caroline Richardson, Sharon Slaton, Ralph Tillotson (phone)

**Members Absent:** Roxanne Garber, Gary McIntosh, Katie Scott

**Staff Present:** Kathryn Szewczuk, Stephannie Weary, Lisa Jennings, James Colaianne, Connie Conklin, Dana Darrow, Trish Cortes, CJ Witherow, Matt Berg

**Others Present:** Lori Lutomski

- I. Call to Order  
Meeting called to order at 6:01 p.m. by Board Chair S. Slaton.
- II. Roll Call
  - A quorum of members present was confirmed.
- III. Consideration to Adopt the Agenda as Presented

**Motion by S. Fortney, supported by G. Adams, to approve the agenda**  
**Motion carried**

Agenda addition: Old Business item b – Update on the CEO evaluation

- IV. Consideration to Approve the Minutes of the February 12, 2020 Regular Meeting and Waive the Reading Thereof

**Motion by S. Libstorff, supported by G. Adams, to approve the minutes of the February 12, 2020 regular meeting and waive the reading thereof**  
**Motion carried**

- V. Audience Participation  
None
- VI. Old Business
  - a. March Finance Report – FY20 as of January 31<sup>st</sup>
    - M. Berg presented. Discussion followed.
    - A revised budget will be presented next month.
  - b. CEO Evaluation Committee Update
    - Committee members: C. Richardson, S. Fortney, S. Slaton.
    - After considering several options, the committee created a list of questions and survey that will go to all Board Members, the 4 CMHSP Directors, and all staff.
    - This will be an interim evaluation.

**CMHPSM Mission Statement**

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- The committee will receive the responses directly, summarize the responses, and bring the summary to the Regional Board for review.
- S. Weary will send the email addresses of all the respondents listed above to Committee Chair C. Richardson.

VII. New Business

a. Board Action Request

Consideration to approve the CEO to execute the presented contracts/amendments

**Motion by B. King, supported by C. Richardson, to approve the CEO to execute the presented contracts/amendments**

**Motion carried**

b. Board Action Request

Consideration to approve the revised CMHPSM CEO Authority – Employee Position Control and Compensation Policy

**Motion by B. King, supported by C. Londo, to approve the revised CMHPSM CEO Authority – Employee Position Control and Compensation Policy with the added language that the employee handbook will be presented to the Regional Board annually for review and approval**

**Motion carried**

c. Preparation for April Review

i. CMHPSM Board Bylaws

- The bylaws should be reviewed every April, per the governance manual.

ii. CMHPSM Board Governance Manual

- The Board Governance Manual should be reviewed every April, per the governance manual.
- The region's strategic plan will come to the Regional Board in June for discussion.

VIII. Reports to the CMHPSM Board

a. Report from the SUD Oversight Policy Board

- J. Colaianne provided an overview of the recent OPB meeting.
- The Regional Board requested that J. Colaianne and R. Tillotson continue to provide updates from OPB until a new OPB representative is added to the Regional Board.

b. CEO Report to the Board

- J. Colaianne provided an update on activities at the PIHP, regional, and state levels.
- The Regional Board requested that the PIHP's leadership team attend board meetings when their schedules allow, to provide updates on programs and any other information they think board needs to know.

IX. Adjournment

**CMHPSM Mission Statement**

***Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.***

- The Regional Board and staff discussed the Coronavirus preparations that the PIHP and the CMHSPs have in place.
- The CEO and CMHSP Directors have shared their strategies with each other and will continue to do so.

**Motion by S. Fortney, supported by Richardson, to adjourn the meeting**  
**Motion carried**

- Meeting adjourned at 7:10 p.m.

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Judy Ackley, CMHPSM Board Secretary

DRAFT



**Community Mental Health Partnership of Southeast Michigan  
Preliminary Statement of Revenue and Expenses Notes  
For the Period Ending February 29, 2020  
(see numbered lines on Financial Statement)**

**ADMINISTRATION**

3005 Boardwalk  
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Ann Arbor, MI 48108  
Phone (734) 344-6079  
FAX (734) 222-3844  
[www.cmhpsm.org](http://www.cmhpsm.org)

James Colaianne  
CEO

**BOARD OF DIRECTORS**

Judy Ackley  
Greg Adams  
Charles Coleman  
Susan Fortney  
Roxanne Garber  
Bob King  
Sandra Libstorff  
Charles Londo  
Gary McIntosh  
Caroline Richardson  
Katie Scott  
Sharon Slaton  
Ralph Tillotson

1. Revenue saw a 3% upswing in February. This is certainly good news. The state hopes to have even more payment issues resolved by the April payment. We are waiting to see what happens with the first payment next week.
2. Administrative expenses are below budget partly due to open positions early in the year that are mostly filled today and partly due to a contract line that we do not anticipate spending.
3. SUD Revenue and Expenditures remain higher than 2019 with revenue ahead of budget and expenses slightly below budget.
4. The Hospital Rate Adjuster line was added this month. The first HRA payment came in during March and was sent out immediately to hospitals.
5. No CMH reported more than a 5% budget variance. However, not all CMHs had finished closing February as of this writing.
6. The state held the initial meeting for 2021 rate setting in March. More to come as information becomes available.
7. The SUD Director is negotiating with the state on revised budgets for 2020.
8. Cost settlements were received in March along with 2019 PBIP funds which were distributed to the CMHs.

**Community Mental Health Partnership of Southeast Michigan**  
**Preliminary Statement of Revenues and Expenditures**  
**For the Period Ending February 29, 2020**

See Notes Attached		Preliminary Revision 1 Budget	FY20 Budget	Budget to date	YTD Actual	YTD Actual O/(U) Budget	Percent Variance Actual to Budget	Projected YE	Projected O/(U) Budget
<b>Operating Revenue</b>									
1	Medicaid Capitation SP/B3/1915i	88,875,727	90,323,599	37,634,833	37,089,128	(545,705)	-1.47%	86,971,557	(3,352,042)
	Medicaid Capitation HSW	45,099,520	46,803,340	19,501,392	17,782,275	(1,719,117)	-9.67%	44,008,997	(2,794,343)
	Medicaid Captiation CWP	1,159,137	-	-	476,445	476,445	100.00%	206,459	206,459
	Medicaid Captiation SEDW	296,498	-	-	124,010	124,010	100.00%	53,738	53,738
4	Hospital Rate Adjuster	4,819,584	4,819,584	2,008,160	1,897,549	(110,611)		4,819,584	-
	Performance Based Incentive Pool (Est)	1,503,268	1,503,268	626,362	626,362	-	0.00%	1,503,268	-
	Medicaid SUD Capitation	3,036,988	2,572,636	1,071,932	1,265,581	193,650	15.30%	3,130,066	557,430
	Healthy Michigan Plan	13,466,539	13,320,980	5,550,408	4,510,271	(1,040,137)	-23.06%	10,824,650	(2,496,330)
	Healthy Michigan Plan SUD	6,089,170	4,693,454	1,955,606	2,531,804	576,199	22.76%	6,076,331	1,382,876
	Autism	13,736,054	10,290,788	4,287,828	5,600,507	1,312,679	23.44%	13,441,218	3,150,430
3	SUD Community Block Grant	5,264,080	5,999,850	2,499,938	2,576,967	77,029	2.99%	6,184,720	184,870
	Block Grants	208,642	447,733	186,555	82,127	(104,428)	-127.15%	197,105	(250,628)
	SUD PA2 - Cobo Tax Revenue	1,860,059	1,860,059	775,025	768,376	(6,649)	-0.87%	1,844,101	(15,958)
	SUD PA2 - Cobo Tax Use of Reserve	1,564,432	1,564,432	651,847		(651,847)	0.00%	-	(1,564,432)
	Local Match	1,577,780	1,577,780	657,408	629,570	(27,838)	-4.42%	1,510,968	(66,812)
	Other Revenue	163,395	331,920	138,300	56,169	(82,131)	-146.22%	134,805	(197,115)
<b>Total Revenue</b>		<b>\$ 188,720,871</b>	<b>\$ 186,109,423</b>	<b>\$ 77,545,593</b>	<b>\$ 76,017,140</b>	<b>\$ (1,528,453)</b>	<b>-2.01%</b>	<b>\$ 180,907,567</b>	<b>\$ (5,201,856)</b>
<b>Funding For CMHSP Partners</b>									
	Lenawee CMHSP	20,221,792	20,418,362	8,507,651	8,151,980	(355,671)	-4.36% 1	19,564,753	(853,609)
	Livingston CMHSP	31,868,947	30,425,637	12,677,349	12,716,697	39,348	0.31%	30,520,072	94,435
	Monroe CMHSP	31,489,217	31,294,417	13,039,340	12,704,927	(334,413)	-2.63% 1	30,491,825	(802,592)
	Washtenaw CMHSP	76,136,409	75,690,255	31,537,606	30,470,420	(1,067,186)	-3.50% 1	73,129,009	(2,561,246)
<b>Total Funding For CMHSP Partners</b>		<b>\$ 159,716,366</b>	<b>\$ 157,828,671</b>	<b>\$ 65,761,946</b>	<b>\$ 64,044,024</b>	<b>\$ (1,717,922)</b>	<b>-2.68%</b>	<b>\$ 153,705,659</b>	<b>\$ (4,123,012)</b>
7	<b>Funding For SUD Services</b>								
	Lenawee County	2,246,509	2,195,015	914,590	935,699	21,109	2.26%	2,245,676	50,661
	Livingston County	1,721,150	1,957,859	815,775	717,146	(98,629)	-13.75%	1,721,150	(236,709)
	Monroe County	2,487,435	2,088,693	870,289	1,036,431	166,143	16.03%	2,487,435	398,742
	Washtenaw County	6,011,447	6,223,491	2,593,121	2,516,302	(76,819)	-3.05%	6,039,126	(184,365)
	State Targeted Response	650,346	974,954	406,231	243,894	(162,337)	-66.56%	585,346	(389,608)
	State Opioid Response	759,730	1,116,363	465,151	299,679	(165,472)	-55.22% 7	719,230	(397,133)
3	<b>Total Funding For SUD Services</b>	<b>\$ 13,876,615</b>	<b>\$ 14,556,375</b>	<b>\$ 6,065,156</b>	<b>\$ 5,749,151</b>	<b>\$ (316,005)</b>	<b>-5.50%</b>	<b>\$ 12,493,387</b>	<b>\$ (2,062,987)</b>

**Community Mental Health Partnership of Southeast Michigan**  
**Preliminary Statement of Revenues and Expenditures**  
**For the Period Ending February 29, 2020**

See Notes Attached

Page 2

	Preliminary Revision 1 Budget	FY20 Budget	Budget to date	YTD Actual	YTD Actual O/(U) Budget	Percent Variance Actual to Budget	Projected YE	Projected O/(U) Budget
<b>Other Contractual Obligations</b>								
Hospital Rate Adjuster (Est)	4,819,584	4,819,584	2,008,160	1,897,549	(110,611)	-5.83%	4,554,118	(265,466)
Insurance Provider Assessment Tax (Est)	1,685,151	1,685,151	702,146	702,146	(0)	0.00%	1,685,150	(1)
Local Match (Est)	1,577,780	1,577,780	657,408	629,570	(27,838)	-4.42% 5	1,577,780	-
<b>Total Other Costs</b>	<b>\$ 8,082,515</b>	<b>\$ 8,082,515</b>	<b>\$ 3,367,715</b>	<b>\$ 3,229,265</b>	<b>\$ (138,450)</b>	<b>-4.29%</b>	<b>\$ 7,817,048</b>	<b>\$ (265,467)</b>
<b>CMHPSM Administrative Costs</b>								
Salaries & Fringes	2,015,072	2,317,605	965,669	788,052	(177,616)	-22.54% 7	1,891,326	(426,279)
Administrative Contracts	857,127	1,536,417	640,174	308,425	(331,749)	-107.56% 8	840,219	(696,198)
Board Expense	2,446	2,750	1,146	40	(1,106)	-2764.58%	96	(2,654)
Technology & Utilities	52,806	41,575	17,323	29,799	12,476	41.87%	71,518	29,943
Travel, Conferences, Development & Training	35,188	100,667	41,945	13,143	(28,801)	-219.13%	31,544	(69,123)
Office Operations	26,361	42,850	17,854	10,155	(7,699)	-75.82%	24,371	(18,479)
All Other Costs	38,473	96,730	40,304	3,517	(36,787)	-1045.93%	8,441	(88,289)
2 <b>Total Administrative Expense</b>	<b>\$ 3,027,473</b>	<b>\$ 4,138,594</b>	<b>\$ 1,724,414</b>	<b>\$ 1,153,131</b>	<b>\$ (571,283)</b>	<b>-49.54%</b>	<b>\$ 2,867,515</b>	<b>\$ (1,271,079)</b>
<b>Risk Reserve Provision</b>	<b>\$ 1,503,268</b>	<b>\$ 1,503,268</b>	<b>\$ 626,362</b>	<b>\$ 626,362</b>	<b>-</b>	<b>-</b>	<b>\$ 1,503,268</b>	<b>\$ -</b>
<b>Total Expense</b>	<b>\$ 186,206,237</b>	<b>\$ 186,109,423</b>	<b>\$ 77,545,593</b>	<b>\$ 74,801,933</b>	<b>\$ (2,743,659)</b>	<b>-3.67%</b>	<b>\$ 178,386,877</b>	<b>\$ (7,722,546)</b>
<b>Revenues over (under) Expenditures</b>	<b>\$ 2,514,634</b>	<b>\$ -</b>	<b>\$ 0</b>	<b>\$ 1,215,207</b>	<b>\$ 1,215,207</b>		<b>\$ 2,520,690</b>	<b>\$ 2,520,690</b>



**Community Mental Health Partnership of Southeast Michigan**  
**Received and Distributed by Fund Source**  
**FY 19/20**

		October	November	December	January	February	March	April	May	June	July	August	September	YTD
<b>State Plan/B3/1915i</b>	Receipts	\$ 7,341,811	\$ 7,349,346	\$ 7,384,564	\$ 7,502,500	\$ 7,510,906								\$ 37,089,128
	Distributions													
	Lenawee CMHSP	993,884	993,356.71	999,494.27	1,056,028	977,383								\$ 5,020,146
	Livingston CMHSP	1,368,452	1,339,677.62	1,347,954.97	1,473,970	1,290,071								\$ 6,820,126
	Monroe CMHSP	1,519,340	1,500,011.38	1,509,279.36	1,630,652	1,457,358								\$ 7,616,641
	Washtenaw CMHSP	3,304,179	3,292,899.10	3,313,244.63	3,518,651	3,230,416								\$ 16,659,389
		\$ 7,185,856	\$ 7,125,945	\$ 7,169,973	\$ 7,679,301	\$ 6,955,228	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,116,302
<b>C-Waivers (HSW, CWP, SEDW)</b>	Receipts	\$ 3,285,042	\$ 3,320,771	\$ 3,335,249	\$ 4,003,243	\$ 4,438,425								\$ 18,382,730
	Distributions													
	Lenawee CMHSP	382,345	386,272.77	383,510.50	408,530	414,403								\$ 1,975,061
	Livingston CMHSP	538,087	543,259.01	559,406.59	650,002	778,082								\$ 3,068,837
	Monroe CMHSP	558,997	564,329.46	540,713.91	705,562	745,012								\$ 3,114,615
	Washtenaw CMHSP	1,754,035	1,774,771.66	1,812,309.34	2,176,218	2,431,240								\$ 9,948,575
		\$ 3,233,465	\$ 3,268,633	\$ 3,295,940	\$ 3,940,312	\$ 4,368,737	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,107,087
<b>Autism</b>	Receipts	\$ 1,114,871	\$ 1,102,030	\$ 1,121,788	\$ 1,137,223	\$ 1,124,595								\$ 5,600,507
	Distributions													
	Lenawee CMHSP	110,482	110,318.15	111,111.53	115,241	106,063								\$ 553,216
	Livingston CMHSP	406,140	405,538.89	408,455.37	423,635	389,898								\$ 2,033,667
	Monroe CMHSP	216,616	216,294.83	217,850.34	225,946	207,953								\$ 1,084,660
	Washtenaw CMHSP	381,614	381,048.48	383,788.84	398,051	366,352								\$ 1,910,855
		\$ 1,114,851	\$ 1,113,200	\$ 1,121,206	\$ 1,162,873	\$ 1,070,267	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,582,397
<b>HMP</b>	Receipts	\$ 868,480	\$ 878,904	\$ 889,272	\$ 942,604	\$ 932,058								\$ 4,511,318
	Distributions													
	Lenawee CMHSP	113,426	114,940.07	115,965.53	123,205	121,196								\$ 588,732
	Livingston CMHSP	152,971	155,012.43	156,395.41	166,158	163,449								\$ 793,986
	Monroe CMHSP	171,279	173,564.45	175,112.94	186,044	183,011								\$ 889,011
	Washtenaw CMHSP	375,999	381,017.25	384,416.59	408,414	401,755								\$ 1,951,602
		\$ 813,675	\$ 824,534	\$ 831,890	\$ 883,821	\$ 869,411	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,223,332
<b>Total Receipts</b>		<b>\$ 12,610,204</b>	<b>\$ 12,651,051</b>	<b>\$ 12,730,873</b>	<b>\$ 13,585,570</b>	<b>\$ 14,005,984</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 65,583,683</b>
<b>Total Distributions</b>		<b>\$ 12,347,848</b>	<b>\$ 12,332,312</b>	<b>\$ 12,419,010</b>	<b>\$ 13,666,306</b>	<b>\$ 13,263,643</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 64,029,119</b>

Note: Distributions are based on amounts actually received less HRA, taxes and Administration of 1.57%.

<b>Community Mental Health Partnership of Southeast Michigan</b>		<b><i>Policy:</i></b> <b><i>CMHPSM CEO Authority – Employee Position Control and Compensation</i></b>	
CMHPSM Board Governance			
	Date of Board Approval 3-11-20	Date of Implementation 3-11-20	

**I. PURPOSE**

This policy shall govern the authority of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) Chief Executive Officer, to assure that the PIHP maintains the appropriate number and classification of staffing to carry out the Regional Board's purpose, goals and contractual requirements.

**II. REVISION HISTORY**

<b>Revision Date</b>	<b>Modification</b>	<b>Implementation Date</b>
8-13-14	Original Board Approval	8-13-14
12-10-14	Standards Letter D. Amended to provide flexibility in negotiating	12-10-14
3-11-20	Revisions to CEO title, Board Review	3-11-20

**III. POLICY**

It is the policy of the CMHPSM that the Chief Executive Officer has the necessary decision-making authority to determine, hire and support the human resources necessary to manage the operations of the PIHP and the Regional Board.

**IV. DEFINITIONS**

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw counties for mental health, intellectual/developmental disabilities, and substance use disorder services.

Operating Agreement: The Agreement by and between the CMHPSM Partner CMHSP Boards to set forth the terms and conditions of the operation of the CMHPSM in accordance with the CMHPSM Bylaws and Shared Governance documents.

**V. STANDARDS**

- A. The Chief Executive Officer is responsible for commitments of resources and the organization and control of these resources.
- B. The Chief Executive Officer is responsible for the development and maintenance of employee pay schedules, benefit packages and retirement options.
- C. The Chief Executive Officer is responsible for establishing and determining Human Resource policies, job descriptions, employee classifications, the number of required full time equivalent positions and an employee evaluation and performance pay system in alignment with the approved budget.
- D. The Chief Executive Officer is authorized to negotiate a starting salary that considers approved pay range and total compensation budgeted for the respective positions when the

experience and salary of the candidate and market conditions warrant such compensation. Recommendations outside of these parameters will be brought to the Board for approval.

- E. The Chief Executive Officer shall be authorized to hire, supervise and terminate employees consistent with Board approved PIHP operational policies and enter into agreements related to the leasing of PIHP personnel from a CMHPSM Partner or another entity.
- F. The Chief Executive Officer shall be authorized to sign certain contracts covering employee medical/dental, life, and long-term disability insurance, deferred compensation, and trust agreement benefits that are in accordance with previous Board action, and shall file the originals as required.
- G. The Chief Executive Officer shall be authorized to change the job title and description of a position to one of the same or lower classifications when filling a vacancy if he/she believes there is justification.
- H. The Chief Executive Officer shall be authorized to approve the hire of temporary employees when the hiring of temporary personnel would be more cost effective than contractual services.
- I. Proposed changes to the salary schedule, number of employees and classifications that have a budgetary impact will be brought to the Board for approval during the annual budget process.
- J. The Employee Handbook, outlining personnel policies and compensation, will be reviewed and approved annually by the Regional Board.

The Annual  
Summary and  
Evaluation of the  
Quality Assessment  
and Performance  
Improvement  
Program (QAPIP)



FY 2019

This evaluation compiles the quality assessment and performance improvement projects created by the Community Mental Health Partnership of Southeast Michigan (CMHPSM) – Region 6 Pre-Paid Inpatient Health Plan (PIHP)

## TABLE OF CONTENTS

<b>Overview</b>	3
<b>QAPIP Structure</b>	3
<b>I. Compliance and Quality Review</b>	4
A. EQR Compliance Monitoring Review	4
B. EQR Validation of Performance Measures	5
C. EQR Validation of Performance Improvement Projects	5-6
<b>II. Clinical Performance Team (CPT) - Performance Improvement Projects (PIP)</b>	6
A. New Chosen PIP: Patient(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test During the Report Period	6
B. Chosen PIP – Admission, Discharge and Transfer (ADT) Study	7
C. Quality Improvement, Assessment and Assurances	8
Care Coordination with Medicaid Health Plans (MHPs)	
Medication Labs Study	
<b>III. CMHPSM Enhanced Compliance Monitoring Project</b>	10
A. Compliance Review of the CMHPs	10
B. FY 19 Substance Use Disorder (SUD) Prevention Provider Monitoring	10
FY 19 Prevention Desk Audits	
FY 20 Provider Monitoring Plans	
C. FY 19 Substance Use Disorder Treatment Monitoring	12
D. Regional Customer Services: Consumer Satisfaction Survey	13
E. FY 19 Recovery Self-Assessment Survey	17
F. Modernization of the Region's Electronic Health Record	21
G. CMHPSM Michigan's Mission-Based Performance Indicator System (MMBPS)	21
H. Share Metrics Projects Between the CMHPSM, CMHSPs and Michigan Medicaid Health Plans...	23
1. Care Coordination for High Consumer Utilizers Project	24
2. Protocol for Diabetes Screening for Consumers with Schizophrenia and Bipolar Disorder Using Anti-Psychotic Medication Who are Mutually Served by the PIHP, CMHSP and Medicaid Health Plan(s)	25
3. FY 19 Shared Metrics Data Validation Narrative	26
A. Plan All-Cause Readmissions (PCR)	
B. Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	
<b>I. Closing Statement</b>	27

## Overview

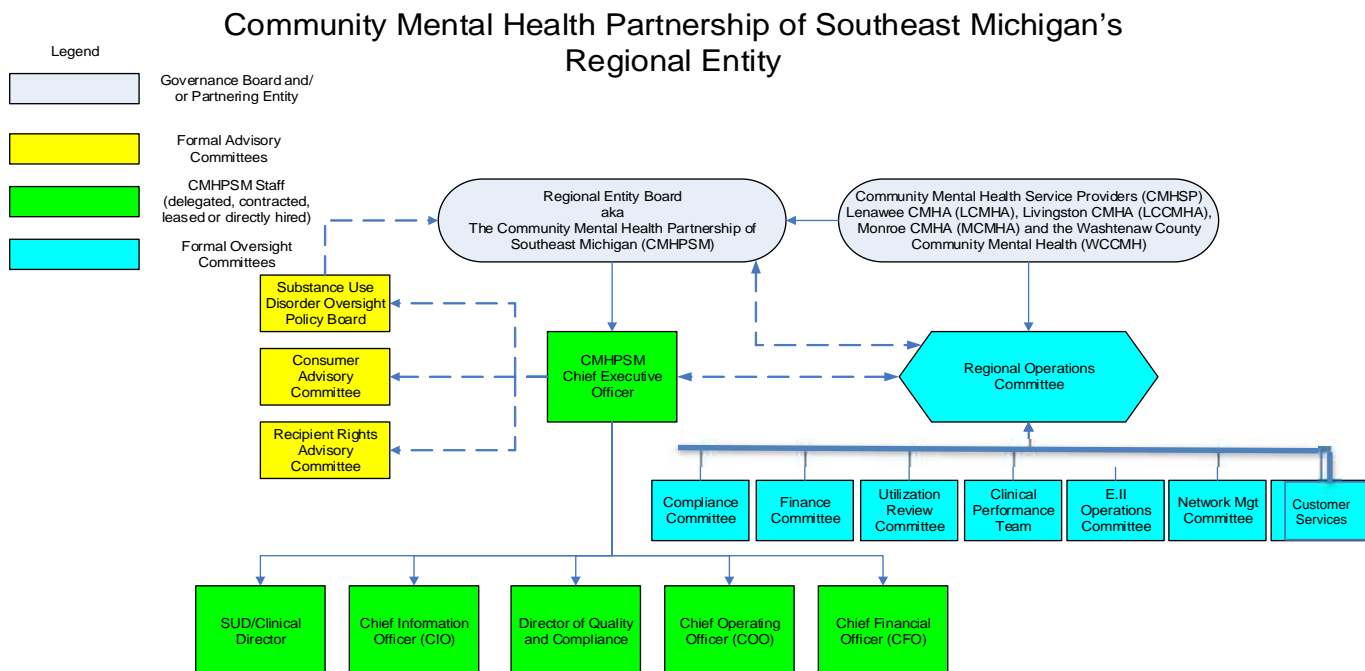
The Community Mental Health Partnership of Southeast Michigan (CMHPSM) is a region of four Community Mental Health Services Programs (CMHSPs), including Lenawee Community Mental Health Authority (LCMHA), Livingston County Community Mental Health Authority (LCCMHA), Monroe Community Mental Health Authority (MCMHA) and Washtenaw County Community Mental Health (WCCMH). Annually, the CMHPSM designs a Quality Assessment and Performance Improvement Program (QAPIP) to consistently assure high quality services across the region. The Clinical Performance Team (CPT), comprised of appointed staff and consumers from each of the four counties, provides oversight of the QAPIP.

The QAPIP establishes a framework for quality and accountability for the safety of consumer care through the work of standing committees, ad hoc teams, and performance measures. The QAPIP establishes processes that promote ongoing systematic evaluation of important aspects of service delivery. The program promotes ongoing improvement, replication of strengths and focuses on ensuring that the safety of consumers is addressed through the delivery of services, while addressing the requirements of network providers and CMHPSM staff and programs.

## QAPIP Structure

The Clinical Performance Team (CPT) serves as the regional Performance Improvement Committee and the Improving Practices Leadership Team. Regional membership includes consumer representation, clinical and performance improvement staff from each of the CMHSPs and the PIHP Quality and Compliance Director. In its efforts to monitor and facilitate the performance improvement program, the committee scrupulously works with regional staff and other committees to identify, develop, implement and evaluate quality and performance improvement projects. Some of the CPT members serve as liaisons to other regional committees. Examples include the Regional Consumer Advisory Committee, Utilization Review Committee, Electronic Health Record Operations Committee, Customer Services Committee, Network Management Committee, Compliance Committee and other population specific administrators' groups. These members exchange information, data, questions and concerns with other committees in order to facilitate cross functional improvement opportunities. The Regional Operations Committee, the PIHP Chief Executive Officer and the Regional Board provides monitoring of these functions.

A majority of the QAPIP operations are conducted at the local level by designated Clinical Performance Team members from each CMHSP of the region. Members are assigned to ensure collection, review, and cleaning local data, reporting issues and corrective action to CPT, and conducting performance improvement initiatives within their CMHSP. CPT members meet monthly to share insights, address regional concerns and support each other in performance improvement efforts. The CPT liaisons are staffed by the PIHP for expert level data analytics and data report writing to support local efforts. In addition to leading the CPT members, the PIHP provides leadership for two regional Performance Improvement Project (PIP) studies. The chart below summarizes the flow of organizational operations.



## I. Compliance and Quality Review

During FY 19, there were many compliance and quality review activities conducted by the Michigan Department of Health and Human Services (MDHHS) and the CMHPSM. The MDHHS completed full reviews of Substance Use Disorder Services and the 1915(c) Home and Community Based Services waivers of the Habilitation Supports Waiver (HSW), Children's Waiver (CWP), and Children's SED Waiver (SEDWP) programs. The CMHPSM received a full compliance score for the SUD review. The HSW review results report and corrective action plan for this fiscal year extended into October/November of 2019. Results finding in administrative procedures (HSW only), implementation of person-centered planning (HSW and SEWDP only), plan of service and documentation requirements, behavior treatment plan and review committees (HSW only), and staff qualifications. Some findings were related to new interpretations of department reviewers. The corrective action plan was submitted and accepted by MDHHS.

The Code of Federal Regulations (CFR), 42 CFR §438.358 also requires the state, its agent that is not a Medicaid prepaid inpatient health plan (PIHP), or an external quality review organization (EQRO) conduct a review to determine a Medicaid PIHP's compliance with the standards set forth in 42 CFR §438—Managed Care Subpart D and the quality assessment and performance improvement requirements described in 42 CFR §438.330. To comply with the federal requirements, the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration (BHDDA) contracted with Health Services Advisory Group, Inc. (HSAG), as its EQRO to conduct compliance monitoring reviews of the PIHPs. Thus, MDHHS arranged for the Health and Services Advisory Group, Inc. (HSAG), an External Quality Review (EQR) organization, to complete a compliance review for the region, which included the following: 1) Compliance Monitoring Review; 2) Validation of Performance Measures and 3) Validation of Performance Improvement Studies.

### A. EQR Compliance Monitoring Review

HSAG performed a desk and on-site review of the CMHPSM. The onsite review included examining additional documents and case files and conducting interviews with key CMH Partnership and CMHPSM staff members.

For FY 19, the MDHHS selected for HSAG to evaluate the degree to which CMHPSM complied with federal Medicaid managed care regulations and the associated MDHHS contract requirements for the following 8 out of 17 performance categories:

- ) Standard I—Quality Assessment and Performance Improvement Program Plan and Structure
- ) Standard II—Performance Measurement and Improvement
- ) Standard III—Practice Guidelines
- ) Standard IV – Staff Qualifications and Training
- ) Standard V – Utilization Management
- ) Standard XI - Credentialing
- ) Standard XIII – Coordination of Care
- ) Standard XIII – Confidentiality of Health Information

The draft and final compliance reports from HSAG were received in January, with corrective action plans due to HSAG by 3/11/20.

For FY 20, HSAG will conduct a corrective action plan review of both the standards reviewed above from the fiscal year, as well as the remaining standards that were reviewed in FY 17/18

#### **B. EQR Validation of Performance Measures**

The Centers for Medicare & Medicaid (CMS) requires that states, through their contracts with the PIHP's measure and report on performance to assess the quality and appropriateness of care and services provided to members. The purpose of performance measure validation is to assess the accuracy of performance indicators reported by PIHPs and to determine the extent to which performance indicators reported by the PIHPs follow state specifications and reporting requirements. HSAG conducted the performance measure validation, validating data collection and reporting processes used to calculate performance indicator rates. Validation of Performance Measures tested the capability of the regional information systems. The CMHPSM and each CMHSP were assessed in the following areas:

- ) Organizational Structure and Reporting Entities
- ) Evaluation of System Compliance
- ) Overview of Data Integration and Control Procedures
- ) Primary Source Verification
- ) Service Data Preparation and Processing for Quality Improvement Data Processing and Preparation
- ) Encounter Data Preparation and Specifics Regarding the Flow of Data
- ) Enrollment and Eligibility

HSAG fully validated the CMHPSM's data integration, data control, performance improvement documentation, validation results, eligibility and enrollment data system, medical services data system (claims and encounters), behavior health treatment episode data set/data production, PIHP's oversight of CMHSPs, PIHP's actions related to previous recommendations and areas for improvement from last year and performance indicators being in compliance with State specifications and the rate can be reported.

#### **C. EQR Validation of Performance Improvement Projects**

In order to validate the PIP projects, the HSAG required for the CMHPSM to complete a PIP Summary Report regarding the Patient(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test During the Report Period indicating the following information:



- ) Topic of Study
- ) Definition of Study Topic
- ) Use of a Representative and Generalizable Study Population
- ) Selection of the Study Indicators
- ) Use of Sound Sampling Techniques
- ) Reliably Collect Data
- ) Data Analysis and Interpretation of Results
- ) Inclusion of Improvement Strategies and Barrier Analysis

HSAG assessed the validity and reliability of the results based on the Center for Medicaid Services validation protocols and determined that the State and key stakeholders can have high confidence in the reported performance improvement project findings.

## **II. Clinical Performance Team (CPT) - Performance Improvement Projects (PIP)**

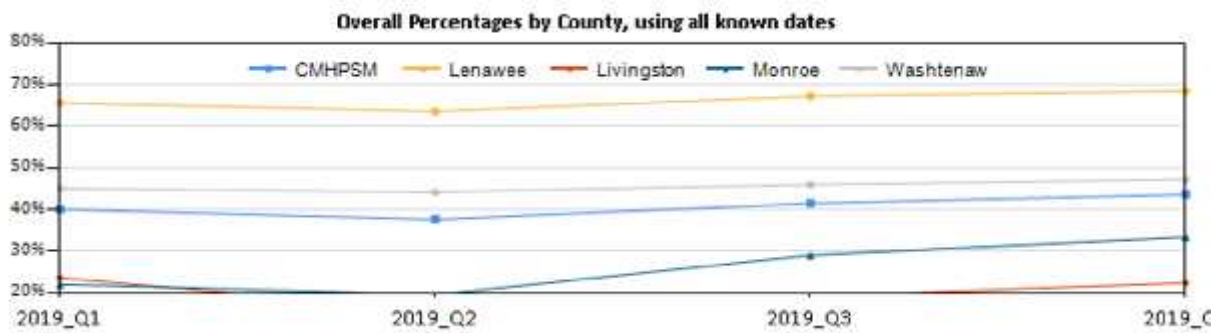
### **A. New Chosen PIP: Patient(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test During the Report Period.**

Research identifies that patients with schizophrenia are at greater risk and higher prevalence rates for diabetes. Patients with diabetes also have a greater increased risk for cardiovascular disease. Drawing HbA1c and LDL-C tests for patients with schizophrenia will help determine whether a patient(s) has abnormal lab value(s), which would assist in comprehensive assessment and treatment planning through the .. Treatment planning may include but is not limited to the following: Informing patient about lab values and strategies to reduce the risk of diabetes/cardiovascular disease (i.e. information and referral to primary care, care coordination with primary care and health plans, transportation to appointments, addressing blood pressure and lipid control, disease self-management (taking and managing medications, when clinically appropriate, self-monitoring of glucose and blood pressure), smoking cessation, weight management, physical activity, healthy eating and coping skills). Providing lab screening and treatment as specified above may improve consumer health, functional status and satisfaction.

Summary: The PIHP's targeted interventions for Medicaid eligible patient(s) with schizophrenia and diabetes will result in an increase in the proportion of those patients receiving a HbA1c and LDL-C test during the report period. The work group plans to achieve the following goals by the end of FY 20:

- 1) The PIHP's targeted interventions for Medicaid eligible patient(s) with schizophrenia and diabetes will result in an increase in the proportion of those patients receiving a HbA1c and LDL-C test during the report period.
- 2) Labs will be entered as discrete fields into the regional electronic health record and/or collected from Great Lake Health Connect (GLHC) lab feed and/or CC360 claims data.
- 3) The baseline measurement was 8/1/2017 to 7/31/2018. The FY19 (remeasurement 1) data period is 5/1/2019-4/30/2020. (The 2018 HEDIS technical specification will be used as our guide during the life of the study).
- 4) The FY20 (remeasurement 2) data period is 5/1/2020-4/30/2020. (The 2018 HEDIS technical specification will be used as our guide during the life of the study).
- 5) Prepare for the Health Services Advisory Group (HSAG) - External Quality Review (EQR) for study methodology validation.

## Status Report:



Lenawee CMHSP's rates for each subsequent quarter were 66%, 64%, 67% and 68%. Livingston CMHP's rates for each subsequent quarter were 24%, 16%, 19% and 22%. Monroe CMHP's rates were 22%, 20%, 29% and 33%. Washtenaw CMHSP's rates for each subsequent quarter were 45%, 44%, 46% and 47%. The CPT committee and ADT workgroup reviews data sets, identifies problems and proposes solutions to improve rates.

### B. Chosen PIP – Admission, Discharge and Transfer (ADT) Study

During FY 14, the region developed and implemented a new PIP study to improve the quality of integrated clinical care provided for consumers transitioning in and out of inpatient settings. The purpose is to support consumers who are transitioning in and out of inpatient settings, reduce avoidable re-admissions, improve overall consumer access to a continuum of care, and improve health outcomes. This is accomplished by using admission, discharge and transfer (ADT) alerts received via a Health Information Exchange (HIE) that identify consumers who are experiencing transition in care. Based on the ADT alerts, a clinical protocol is followed directing clinical staff to contact consumers either face to face or by phone/letter and provide support and/or encouragement for follow up with any discharge recommendations.

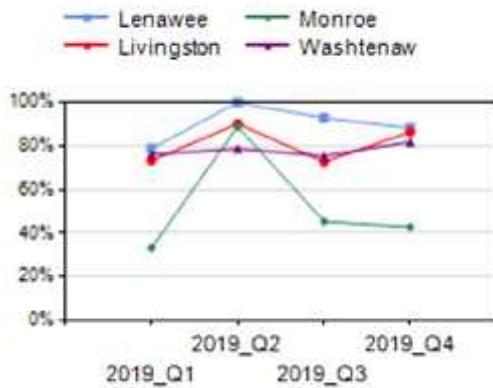
The work group goals for of FY 19 were:

1. Alerts per consumer served will be significantly greater than prior quarters.
2. Continue to develop and refine a formal protocol regarding how to respond to alerts.
3. Continue to develop an indicator that measures the extent to which the protocol is followed.
4. A goal (either a threshold to hit or simply significant improvement from baseline) and timeline will be developed for the new indicator.
5. Work through Health Information Exchange errors.
6. Explore a Health Information Exchange relationship with ProMedica (the largest health care provider for Lenawee and Monroe Counties).

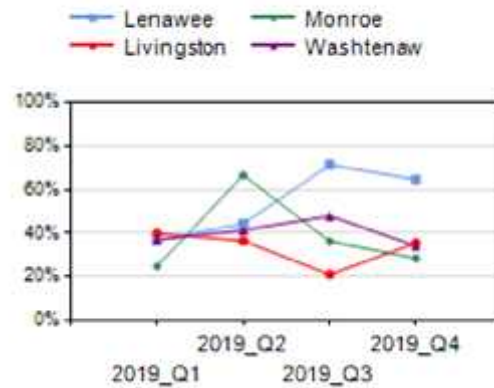
Below is an excerpt from the October 2019 CMHPSM PI report on this indicator:

Alert activities between 10/1/2018 through 9/30/2019. (The ADT data available relies on the hospitals properly coding the ADTs they send).

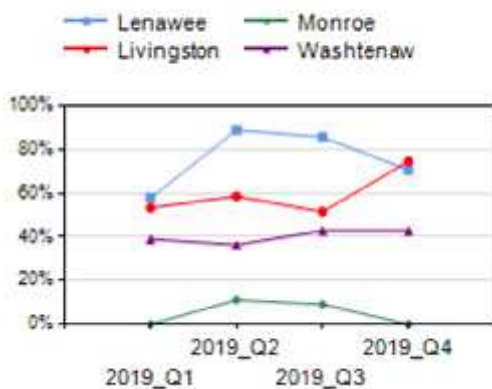
**Any doc within 3 bus days of discharge**



**FTF doc within 3 bus days of discharge**



**Coord Care within 3 bus days of discharge**



(Doc=document; Bus=business; FTF doc=document of a face to face (FTF) contact; Care Coordination=activities as defined by the AHQR Patient Centered Medical Home)

**Status Report:** Lenawee CMHSP's rates for each subsequent quarter were 79%, 100%, 93% and 88%. Livingston CMHP's rates for each subsequent quarter were 73%, 90%, 73% and 86%. Monroe CMHP's rates were 33%, 89%, 45% and 43%. Washtenaw CMHSP's rates for each subsequent quarter were 76%, 79%, 76% and 82%. Performance was related to the participation of hospitals and the HIE they use. The CPT committee and ADT workgroup reviews data sets, identifies problems and proposes solutions to improve rates.

For FY 20 the CPT Committee will be determining revisions to the ADT project that will need to be addressed based on the "Share Metrics Projects Between the CMHPSM, CMHSPs and Michigan Medicaid Health Plans ".

### **C. Quality Improvement, Assessment and Assurances**

The region regularly engages in quality improvement activities including, but not limited to systemic evaluations aimed to improve and manage the efficiency, quality, and performance of services, processes, capacities and consumer outcomes. Indicators and standards are set to monitor performance and ensure compliance. These activities included the Medication Labs Study, the CMHPSM Enhanced Compliance Monitoring Project, Regional Customer Satisfaction Survey, Recovery Self-Assessment Survey, Modernization of the Region's Electronic Health Record and the CMHPSM's Review of MDHHS Performance Indicators. These projects may promote either compliance, program integrity, consumer voice, consumer engagement, staff development, improved clinical services and/or improved consumer outcomes.

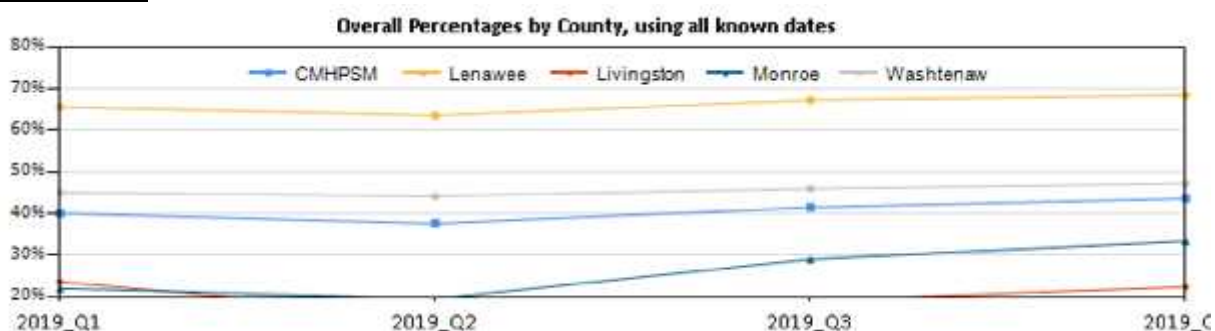
**Care Coordination with Medicaid Health Plans (MHPs):** Per the FY 19 MDHHS and PIHP contract, there were shared metrics projects between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans. The Care Coordination for High Consumer Utilizers Project and Protocol for Diabetes Screening for Consumers with Schizophrenia and Bipolar Disorder Using Anti-Psychotic Medication Whom are Mutually Served by the PIHP, CMHSP and Medicaid Health Plan(s) project was continued from last year. Projects added included the Plan All-Cause Readmissions (PCR) and Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA). These projects may promote either compliance, program integrity, consumer voice, consumer engagement, staff development, improved clinical services and/or improved consumer outcomes. These projects promote integrated health, clinical services and improved consumer outcomes.

**Medication Labs Study:** The CMHPSM continued to implement and evaluate integrated health care efforts through the Medication Labs Study. Obtaining measurements of significant consumer indicators through blood draws and lab values was a critical first step towards physical health care integration.

Initially, this study focused on increasing medication labs entered into the electronic health record for Medicaid and Non-Medicaid consumers prescribed an antipsychotic psychotropic medication and has received two medication reviews. Such psychotropic medications may contribute to various metabolic syndromes such cardiovascular disease and diabetes (type II). When prescribers have access to these lab values, this may further inform their prescribing practices and provides information with community health care providers to promote integrated health. The labs included HbA1c, Glucose, LDL Cholesterol, HDL Cholesterol, Total Cholesterol, and Triglycerides.

Data was sent to each of the regions CMHSP in the form of a “Report Card” for each prescriber to help with focused intervention efforts. Clinical team members such as supports coordinators, therapists, nurses, and peers, as well as contracted community providers, assist consumers with getting these labs completed where needed. Examples of assistance may include verbal prompting, coordination of appointments, transportation to appointments and obtaining written consent to release and/or exchange information between the laboratories and the prescribers. The chart below depicts the percentage of consumers with Medicaid with Labs in the Lab Module for FY 19.

#### Status Report:



Lenawee CMHSP’s rates for each subsequent quarter were 66%, 64%, 67% and 68%. Livingston CMHP’s rates for each subsequent quarter were 24%, 16%, 19% and 22%. Monroe CMHP’s rates were 22%, 20%, 29% and 33%. Washtenaw CMHSP’s rates for each subsequent quarter were 45%, 44%, 46% and 47%. The CPT committee and ADT workgroup reviews data sets, identifies problems and proposes solutions to improve rates.

### **III. CMHPSM Enhanced Compliance Monitoring Project**

#### **A. Compliance Review of the CMHPs**

A strong compliance and program integrity system is a critical component of managed care systems. All PIHPs are required to comply with 42 CFR 438.608 Program Integrity Requirements. Designation of a PIHP Compliance Officer, development and implementation of region wide policies and procedures which comply with federal and state laws, training, clear lines of communication with the Compliance Officer, discipline and enforcement, internal monitoring and auditing and prompt responses to detected offenses are key elements of compliance and program integrity.

This is the fourth year that the CMHPSM continues to use the revised tools to monitor the delegated functions as written in the PIHP Contract/CMHSP Contract (Attachment A – Delegation Agreement). During FY 19, the CMHPSM conducted a random clinical chart review of each CMHSP of the following areas: Needs Assessment and Pre-Planning, Treatment Planning and Person-Centered Planning, Behavior Treatment Planning, Medical/Psychiatric, Periodic Reviews, Progress Notes and Discharge Planning. The CMHSPs received the following total clinical chart review scores: Lenawee 98%, Livingston 99%, Monroe 96% and Washtenaw 99%.

An administrative review of delegated functions also occurred this fiscal year. The CMHSPs received the following combined score for delegated functions and clinical chart review scores: Lenawee 99%, Livingston, 100%, Monroe 99%, and Washtenaw 100%.

Any required corrective action plans were completed and reviewed by the CMHPSM. The CMHPSM will be collecting further documentation that the plan was implemented during FY 20.

Due to the high performance rates and additional opportunities for review from the HSAG EQR review, the CMHPSM monitoring tool will be revised for FY 20.

#### **B. FY 19 Substance Use Disorder (SUD) Prevention Provider Monitoring**

All CMHPSM funded prevention programs are monitored by the CMHPSM on a regular basis. The mid-year point allows for a more in-depth analysis based on a variety of factors including: the amount of time for program implementation, the submission of Evidenced-based Initiative (EBI) Implementation and Evaluation Planning Forms, EBI Program Assessment/Fidelity Forms, and Coalition Community Sector Checklists (where applicable). Prevention programs are reviewed from multiple perspectives, including financial, contractual, Michigan Prevention Data System (MPDS) entries, programming, and progress on planned activities in relationship to outcomes.

For those areas that have not produced the results anticipated, either a ‘course correction’ is required, or a reduction in funds may be warranted. The CMHPSM promotes the rectification of program implementation to enhance the opportunity for successful efforts within the respective targeted community. Thus, feedback and consultation are provided where necessary.

**1. FY 19 Prevention Desk Audits:** Prevention desk audits were conducted May – July 2019 with all nine SUD Prevention contracted agencies in the four-county region. The Prevention Team utilized an updated monitoring tool that focused on review categories that relate to providers’ contractual obligations, LARA licensing requirements, CMHPSM SUD Prevention RFP requirements, etc. Due to the CMHPSM Prevention Team’s consistent monitoring of provider performance (i.e. Quarterly Outcome Progress Reports/Questionnaires, Michigan Prevention Data System monthly data entries, Evidence Based Initiative

Program Fidelity Reports, and Financial Status Reports), the Prevention Team chose to focus on the following seven review categories:

- I. Prevention Oversight & Collaboration
- II. Personnel Management
- III. Credentialing & Licensing
- IV. Recipient Rights
- V. Records Retention
- VI. Strategic Prevention Framework – Prevention Prepared Communities
- VII. DYTUR (if applicable)
- VIII. Subcontractor Compliance (if applicable)

After initial review of desk audit submissions, the Prevention Team requested providers to submit additional clarification materials, as applicable, and two providers with scores below 85% were required to submit a corrective action plan. All follow-up documentation and corrective action plans have been reviewed and scored. The Prevention Team plans to continually provide technical assistance to providers to address issues and will ensure successful implementation of corrective action plans in early FY20. The following table provides the final total score for each of the nine prevention fiduciaries.

<b>CMHPSM SUD Prevention Provider</b>	<b>Total Desk Audit Score FY 2018-19 Score</b>
Catholic Social Services of Washtenaw County	63% (CAP required)
Eastern Michigan University	50% (CAP required)
Karen Bergbower and Associates	94%
Lenawee Community Mental Health Authority	87%
Livingston County Catholic Charities	91%
Monroe County Intermediate School District	90%
St. Joseph Mercy Chelsea	87%
University of Michigan Regional Alliance for Healthy Schools	94%

**2. FY 20 Provider Monitoring Plans:** In accordance with CMHPSM SUD Prevention Monitoring Procedures, the Prevention Team plans to conduct on-site program observations in FY 20, which will include at least one observation per each CMHPSM-contracted provider. Program observations offer a balanced approach to program monitoring as it allows the CMHPSM SUD Prevention Team to look beyond standard reporting and review procedures and view the funded program in action with its intended participants. The Prevention Team will utilize an Observation Tool which will include the following review criteria: staff knowledge of subject/content; program organization and management; instruction and facilitation methods; presentation of information; participant interactions, rapport, and sensitivity. The Tool will also provide an opportunity

for the Team to provide feedback on program and implementer strengths and areas for improvement. Completed Observation Tools will be sent to providers upon completion of their review.

### C. FY 19 Substance Use Disorder Treatment Monitoring

The CMHPSM Substance Use Disorder (SUD) Services Team conducted a comprehensive review of the SUD provider network. The review consisted of administrative policies, procedures, environmental site and clinical review of records. Providers were given the evaluation tools and requested to compile information for an on-site review by CMHPSM staff. Clinical records were selected and reviewed either at the provider site, or copies of records were provided to the review team at the CMHPSM. Administrative review was completed by May 2019 and the chart reviews were finalized during 2019, completed by July 2019.

Two standardized survey tools were utilized. One specific to Medication Assisted Treatment at Opioid Replacement Therapy sites and traditional non-medication-assisted treatment sites that provide outpatient, residential, withdrawal management (detox) and women's specific services. A minimum of five charts were randomly selected from provider admission lists for people who received services in FY19. Depending on the time allotted for the review team, number of reviewers and complexity of records, no less than three charts were reviewed per agency.

#### FY 19 Substance Use Disorder Treatment Providers Review

PROVIDER	TOTAL SCORE	PLAN OF CORRECTION NEEDED?	NEXT PLANNED REVIEW
AA Treatment Center (CRC)	85%	Yes	Q1 19
Catholic Charities Lenawee	81%	Yes	Q1 19
Catholic Charities Monroe	88%	Yes	Q1 19
Dawn Farm	78%	Yes	Q1 19
Hegira	93%	No	FY 20
Home of New Vision	97%	No	FY 20
Key Development	92%	No	FY 20
Livingston County Catholic Charities	86%	Yes	Q1 19
McCullough Vargas	82%	Yes	Q1 19
Parkside	69%	Yes	Q1 19
Passion of Mind	83%	Yes	Q1 19
Personalized Nursing Light House	77%	Yes	Q1 19
Salvation Army	91%	No	FY 20
St. Joseph Greenbrook Recovery Center	95%	No	FY 20
Therapeutics, Inc.	88%	Yes	Q1 19

There were fifteen providers reviewed. A total of 10 providers fell below the 90% compliance threshold for requiring a plan of correction. The average combined score was 86%. Providers were informed of issues that appeared in the review with recommendations. These were around ensuring notes were clearly documented and signed; ability to pay assessments were completed upon admission; treatment plans were individualized;

and coordination of care was documented. The table below contains summary information about the reviews.

**Next Steps:** The clinical review tools will be revised to update any new contract requirements, correct any review items that were not relevant and ensure the flow of tool captures the intent of the clinical review. There is currently consideration for working with other PIHPs to develop a universal review tool. The FY 20 review will be conducted during quarter three and quarter four. The providers who fell below the threshold and submitted a plan of correction will be reviewed on the plan of correction as well as any standards incorporated into the new tools.

#### **D. Regional Customer Services: Consumer Satisfaction Survey**

Over the past five fiscal years, the Performance Improvement program has improved the consumer satisfaction survey process in order to obtain reliable feedback from consumers and their families and/or guardians to be used to improve services across the region. During FY 19, the Customer Services Department revised its survey statements to capture feedback about service environment, dignity and respect, timeliness of returning phone calls and appointments, understanding what was said by CMH staff, CMH helping to achieve consumer goals, CMH staff follow up about consumer physical health needs, consumer ability to complain or disagree with staff and consumers deciding what is important to work on with CMH staff.

#### **Method**

In previous years, phone surveys were randomized by a list of active consumers, whereas this year a random sample was generated per population sample (adults with intellectual/developmental disabilities, adults with mental illness/substance use disorders and children) via daily consumer appointments. The spirit of this change was to capture a consumer's experience in real time rather than retrospective. The surveys were administered electronically and in paper form using Survey Monkey Software. After the survey period had closed, the surveys were analyzed using Microsoft Excel.

#### **Measurement**

The Customer Satisfaction Survey was designed to accurately gain feedback from consumers. Each survey statement contained an answer choice based on a 3-point Likert Scale:

1= Disagree    2 = Neutral    3= Agree    NA = Not Applicable    DK = I Do Not Know

#### **Results**

There were 375 persons whom participated in this survey. The charts below depict the survey results.



## Customer Services Survey FY 2019

### MI Adults Survey Results

CMHSP	Lenawee	Livingston	Monroe	Washtenaw	Grand Total
<b>Sample Size</b>	31	34	30	36	127
I feel the agency is a comfortable place.	93.1%	90.91%	96.43%	97.22%	94.44%
I feel respected when I call or see my CMH staff.	96.55%	87.5%	100%	94.44%	94.4%
My phone calls are returned by the next day.	96.55%	79.41%	88.46%	80.56%	85.6%
I saw my CMH staff within 15 minutes of my appointment.	100%	88.24%	90%	91.43%	92.13%
I understood what my CMH staff said today.	96.77%	93.94%	100%	100%	97.58%
My CMH staff helps to achieve my goals.]	93.1%	87.5%	100%	97.22%	94.4%
My CMH staff follow up about my physical health needs.	92.86%	90.32%	92.31%	91.18%	91.6%
I feel able to complain or disagree with my CMH staff.	96.3%	90%	93.1%	100%	94.87%
I know how to file a complaint.	75%*	93.94%	69.23%*	76.67%*	79.49%
I decide what is important when working with my CMH staff	100%	84.85%	92.59%	97.22%	93.39%

(\* Indicates sufficient evidence that fewer than 90% of consumers agree with statement).

There were 127 consumers with mental illness whom responded to the survey. The lowest regional satisfaction score was a 79.49% regarding knowing how to file a complaint. The highest regional satisfaction score was a 97.58% regarding understanding what CMH staff said today to consumer.

As compared to FY 18, there were 123 consumers with mental illness whom responded to the survey. The lowest regional satisfaction score was a 93.1% regarding encouraging consumers to ask questions about treatment and medication and consumers deciding treatment goals. The highest regional satisfaction score was a 97.52% regarding trusting information will be kept private.

### ID/DD Consumer Survey Results

CMHSP	Lenawee	Livingston	Monroe	Washtenaw	Grand Total
<b>Sample Size</b>	30	31	31	38	129
I feel the agency is a comfortable place.	93.1%	100%	100%	100%	98.45%
I feel respected when I call or see my CMH staff.	93.1%	100%	100%	100%	98.44%
My phone calls are returned by the next day.	78.57%	93.1%	96.55%	94.44%	92.59%
I saw my CMH staff within 15 minutes of my appointment.	91.67%	96.67%	100%	100%	97.44%
I understood what my CMH staff said today.	96.3%	96.67%	96.77%	100%	97.62%
My CMH staff helps to achieve my goals.]	100%	100%	100%	100%	100%
My CMH staff follow up about my physical health needs.	100%	100%	100%	100%	100%
I feel able to complain or disagree with my CMH staff.	88.46%	100%	96.55%	97.3%	95.9%
I know how to file a complaint.	60%*	93.33%	88.46%	96.97%	87.16%
I decide what is important when working with my CMH staff	96.15%	100%	100%	100%	99.19%

(\* Indicates sufficient evidence that fewer than 90% of consumers agree with statement).

There were 129 consumers with intellectual/developmental disabilities whom responded to the survey. The lowest regional satisfaction score was an 87.16% regarding knowing how to file a complaint. The highest regional satisfaction score was a 100% for two of the statements: CMH staff helps to achieve my goals and CMH staff follow up on my physical health needs.

As compared to FY 18, there were 121 consumers with intellectual/developmental disabilities whom responded to the survey. The lowest regional satisfaction score was a 90.76% regarding a consumer asking to work with a different CMH staff. The highest regional satisfaction score was a 100% for two of the statements: CMH staff paying attention and listening to consumers and staff encouraging consumers to make choices about how consumers live.

### Children Consumer Survey Results

CMHSP	Lenawee	Livingston	Monroe	Washtenaw	Grand Total
<b>Sample Size</b>	30	31	30	31	119
I feel the agency is a comfortable place.	96.3%	96.67%	93.33%	100%	96.58%
I feel respected when I call or see my CMH staff.	100%	96.67%	100%	100%	99.15%
My phone calls are returned by the next day.	93.1%	96%	84%	92.59%	91.51%
I saw my CMH staff within 15 minutes of my appointment.	96.3%	96.67%	96.43%	96.55%	96.49%
I understood what my CMH staff said today.	100%	96.67%	96.43%	100%	98.26%
My CMH staff helps to achieve my goals.]	100%	96.67%	93.1%	100%	97.48%
My CMH staff follow up about my physical health needs.	96.3%	93.55%	96.67%	100%	96.55%
I feel able to complain or disagree with my CMH staff.	92.59%	93.1%	100%	100%	96.46%
I know how to file a complaint.	96.15%	83.33%	75%*	85.71%	84.76%
I decide what is important when working with my CMH staff	96.15%	90.32%	93.1%	100%	94.74%

(\* Indicates sufficient evidence that fewer than 90% of consumers agree with statement).

There were 119 child consumers whom responded to the survey. The lowest regional satisfaction score was an 84.76% regarding knowing how to file a complaint. The highest regional satisfaction score was a 99.15% feeling respected when calling or seeing CMH staff.

As compared to FY 18, there were 127 guardians of consumers with intellectual/developmental disabilities whom responded to the survey. The lowest regional satisfaction score(s) was a 98.36% for consumers complaints are taken seriously. The highest regional satisfaction score was a 100% for four of the following survey statements: Understanding consumer/guardian rights while receiving services; Trusting that consumer information is kept private; Feeling welcomed when coming into the building or calling on the phone; Recommending this agency to a friend of family member.

#### Limitations

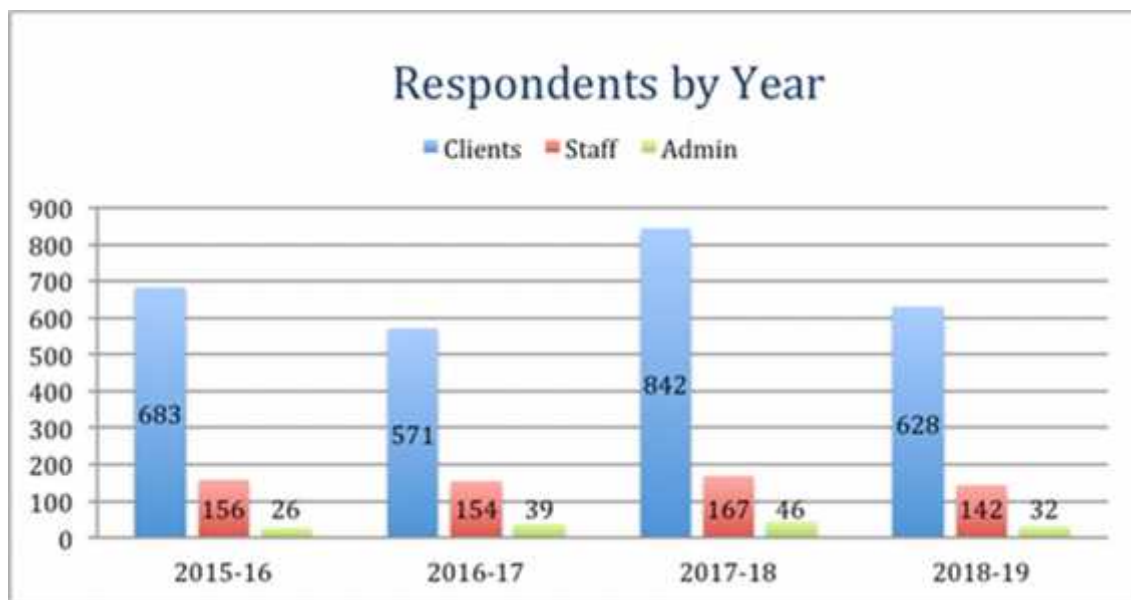
- Some of surveys were completed on paper. Manual input may contribute to data entry errors.
- ) When using a Likert Scale, some answers may have been given a 1 rating (disagree) when the participant may have intended to record a 3 (agree) and vice versa.
- ) Some of the surveys were submitted with responses which included the same answer for every question. For example, a score of 3 was given for every question. For these types of surveys, data was still collected and therefore overall data was potentially skewed.
- ) Missing responses to questions also posed as an issue amongst participants threatening the validity of the data.

## Improvement Planning

During FY 20, the Regional Customer Services Department will develop and implement a customer satisfaction improvement plan to improve consumer education about how to file a complaint. For local CMH scores below 90%, the Customer Services staff will develop and implement a customer satisfaction improvement plan.

### E. FY 19 Recovery Self-Assessment Survey

During FY 18, the CMHPSM distributed the Recovery Self-Assessment-Revised survey (RSA-R) (O’Connell, Tondora, Croog, Evans, & Davidson, 2005) to the contracted providers in its four-county region that use the Recovery Oriented System of Care (ROSC) model. The counties that the survey was distributed to included: Lenawee, Livingston, Monroe, and Washtenaw. The CMHPSM wanted to accurately assess and measure the effectiveness of substance-use disorder (SUD) and community mental health (CMH) providers in the implementation of recovery focused services from the perspective of consumers, provider staff, and administrative staff. This is the third year that the RSA has been used in CMHPSM’s region and comparisons were made between the data from 2016 to 2019. In 2019, there was a total of 802 participants in this survey. See the table below for information about respondents by year.



## Measurement

The Recovery Self-Assessment Survey (RSA) was designed with the intent to accurately gain feedback from consumers, provider staff, and administrators. The survey is designed to be administered in 3 separate versions: Consumers, Provider Staff and Administrators. Each survey was broken down into five domains: 1. Life Goals, 2. Involvement, 3. Diversity of Treatment Options, 4. Choice and 5. Individually Tailored Services. Each survey question contained an answer choice based on a 5-point Likert Scale:

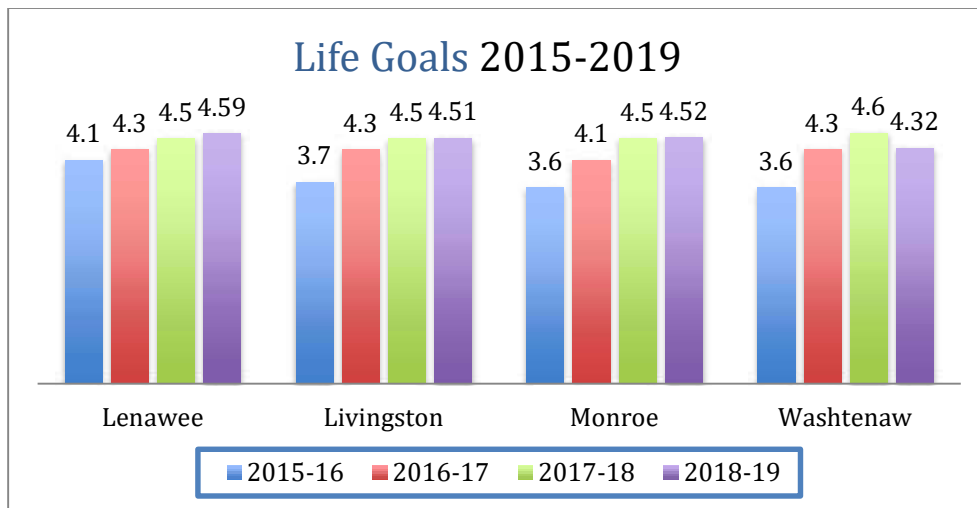
1 = Strongly Disagree	4 = Agree	DK = Don't Know
2 = Disagree	5= Strongly Agree	Additionally, the survey contained a comment box.
3 = I am neutral	NA = Not Applicable	

## Method

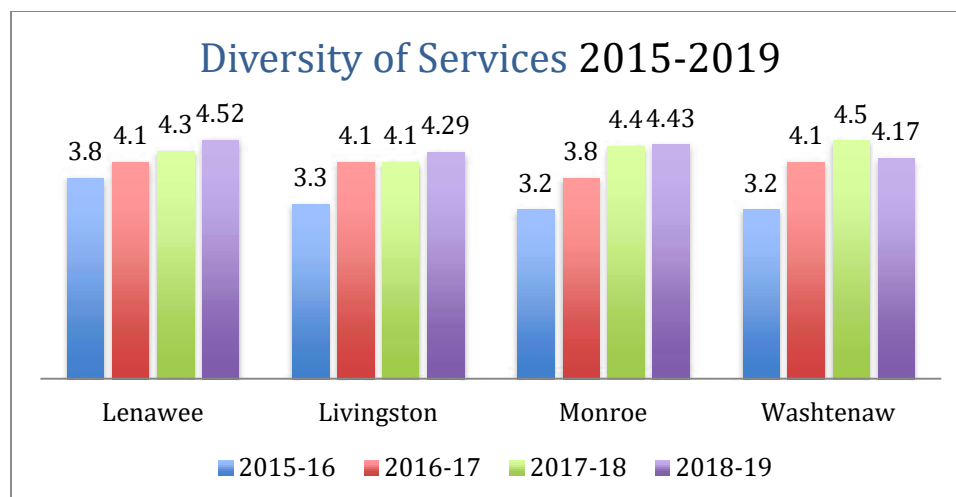
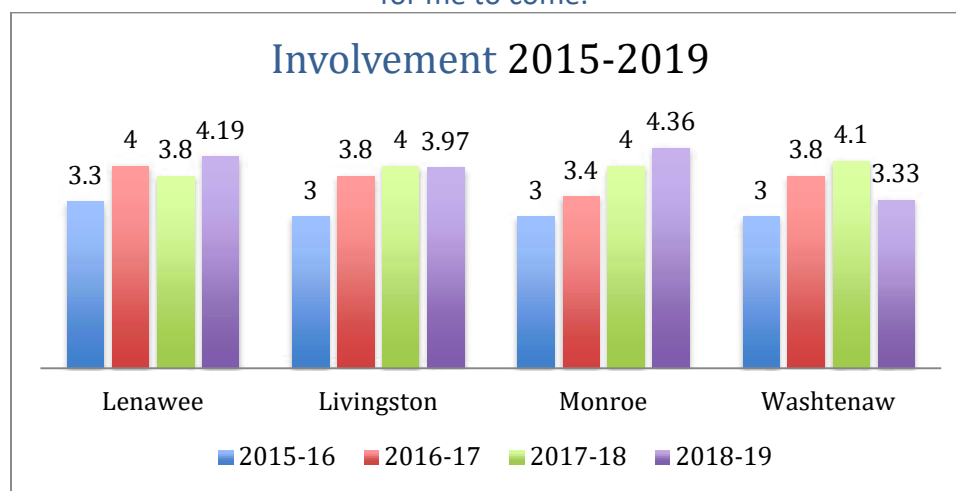
The RSA was distributed to Administrators, Provider Staff, and Consumers both electronically and in paper form using the Survey Monkey Software. After the survey period had closed, the surveys were analyzed using Microsoft Excel.

### Consumer Participants

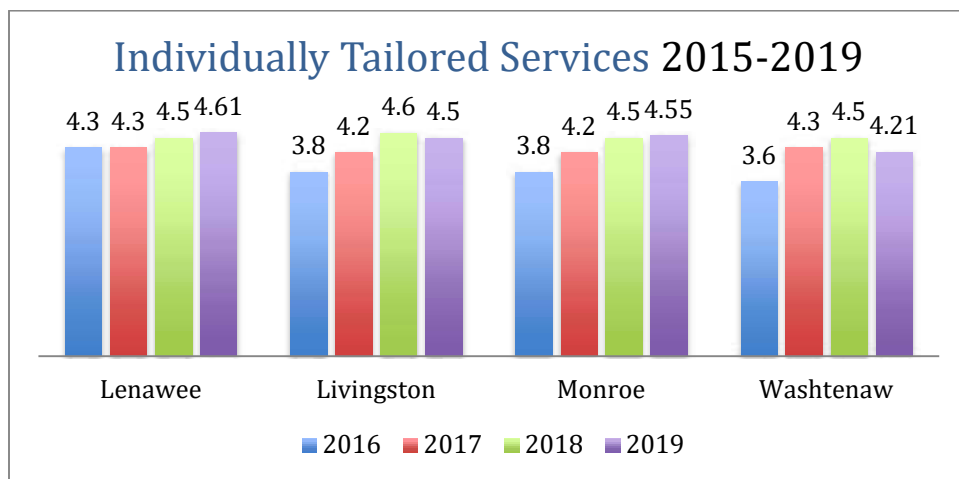
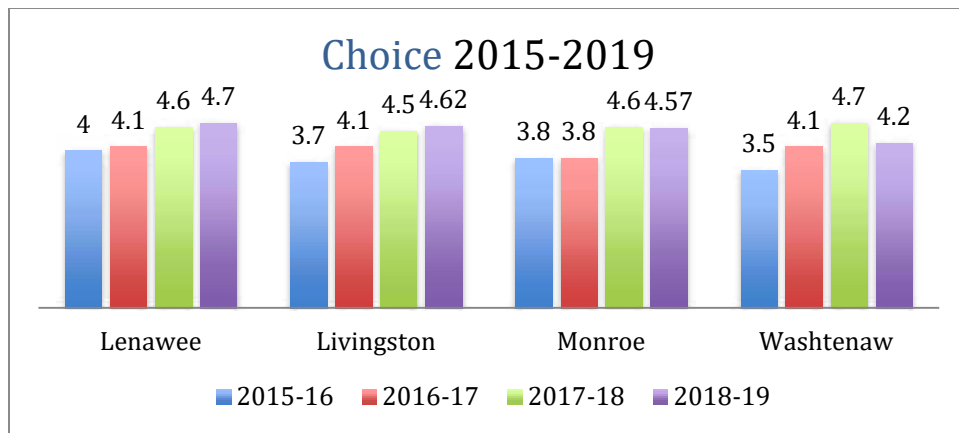
Provider Agencies	# of Client Responders	Consumer Responses by County 2015-2019
Parkside for Families (Lenawee)	18	
Catholic Charities (Lenawee)	48	
Lenawee County Community Mental Health	22	
McCullough-Vargas (Lenawee)	36	
Ann Arbor Treatment Center (Washtenaw)	1	
Therapeutics (Livingston)	2	
Key Development Services (Livingston)	7	
Livingston County Catholic Charities	31	
Livingston County Community Mental Health Authority	92	
Meridian (Monroe)	2	
Monroe County Community Mental Health Authority	78	
Catholic Charities of Monroe	32	
Passion of Mind Healing Center (Monroe)	193	
Salvation Army Harbor Light (Monroe)	15	
Dawn Farm (Washtenaw)	1	
Washtenaw County Community Mental Health	29	
Home of New Vision (Washtenaw)	10	
Access	3	
Hegira Health	7	
Oakdale Recovery Center	1	
<b>Total</b>	<b>628</b>	



“I am happy with my recovery, this was the best place  
for me to come.”



“Not my first go around but must say, the best.  
My safe spot/haven.”



“I love this place. If it weren’t for them, I wouldn’t be where I am today. They’re my family.”

### Considerations

Across the region, consumer ratings remained similar from previous years in three of the four counties; while Washtenaw County’s scores remained relatively high but decreased slightly from last year. Consumers responses to several questions indicated that improvements can be made to clinical practice to meet client needs. Each county is working with the RSA results to develop a county-specific plan to address the report responses. The following questions highlight “Involvement,” one ongoing area where providers scored the lowest, and can consider improvements to increase ratings, particularly in Washtenaw County:

- ) I am encouraged to help staff with the development of new groups, programs, or services.
- ) I am encouraged to be involved in the evaluation of this program, services and service providers.
- ) I am encouraged to attend agency advisory boards and/or management meetings if I want.
- ) I am/can be involved with staff trainings and education programs at this agency.

### Limitations

- ) Many of the surveys were completed in paper-form, and therefore required manual input. Manual input was completed by provider agencies, which may contribute to some level of variance.
- ) When using a Likert Scale configuration, some answers may have been given a 1 rating (strongly disagree) when the participant may have intended to record a 5 (strongly agree) and vice versa. However, it is difficult to assess the prevalence of this phenomenon.

- ) Some of the surveys were submitted with responses which included the same answer for every question. For example, a score of 5 was given for every question. For these types of surveys, data was still collected and therefore overall data was potentially skewed.
- ) Missing responses to questions also posed as an issue amongst consumers, staff, and administrators threatening the validity of the data.

## Improvement Planning

During FY 20, Co-Occurring Administrators Group will be reviewing this data and will determine whether there will be an improvement plan.

## F. Modernization of the Region's Electronic Health Record

For over a decade, the region has been in a contractual relationship with Peter Chang Enterprises (PCE) as vendor for the electronic health record. The CMHPSM Chief Information Officer (CIO) and the Electronic Health Record Operations Committee (EOC) are the primary parties responsible for managing the electronic health record in conjunction with PCE. These groups identify regional needs, prioritize those needs, and identifies system problems and troubleshoots those problems with the vendor. In FY 18/19 the region achieved the goal to further modernize the electronic health record. Projective objectives achieved for FY 19 included the following:

- J Regional sub-committees modified forms with review and approval by the Regional Implementation Team.
- J Approved forms were deployed to the testing system.
- J Regional teams were developed to evaluate the forms in the testing system. Errors were communicated to the Regional Implementation Team. Errors were resolved by programmer.
- J The Regional Implementation Team continued to provide opportunities for regional staff feedback (e.g. testing in the development module, etc.).
- J The Regional Implementation Team continued to use a communication plan to share the status of project with staff and other stakeholders.
- J CMHPSM and Super Users continued to provide technical assistance to regional staff. Examples of technical assistance included a month of full day conference calls for reporting electronic health records concerns, recording this information, prioritizing work to be completed and resolving end-user concerns.
- J Continued analysis of regional reporting needs was completed the CMHPSM. The CMHPSM has a system in place for the development of and/or revisions of reports to meet stakeholder needs.
- J The work to further customize the Performance Indicator Module will continue into FY 20.

**G. CMHPSM Michigan's Mission-Based Performance Indicator System (MMBPS)**

MDHHS indicators are established in the MDHHS PIHP contract and reported by the CMHPSM. Data is cleaned monthly, aggregated and quarterly reported to MDHHS. Most indicators are held to the required thresholds of 95% or above, except inpatient discharges re-admitted within 30 days, which is below 15%. The chart below specifies the indicators, the State set threshold; region and/or local CMHSP(s) compliance; and whether a corrective action plan was required quarters.



Indicators	Target	Q1	Q2	Q3	Q4
Indicator 1: % of Children Pre-Admission Screens for Psychiatric Inpatient Care	95%	99.30%	98.64%	100%	99.18%
Indicator 1: % of Adults Pre-Admission Screens for Psychiatric Inpatient Care	95%	99.09%	99.84%	99.48%	99.25%
Indicator 2: % Initial Assessment within 14 days of Request (MI Child)	95%	99.53%	98.95%	97.96%	99.25%
Indicator 2: % Initial Assessment within 14 days of Request: (MI Adult)	95%	99.66%	99.48%	99.69%	98.44%
Indicator 2: % Initial Assessment within 14 days of Request (DD Child)	95%	100%	100%	96.67%	97.37%
Indicator 2: % Initial Assessment within 14 days of Request (DD Adult)	95%	96.30%	100%	100%	100%
Indicator 2: % Initial Assessment within 14 days of Request (SUD)	95%	97.38%	97.57%	98.93%	98.69%
Indicator 3: % Start Services Within 14 Days of Assessment (MI Child)	95%	95.60%	97.79%	99.37%	98.11%
Indicator 3: % Start Services Within 14 Days of Assessment (MI Adult)	95%	89.44%	95.94%	93.72%	94.25%
Indicator 3: % Start Services Within 14 Days of Assessment (DD Child)	95%	93.33%	100%	100%	100%

Indicators	Target	Q1	Q2	Q3	Q4
Indicator 3: % Start Services Within 14 Days of Assessment (DD Adult)	95%	93.94%	93.33%	96.43%	93.33%
Indicator 3: % Start Services Within 14 Days of Assessment (SUD)	95%	97.13%	97.54%	96.33%	97.75%
Indicator 4a: % of Child Discharges from Psych Inpatient Seen within 7 Days	95%	96%	100%	97.73%	100%
Indicator 4a: % of Adult Discharges from Psych Inpatient Seen within 7 Days	95%	96.71%	96.43%	95.27%	98.69%
Indicator 4b: % SUD Discharges from Detox Seen Within 7 Days	95%	97.03%	95.56%	92.31%	96.15
Indicator 10: % Child Psych Inpatient Discharges Readmitted Within 30 Days	15% or less	8.06%	12.50%	5.88%	13.16%
Indicator 10: % Adult Psych Inpatient Discharges Readmitted Within 30 Days	15% or less	10.27%	6.94%	11.95%	4.25%

The data was reviewed by Clinical Performance Team. Strengths, opportunities for improvement and root cause analyses were completed. For any indicators where thresholds are not met, a CAP is required to addresses systemic issues, including a projected timeframe for expected improvements, which may have contributed to low scores. CAPs were required, if an individual CMHSP was out of compliance for any quarter. If this occurred, the CAP was due within 30 days and monitored by the CMHPSM.

#### **H. Shared Metrics Projects Between the CMHPSM, CMHSPs and Michigan Medicaid Health Plans**

Per the FY 19 MDHHS and PIHP contract, there were shared metrics projects between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans. The Care Coordination for High Consumer Utilizers Project and Protocol for Diabetes Screening for Consumers with Schizophrenia and Bipolar Disorder Using Anti-Psychotic Medication Whom are Mutually Served by the PIHP, CMHSP and Medicaid Health Plan(s) project was continued from last year. Projects added included the Plan All-Cause Readmissions (PCR) and Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA).

## **1. Care Coordination for High Consumer Utilizers Project**

The following activities occurred during FY 19:

- ) The Regional Data Coordinator facilitated monthly meetings with the CMHSPs and the Medicaid Health Plans (e.g. Aetna, Blue Care Complete, Meridian, Molina, McLaren, and United) regarding consumers with the highest utilization via the Stratification Report. Persons that may have been present included the CMHPSM CEO, Data Coordinator, Chief Compliance Officer and Quality Director and CMHSP Clinical Administrators, Supervisors, Supports Coordinators and Registered Nurses. Additionally, Medicaid Health Plan staff were also present (Care Managers, Supervisors and Clinical Administrators). Examples of diagnoses include the following: schizophrenia, borderline personality disorders, generalized anxiety, depression, diabetes, hypertension, heart disease, obesity, and seizures.
- ) Care coordination activities were recorded into the electronic health record and the CC360 file.
- ) The CMHPSM continued to evaluate the needs for reports to capture care coordination and utilization of services.
- ) The region used data from the reports to analyze trends.

## **2. Protocol for Diabetes Screening for Consumers with Schizophrenia and Bipolar Disorder Using Anti-Psychotic Medication Whom are Mutually Served by the PIHP, CMHSP and Medicaid Health Plan(s)**

The Medicaid Health Plans (MHPs) and the 10 PIHPs are implementing a joint care protocol to improve the health and quality of life for individuals 18-64 years old with Schizophrenia or Bipolar Disorder who are using antipsychotic medications. This requires the capacity to identify shared members who meet the inclusion criteria and have not been screened for diabetes in the measurement reporting period. CC360 provides a centralized platform for identifying shared members who meet the inclusion criteria for the NCQA HEDIS measure *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* (SSD). During FY 17/18, MDHHS added to the CMHPSM's contract language as it relates to care coordination with the PIHPs, MHPs and CMHSPs.

The PIHP's targeted interventions for Medicaid eligible patient(s) 18 to 64 years old, mutually served by the PIHP, CMHSP and Medicaid Health Plan(s) with schizophrenia and bipolar disorder using anti-psychotic medication will result in an increase in the proportion of those patients receiving a HbA1c and LDL-C test during the report period.

The work group planned to achieve the following goals by the end of FY 19:

1. Labs will be entered as discrete fields into the regional electronic health record.
2. HEDIS technical specification will be used as our guide during the life of the project).
3. If the PIHP/CMHSP has difficulty contacting the consumer and/or completing the labs protocol, the PIHP/CMHSP will seek assistance from the MHP.
4. The PIHP/CMHSP may coordinate care with the consumer's primary care physician for diabetes screening and further follow up for abnormal lab values.
5. The PIHP will provide general education and supports to their providers on standards and screenings for this population in collaboration with MHPs.

### **Project Updates:**

1. Labs were entered into discrete fields. Labs were also drawn from lab feeds.
2. The HEDIS technical specification was used as our guide for this project.
3. The CMHSPs are coordinating with the consumer's primary care physician for diabetes screening and further follow up for abnormal lab values.
4. The PIHP and CMHSPs provided general education and supports to their providers on standards and screenings for this population in collaboration with MHPs.

5. Regular regional and state level meetings occurred to discuss this project.
6. The PIHP engaged in preliminary data validation with MDDHS.

*This project was discontinued by MDHHS via the PIHP/MDHHS contract for FY 20.*

### **3. FY 19 Shared Metrics Data Validation Narrative**

During FY2019, Medicaid Health Plans (MHPs) and Prepaid Inpatient Health Plans (PIHPs) had the opportunity to review and validate measure data for two performance measures: **Plan All-Cause Readmissions (PCR)** and **Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)**. Event-level data was provided by MDHHS for both measures for the 6/30/18 measurement period. The purpose of the Shared Metrics Data Validation Narrative is to demonstrate participation in these validation activities and to submit a report to MDHHS on findings of efforts to review and validate data, noting discrepancies found that impact the measure results, as well as actions taken to address data issues (as needed). Below is a summary of the findings for these two performance measures:

#### **A. Plan All-Cause Readmissions (PCR)**

There were a variety of data reliability matters than needed to be analyzed for this measure. The Reliability of Discharge Date in Claims Data and its effect on measurement was the first concern and hence CMHPSM's first step in analyzing Plan All-Cause Readmissions (PCR) as claims-derived discharge dates can sometimes differ from the actual day that the consumer left the hospital and this difference can cause problems when calculating the days between discharge and readmit.

The second step was to compare internal denominator calculations with those of the State. Of the events sent by the State:

- ) 11% did not have a match on the CMHPSM's end. The cause is not clear.
- ) 85% CMHPSM agreed that they meet denominator criteria.
- ) 2% were found in the extract, but the CMHPSM believe they did not meet denominator criteria.
- ) In this case 2% is 87 and is a significant number that would require mining more accurate data of the denominator.

The third step was the Comparison of Internal and State Numerator

Of the cases where the CMHPSM agreed on denominator inclusion, the comparison of numerators was as follows:

- ) 97% The CMHPSM agreed that there was/was not a qualifying readmission within 30 days.
- ) 1% of the State's cases found readmission when CMHPSM found none. In most cases, the CMHPSM could not find records in the extract that would indicate a readmission.
- ) 1% of the State's cases found no readmission when the CMHPSM found one. The CMHPSM are unclear why the State did not count these cases as readmits.

Among the factors explored that may affect this PCR data, CMHPSM found the following factors:

1. Frequency of Physical Health Admission Discharge and/or Transfer(s) (ADT) Alerts to the CMHSPs
2. This is only relevant for Physical Health (PH) visits since the CMHPSM are the payer for Behavioral Health (BH) admissions and an alert is not necessary to know when MH admissions are occurring. For years, the CMHPSM has operated an ADT performance improvement project. Only a small fraction of physical health visits (4.5%) resulted in a received ADT alert. The vast majority (88%) of discharges were for those not open to CMH and not included in our files. There were also (7.4%) CMH consumers whose discharge did not result in an ADT TO-DO. Several theories have been proposed for why there

is such a large gap in the ADT received rate and CMHPSM is still working to fully understand this deficiency. This will be the focus of a CMHPSM study where the CMHPSM will trace a random sample of missing ADTs and find out what barriers tended to keep them from the system.

3. Follow-up Type. Several levels of CMHSP follow-up within 3 days of discharge are compared. For example, face to face (FTF) visits or non-face to face (NFTF) visits. Data was analyzed to understand which type of CMH follow-up is most effective after a discharge. Among Physical Health (PH) visits, most cases were not known to CMH. Among the discharges from a physical health visit where the consumer was open to CMH, the most effective follow-up seemed to be comprehensive transitional care within 3 days of discharge. Comprehensive transitional care is defined as activities including the development and update of transitional care protocols, the exchange of information and direct participation to facilitate planning and decision making when moves between care settings occur. This type of follow-up was associated with only a 6% readmission rate, as compared with the 18%+ readmission rate among other CMH consumers with a physical health inpatient stay.
4. Among Behavioral Health (BH) visits, the readmission rate did not seem to depend on the type of follow-up. The readmission rate was 13% - 15% no matter what type of service the consumers received within 3 days. The readmission rate for cases that were not open to CMH is only 8%. It seems that even without a 3-day follow-up, the opening of their case was an effective intervention for those who were unknown to the CMH system at discharge.
5. Race. The race field in the State's data set was used to subdivide the population to look for racial disparity. The CMHPSM looked at the follow-up that each group received; it did not appear that there was a strong racial disparity. As far as outcomes are concerned, the highest readmission rates are among African Americans for physical health visits. As mentioned, the vast majority of these cases are unknown to the CMHPSM, but among those open to our system at discharge, transitional care within 3 days reduced that readmission rate down to 0%. For BH visits, African Americans and Hispanics had the lowest readmission rates (4% and 7% respectively).

#### **B. Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)**

Event-level detail for FUA was provided to health plans on March 14, 2019. MHPs and PIHPs received denominator events only. MHPs were to review denominator events against their own emergency department claims and document any members who received numerator compliant follow-up services. PIHPs were to document any members who received numerator compliant follow-up services.

The CMHPSM does not have access to substance use disorder (SUD)-related claims, therefore the CMHPSM was unable to compare internal calculations to the State's denominator. In the analysis, we assume that the State's denominator is the gold standard.

The CMHPSM explored the FUA rate within three factors: relationship with CMHPSM, follow-up type, and race. Also, since follow-up is itself an intervention towards reduced readmissions, the CMHPSM looked at the probability of another emergency room (ER) or inpatient event within 30 days over several levels of follow-up.

The CMHPSM found that consumers who were known to our system had the highest rate of FUA follow-up. Of the events sent by the State, we found:

1. 22% had a qualifying FUA follow-up.
2. 8% had a follow-up that was similar to FUA but did not technically qualify. Most of these (47 or 4%) were cases where there was a follow-up that qualified in every way, except that the AOD diagnosis was not in slot #1 on the claim.
3. 71% did not have a follow-up within 30 days.

## **Performance Improvement Plan for Plan All-Cause Readmissions (PCR) and Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)**

For both measures the CMHPSM will continue to have a regional ADT performance improvement project. There has been a large gap in the ADT received rate and the CMHPSM will continue to work on understanding this deficiency. The CMHPSM will trace a random sample of missing ADTs and find out what barriers tended to keep them from the system. Once barriers are further identified, solutions will be developed, implemented and monitored.

In addition to this barrier analysis, regional clinical staff will follow clinical protocols upon receipt of an ADT alert for discharge. Self-serve reports have been developed by the CMHPSM to track and monitor the progress of adherence to the clinical protocols.

There will be ongoing clinical staff training, supervision and coaching regarding this performance improvement project. There is a regional ADT workgroup to manage this project which reports to the regional Clinical Performance and Leadership team (CPT) and the Regional Operations Committee. The ADT workgroup and CPT will have cross communications with Electronic Health Record Committee as it pertains to technology needs and solutions. The ADT workgroup is in the process of evolving into a regional Integrated Health Committee. The purpose of this committee will be to manage integrated health related projects (Performance Improvement Projects, Strategic Plan Initiatives, Mutually Served Project Measures) by engaging in the following tasks:

- ) Collects, reviews and evaluates the timeliness and cleanliness of outcome data.
- ) Intervenes on a local level to address any barriers to timely and clean data.
- ) Examines data to ensure adherence to PIP and/or other project protocols.
- ) Consulting data exchange vendors such as PCE (electronic health record vendor) and/or Great Lakes Health Connect (health highway data exchange vendor).
- ) Consulting Medicaid Health Plans to improve communication regarding ED visits for alcohol and other drugs.
- ) Routes information about the Performance Measures to the Clinical Performance Team (CPT) on a quarterly basis.

### **Closing Statement**

This annual evaluation only represents a snapshot of the performance improvement initiatives throughout the region. Continuous improvement is a vital part of a learning organization. The consumers, employees, supervisors, and directors involved in making services and programs, focus on that aspect, not just as part of a special project, but in their operations.

Respectfully Submitted,



CJ Witherow  
Chief Operating Officer  
Community Mental Health Partnership of Southeast Michigan – Region 6



**Regional Board Action Request – Annual Quality Assessment and Performance Improvement Program (QAPIP) Plan for FY20**

Board Meeting Date: April 8, 2020

Action Requested: Approve the annual plan for quality assessment and improvement activities during the fiscal year 2020.

Background: The CMHPSM, as a Pre-paid Inpatient Health Plan is required, annually, to assess the need for improvement throughout the regional administrative and service functions and to prepare a plan to make quality improvements that will ensure that recipients of services are provided high quality, timely, cost effective supports and services.

Connection to: PIHP/MDDHS Contract, AFP, Regional Strategic Plan and Shared Governance Model

Quality Assessment/Performance Improvement Program and Standards

Recommend: Approval



**The Quality Assessment and Performance Improvement Program Annual Plan**

**FY 2020**



## **I. Purpose**

The purpose of the Community Mental Health Partnership of Southeast Michigan's (CMHPSM) Quality Assessment and Performance Improvement Program (QAPIP) Annual Plan is to establish goals for Fiscal Year (FY) 20 to meet the overall regional Quality Improvement (QI) framework for quality and accountability for consumer care. This occurs through the work of PIHP staff, standing committees, ad hoc teams, and performance measures. The QAPIP establishes processes that promote ongoing systematic evaluation of important aspects of service delivery. The program promotes ongoing improvement and replication of strengths and focuses attention on ensuring that the safety of consumers is addressed through the delivery of services while addressing the requirements of network providers and CMHPSM staff and programs.

## **II. Organizational Structure, Vision, Mission, and Values**

The CMHPSM is a Regional Entity formed by four Community Mental Health Programs including the Lenawee Community Mental Health Authority (LCMHA), Livingston County Community Mental Health Authority (LCCMHA), Monroe Community Mental Health Authority (MCMHA) and Washtenaw County Community Mental Health (WCCMH). The CMHPSM established a QAPIP designed to assure consistently high-quality services across the region. Overseeing this expectation is the Clinical Performance Team (CPT), which is comprised of appointed staff and consumers from each of the four counties as well as the CMHPSM Chief Operating Officer, CMHPSM Chief Information Officer, CMHPSM Health Data Analyst, and CMHPSM Compliance Manager. Historically, the CMHPSM has worked together to develop a common strategic plan and performance improvement system operating with the same vision, mission, and values. This includes a "shared governance" approach.

### **The Vision, Mission and Values for the Community Mental Health Partnership of Southeast Michigan are:**

**Vision:** The CMHPSM will address the challenges confronting people living in our region by influencing public policy and participating in initiatives that reduce stigma and disparities in health care delivery while promoting recovery and wellness.

**Mission:** Through effective partnerships, the CMHPSM ensures and supports the provision of high-quality integrated care that is cost effective and focuses on improving the health and wellness of people living in our region.

### **Values:**

- Strength Based and Recovery Focused
- Trustworthiness and Transparency
- Accountable and Responsible
- Shared governance
- Innovative and Data driven decision making
- Learning Organization

### III. Definitions

**Confidential Record of Consumer Treatment (CRCT)** refers to the CMHPSM electronic health record (EHR) co-created and shared by the region. This a primary resource for data entry by local CMHSP and contractual staff, data collection, and has been Meaningful Use Certified. This is an example of a standardized and centralized business process.

**External Quality Review (EQR)** means the analysis and evaluation by an External Quality Review Organization of aggregated information on quality, timeliness and access to health care services that the CMHPSM furnish to consumers.

**Quality Assessment** refers to a systematic evaluation process for ensuring compliance with specifications, requirements or standards and identifying indicators for performance monitoring and compliance with standards.

**Quality Assurance** refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards. The primary aim of quality assurance is to demonstrate that a service or product fulfills or meets a set of requirements or criteria. QA is identified as focusing on “outcomes,” and CQI identified as focusing on “processes” as well as “outcomes.”

**Quality Improvement** refers to ongoing activities aimed at improving performance as it relates to efficiency, effectiveness, quality, performance of services, processes, capacities, and outcomes. It is the continuous study and improvement of the processes of providing services to meet the needs of the individual and others.

**Quality as it pertains to Managed Care Rules and External Quality Review (EQR) standards,** means the degree to which the CMHPSM increases the likelihood of desired outcomes of its enrollees through 1) Its structural and operational characteristics. 2) The provision of services that are consistent with current professional, evidenced based knowledge. 3) Interventions for performance improvement.

**Validation** means the review of information, data and procedures to determine the extent to which they are accurate, reliable, free from bias and in accord with standards for data collection and analysis.

**Outcomes** means changes in consumer health, functional status, satisfaction or goal achievement that result from health care of supportive services.

### IV. Organizational System

The structure of the QAPIP includes the Clinical Performance Team (CPT) serving as the regional Performance Improvement Committee and the Improving Practices Leadership Team. Membership includes consumers, clinical staff, PIHP staff, and performance improvement staff from each of the CMHSPs within the region. The PIHP Compliance

Manager and a CMHPSM Chief Executive Officer (CEO) from the Regional Operations Committee (ROC) also serve on the committee. The CMHPSM CEO serves as a coach and a liaison to enhance and ensure communication.

In its efforts to monitor and facilitate the Performance Improvement program, the committee works with stakeholders, regional staff and other committees to measure improvements. Members gather information from various stakeholders, define desired performance, evaluate performance and/or gaps, complete root cause analyses, develop interventions, implement interventions, evaluate the quality of the interventions put into place and examine the capacity to support and sustain improved performance.

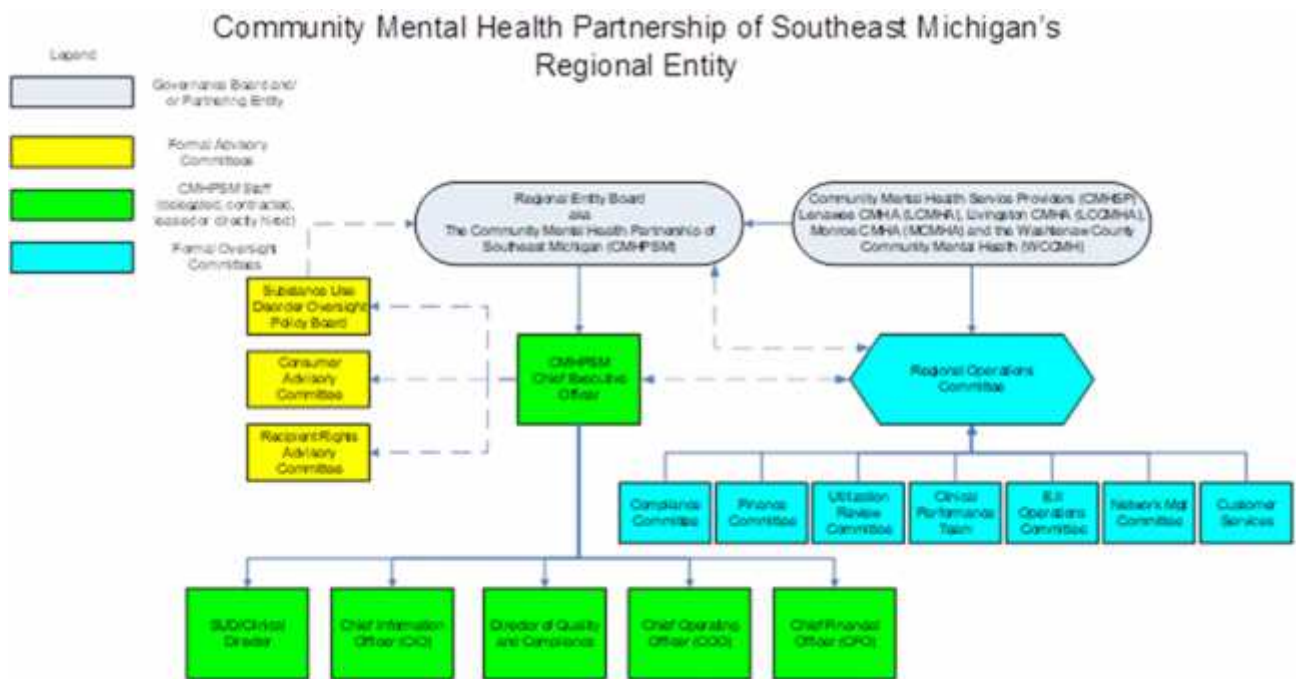
Some of the CPT members serve as liaisons to other regional committees. Examples include the Regional Consumer Advisory Committee, Utilization Review Committee, Electronic Health Record Operations (EOC) Committee, Customer Services Committee, Network Management Committee, Compliance Committee and other population specific administrator's groups. These members gather information, exchange information, data, questions and concerns with other committees in order to facilitate cross functional improvement opportunities. Members also have the responsibility to ensure communication amongst and between committees. The committees and work groups maintain meeting minutes and reports to track their project progress.

CPT determines the frequency in which these committees and workgroups report their progress to CPT. Reporting usually happens on a quarterly basis, however the committee may increase or decrease the frequency when appropriate to do so. The CPT also takes meeting minutes to document these activities. The meeting minutes from CPT, as well as other committees, work groups, and board activities are made available to the public upon request.

A majority of the QAPIP operations are conducted at the local level by designated CPT and EOC Liaisons from each CMHSP. They are also staffed by the CMHPSM to provide leadership, expert level data analytics and data report writing to support the local CPT Liaisons efforts including, but not limited to, Performance Improvement Project (PIP) studies. CPT and EOC Liaisons are assigned the responsibility to ensure the collecting, reviewing and cleaning local data, ensuring follow through on local compliance needs, and conducting performance improvement initiatives within their local CMHSP. They also help to ensure that local staff receive training for the implementation of performance improvement projects. Training is documented and made available to the CMHPSM to review fidelity.

Another significant responsibility of the CPT is to ensure clear and consistent communications. CPT meet monthly to share insights, address regional concerns and support each other in performance improvement efforts. After meetings are held, CPT Liaisons ensure communication about the progress of QAPIP projects to their staff, local Boards, consumers and community stakeholders. Communication may include posting QI plans on local websites, newsletters, internal communications boards, staff meetings, and community meetings. The PIHP Quality and Compliance staff collaborate with CPT to identify opportunities for improvement, sets priorities, develops the annual QAPIP plan, reviews progress made and

writes the annual QAPIP evaluation. The CPT reviews the QAPIP plan and evaluation and may make revision suggestions. The CMHPSM reports QAPIP activities (annual plan, quarterly/semi-annual progress and annual evaluation) to the Regional Operations Committee (ROC). The ROC is comprised of the four CMHSP Executive Directors, the CMHPSM Substance Use Disorder Director, and the CMHPSM CEO. Annually, the CMHPSM and/or CEO present the QAPIP plan and evaluation to the Regional Board for final approval, as well as a semi-annual progress review. The CMHPSM CEO and the Regional Board provides monitoring and oversight of these functions. The chart below summarizes the flow of organizational operations. For FY 20 the position of Director of Quality and Compliance is being reconfigured as a Compliance Manager position, supervised by the Chief Operating Officer.



## **I. Identified Areas for Improvement**

The CMHPSM Annual QAPIP plan consists of the following ongoing performance improvement projects:

- ) State mandated Performance Improvement Projects
- ) PI data reported to the State each fiscal year per the Michigan Department of Health and Human Services (MDHHS) Contract
- ) PI projects recommended/chosen by the CMHPSM as special projects for the fiscal year

## **II. Performance Improvement Projects**

The CMHPSM is required to document quality and performance improvement efforts, including special Performance Improvement Projects (PIP) to evaluate and improve clinical aspects of care. There are two pre-existing projects which will be worked on this year. More specifically, the Admission Discharge Transfer (ADT) Study and the Consumer(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C test during the report period.

### **1) Admission Discharge Transfer Study**

Based on the results of the “Shared Metrics Projects Between the CMHPSM, CMHSPs and Michigan Medicaid Health Plans” in the FY 19 QAPIP evaluation, CMHPSM will continue this study in FY 20 with the goal of the improvements in this study impacting better outcomes with the shared metrics project.

**Summary:** To help consumers transition in and out of inpatient settings, reduce avoidable re-admissions and improve overall consumer outcomes by focusing on implementing admission, discharge and transfer (ADT) alerts and develop clinical protocols for staff to manage these alerts.

The work group plans to achieve the following goals by the end of FY 20:

1. Alerts per consumer served will be greater than prior quarters.
2. Continue to develop and refine a formal protocol regarding how to respond to alerts that results in effective and efficient outcomes.
3. Continue to develop an indicator that measures the extent to which the protocol is followed.
4. A goal (either a threshold to hit or significant improvement from baseline) and timeline will be developed for the new indicator.
5. Work through Health Information Exchange errors.
6. Work with MiHIN to address technology barriers. (In order to receive ADTs, the demographics entered by hospitals must match the region’s entered patient demographics).

## **2) Consumer(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C test during the report period.**

During FY 18, Michigan Department of Health and Human Services (MDHHS) had the region select a new PIP project. The region selected the Consumer(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C test during the report period. In preparation for selecting a new study, the CMHPSM conducted a review of peer reviewed literature to help determine the selection. Per the American Diabetes Association, Strategies for Improving Care, Diabetes Care, 2016, the following was indicated: Severe mental disorder that includes schizophrenia, bipolar disorder, and depression is increased 1.7-fold in people with diabetes (1). The prevalence of type 2 diabetes is two–three times higher in people with schizophrenia, bipolar disorder, and schizoaffective disorder than in the general population (2). A meta-analysis showed a significantly increased risk of incident depression (relative risk [RR] = 1.15), and, in turn, depression was associated with a significantly increased risk of diabetes (RR = 1.6) (3). The American Diabetes Association’s Improving Care Strategies offers a chronic care model which has been shown to be an effective framework for improving the quality of diabetes care. Furthermore, tailoring a treatment to vulnerable populations which are served at the CMHPSM (consumers with intellectual/developmental disabilities, severe emotional disturbances, severe and persistent mental illness and substance use disorders, health disparities, ethnic/cultural and socio-economical differences, access to health care, lack of health insurance, homelessness, food insecurity, etc.

In addition to conducting a literature review, MDHHS added to the CMHPSM’s contract language as it relates to care coordination with the PIHPs, MHPs and CMHSPs, to improve the health and quality of life for consumers 18-64 years old with Schizophrenia and Bipolar Disorder whom are using antipsychotic medications (SSD) by ensuring diabetes screening. The CMHPSM selected the study topic based upon its history of integrated health initiatives, review of peer reviewed literature and revised contract language.

**Summary:** The PIHP’s targeted interventions for Medicaid eligible patient(s) with schizophrenia and diabetes will result in an increase in the proportion of those patients receiving a HbA1c and LDL-C test during the report period.

The work group plans to achieve the following goals by the end of FY 20:

- 1) The PIHP’s targeted interventions for Medicaid eligible patient(s) with schizophrenia and diabetes will result in an increase in the proportion of those patients receiving a HbA1c and LDL-C test during the report period.
- 2) Labs may be entered as discrete fields into the regional electronic health record and/or collected from Great Lake Health Connect (GLHC) lab feed and/or CC360 claims data.
- 3) The baseline measurement was 8/1/2017 to 7/31/2018. The FY19 (remeasurement 1) the data period is 5/1/2019-4/30/2020. (The 2018 HEDIS technical specification will be used as our guide during the life of the study).

- 4) The FY20 (remeasurement 2) the data period is 5/1/2020-4/30/2020. (The 2018 HEDIS technical specification will be used as our guide during the life of the study).
- 5) Prepare for the Health Services Advisory Group (HSAG) - External Quality Review (EQR) for study methodology validation.

The CMHPSM Chief Operating Officer/Compliance Manager will report to CPT on a quarterly basis regarding these projects.

### **III. Performance Improvement Data Reported to MDHHS**

Per the contract between CMHPSM and MDHHS, the CMHPSM is responsible for the collecting and reporting of performance improvement data to MDHHS each fiscal year. On a monthly basis, data is cleaned and aggregated by designated staff. Each quarter, the data is reported to the State. If an indicator fails to meet the specified State target, the responsible party (CMHPSM and/or CMHSP) will complete a data reporting form.

***For FY 20 there are three changes to the MMBPIS indicators:***

**Indicator 2a. The percentage of new persons during the quarter receiving a completed bio-psycho-social assessment within 14 calendar days of a non-emergency request for service.**

Quarterly reports will be submitted to MDHHS

For the PIHP all Medicaid beneficiaries will be included and for the CMHSP for all consumers will be included in the data.

The scope is: MI adults, MI children, I/DD adults, and I/DD children

**Indicator 2.b. The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.**

There is no standard for 1st year of implementation, the state will use FY 20 data determine a baseline.

**Indicator 3. Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.**

Quarterly reports will be submitted to MDHHS

For the PIHP all Medicaid beneficiaries will be included and for the CMHSP for all consumers will be included in the data.

The scope is: MI adults, MI children, I/DD adults, and I/DD children

If an indicator fails to meet the State target for one quarter, the responsible party must complete the data reporting form and submit a corrective action plan (CAP). The plan shall address systemic issues, how these issues will be resolved, and a timeframe shall be specified for expected improvements. The CMHPSM has oversight for annually reviewing the data for improvement opportunities. Any areas of low performance may become projects for the

current or following year. The remaining performance improvement data indicators are listed in the table below.

### Standard Annual Performance Improvement Data

Michigan Mission Based Performance Indicator System	PIHP Data Reported to MDHHS
<u>Access</u> Pre-Admission Screening within 3 hours Face-to-Face meeting within 14 days of service request (MA/GF) Ongoing Service within 14 Days of Follow up Care Provided within 7 Days of Inpatient Discharge Medicaid recipients who received PIHP Services (all populations)	Demographic Data (Treatment Episode Data) Encounter Data Habilitation Support Waiver Encounters Health and Other Conditions (Hearing, Vision, Health Conditions) DD Proxy Measures for People with a Developmental Disability ORR complaints Sentinel Events Deaths Critical Events Data Behavior Treatment Data (including data on the use of intrusive and restrictive techniques and debriefing data) Jail Diversion Data All Direct/Contracted Services MH Services only Percent Served by Funding Source Total unduplicated consumers served. Most frequently used CPT codes CPT Codes used by each population MIA DDA MIC DDC Children served by DHS (MI/DD; SUD) Medicaid Utilization and Aggregated Net Cost Report Aggregate CAFAS Data
<u>Adequacy/Appropriateness</u> HWS receiving at least 1 HWS service per month not SC)	
<u>Efficiency</u> Percent of total expenditures spent on PIHP Admin functions.	
<u>Outcomes</u> % Adults served by PIHP in competitive labor force (DD/MI) % Adults served by PIHP who earn minimum wage (DD/MI) MI and DD children and adults readmitted to inpatient PY unit within 30 days of discharge. # of substantiated ORR complaints per thousand Medicaid beneficiaries (Abuse I and II, and Neglect I and II) Adults with DD living in private residence Adults with SMI living in private residence % Children w/DD (not CWS) receiving at least one service each month other than case management/respite.	

Review and analysis of the performance improvement data helps to identify regional opportunities for improvement which may become a special quality improvement project to achieve the specified targets. A summary of improvement projects is listed below.



#### **IV. Special Quality Improvement Projects Chosen by the CMHPSM**

Each year special projects are chosen to improve the overall system of care. These projects may promote either compliance, program integrity, consumer voice, consumer engagement, staff development, improved clinical services and/or improved consumer outcomes. There were four projects carried forward from the previous fiscal year(s). Projects carried forward include the Medication Labs Project (formerly a PIP project rolled into the region's strategic plan), Enhanced Compliance Monitoring Project, Customer Satisfaction Survey and Recovery Self-Assessment Survey.

##### **A. Medication Labs Project**

**Summary:** To increase medication labs entered into the Electronic Health Record Lab Module for Medicaid and Non-Medicaid consumers prescribed psychotropic medications.

The work group plans to achieve the following goals by the end of FY20:

1. Continue to increase percent of Medicaid consumers being prescribed antipsychotics who have all required labs entered as discrete values in the electronic health record and/or are retrieved from GLHC health information exchange lab feeds.

##### **B. Regional Customer Services: Consumer Satisfaction Survey**

Over the past six fiscal years the Performance Improvement program has improved the consumer satisfaction survey process in order to obtain reliable feedback from consumers and their families and/or guardians to be used to improve services across the region. For FY 20 revisions were made to the customer satisfaction survey. During FY 20, the Regional Customer Services Team will be working with the Population Specific Administrators Groups to determine survey statements and to administer the surveys. The assessment of consumer experience will be expanded this fiscal year to identify population specific data for those receiving LTSS and HCBS waiver services, incorporate grievance data, appeals data, and the trends from the Adult In-Person Survey from the National Core indicator data. If there are recommendations to modify the surveys, review and approval will be obtained from the ROC. A random sample of consumers, families and/or guardians from all populations served will be asked to participate in these surveys. The committee will collect and analyze the data. Information obtained may be used to implement interventions to further customer satisfaction. This will be reported to CPT on an annual basis by the Regional Customer Services Committee.

##### **C. Recovery Self-Assessment (RSA)**

During FY 20, the CMHPSM will distribute the Recovery Self-Assessment-Revised survey to the contracted providers in its four-county region that use the Recovery Oriented System of Care (ROSC) model. The counties that the survey will be distributed to Lenawee, Livingston,

Monroe, and Washtenaw. The CMHPSM will accurately assess and measure the effectiveness of substance-use disorder (SUD) and community mental health (CMH) providers in the implementation of recovery focused services from the perspective of consumers, provider staff, and administrative staff.

### **Measurement**

The Recovery Self-Assessment (RSA) Survey will be designed with the intent to accurately gain feedback from consumers, provider staff, and administrators. The survey will be administered in 3 separate versions: Consumers, Provider Staff and Administrators. Each survey will be broken down into five domains: 1. Life Goals, 2. Involvement, 3. Diversity of Treatment Options, 4. Choice and 5. Individually Tailored Services. Each survey question will contain an answer choice based on a 5-point Likert Scale:

1 = Strongly Disagree

2 = Disagree

3= I am neutral

4 = Agree

5= Strongly Agree

NA = Not Applicable DK = Don't Know

Additionally, the survey will contain a comment box.

### **Method**

The RSA Survey will be distributed to Administrators, Provider Staff, and Consumers both electronically and in paper form using the Survey Monkey Software. After the survey period will be closed, the surveys will be analyzed using Microsoft Excel.

The CMHPSM SUD Director will report to CPT and the ROC on bi-annual basis regarding this project.

## **V. Shared Metrics Projects Between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans**

### **A. Care Coordination for High Consumer Utilizers Project**

Per the MDHHS PIHP Contract, the CMHPSM will engage in care coordination with the CMHSPs and Medicaid Health Plans. The following activities will occur for FY 20:

- ) The CMHPSM Regional Data Coordinator will facilitate monthly meetings with the CMHSPs and the Medicaid Health Plans regarding consumers with the highest utilization via the Stratification Report.
- ) Care coordination activities will be recorded into the electronic health record and the CC360 file.
- ) The CMHPSM will continue to evaluate the needs for reports to capture care coordination and utilization of services.
- ) The region will use data from the reports to analyze trends, etc.

The CMHPSM CEO will report on a semi-annual basis to CPT and/or the ROC regarding this project.

The FY 19 Care Coordination for “High Consumer Utilizers Project and Protocol for Diabetes Screening for Consumers with Schizophrenia and Bipolar Disorder Using Anti-Psychotic Medication Whom are Mutually Served by the PIHP, CMHSP and Medicaid Health Plan(s)” project was discontinued by MDHHS in the FY 20 contract.

#### **B. Performance Bonus Joint MHP/PIHP Metrics**

During FY2019, Medicaid Health Plans (MHPs) and Prepaid Inpatient Health Plans (PIHPs) had the opportunity to review and validate measure data for two performance measures: Plan All-Cause Readmissions (PCR) and Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA).

Per the FY 20 MDHHS PIHP contract, there are three shared metrics data-based projects between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans:

1. Follow-Up after Hospitalization for Mental Illness (30 days) (FUH)
2. Follow-Up after Emergency Department (ED) Visit for Alcohol and Other Drug Dependence (FUA)
3. Plan All-Cause Readmissions (PCR)

##### **1. Follow-Up after Hospitalization for Mental Illness (30 days)**

The percentage of discharges for individuals age six (6) and older, who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, and who had a follow-up visit with a mental health practitioner within 30 days of discharge.

The minimum standard for ages six (6) to 20 is at least 70%.

The minimum standard for ages 21 and older is at least 58%.

##### **2. Follow-Up after Emergency Department (ED) Visit for Alcohol and Other Drug Dependence**

The percentage of emergency department (ED) visits for individuals age 13 and older with a principle diagnosis of alcohol or other drug (AOD) abuse or dependence, who also had a follow up visit for AOD within 30 days of the ED visit.

This measure is Informational Only (baseline data collected FY 20)

##### **3. Plan All-Cause Readmissions (PCR) and Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA) Projects**

Plan All-Cause Acute 30-Day Readmissions The percentage of acute inpatient and observation stays during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days. 18 to 64 years old.

This measure is Informational Only (baseline data collected FY 20)

The CMHPSM plans to achieve the following goals by the end of FY 20 for the three shared metrics:

- 1) Event level data will be provided by MDHHS for both measures for the measurement period determined by MDHHS.
- 2) CMHPSM participation in data validation activities with MDHHS, findings of efforts to review and validated activities, noting discrepancies found that may impact measure results and well as actions take to address data issues.
- 3) Determine if there are racial disparities.
- 4) Explore how performance may be improved via the Clinical Performance Team, Regional Electronic Health Record Committee and other relevant regional workgroups through tasks including but not limited to the following:
  - a) Collect, review and evaluate the timeliness and cleanliness of outcome data.
  - b) Intervene on a local level to address any barriers to timely and clean data.
  - c) Examine data to ensure adherence to project protocols.
  - d) Consult data exchange vendors such as PCE (electronic health record vendor) and/or Great Lakes Health Connect (health highway data exchange vendor) and Medicaid Health Plans.
  - e) Route information about the Performance Measures to the Regional Operations Committee on a quarterly basis.

The CMHPSM Chief Operations Officer and/or Compliance Manager will report to CPT on a quarterly basis regarding these projects.

#### **VI. PIHP-only Performance Bonus/Pay for Performance Measure**

For FY 20 a PIHP specific performance bonus measure was added to the MDHHS contract:

##### **IET-AD: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment**

HEDIS specifications are used for this measure, and the measure is informational only for FY20, with an assumption that validation work will inform future efforts to set a benchmark.

##### **Measure**

Percentage of beneficiaries age 18 to 64 with a new episode of alcohol or other drug (AOD) abuse or dependence during the measurement period who initiated or engaged in treatment:

**Initiation of AOD Treatment:** Percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.

**Engagement of AOD Treatment:** Percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit

**Measurement Period:** Informational only June 2020 for calendar year 2019  
Measured annually

The IET includes some beneficiary denominator events connected to the numerator for MMBPIS Indicator 2b (The percentage of new persons during the quarter receiving a face to face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders). While there is no standard

for the first year of implementation with either IET-AD or Indicator 2b, the CMHPSM will need to incorporate and include Indicator 2b when analyzing results or opportunities for improvement with IET.

On 1/30/2020 MDHHS sent IET event level files to each PIHP. A data validation Q&A meeting occurred with MDHHS and PIHPs on 2/21/20, with PIHP validation files submitted to MDHHS by March 31, 2020. During the week of 4/27/2020 MDHHS will schedule a meeting with PIHPs to share IET validation results.

The CMHPSM will explore how performance may be improved in collaboration with the Clinical Performance Team, the CMHPSM SUD Committee, Regional Electronic Health Record Committee and other relevant regional workgroups through tasks including but not limited to the following:

- a) Collect, review and evaluate the timeliness and cleanliness of outcome data.
- b) Intervene on a local level to address any barriers to timely and clean data.
- c) Examine data to ensure adherence to project protocols.

## **VII. Critical and Sentinel Event Data Review**

The CMHPSM will review critical event and sentinel event data both qualitatively and quantitatively on a regular basis. The evaluation will include analysis for any potential trends or performance improvement opportunities, to use lessons learned for any system or program/consumer care changes that could be expanded locally or regionally, opportunities to improve consumer safety, and to ensure policy and procedures related to sentinel and critical events are being followed.

The CPT Committee will ensure completion of quarterly reviews of CMH related critical incidents, sentinel events, and risk events, including ; reviewing the appropriate use of root cause analyses and corrective actions; making recommendations for improvement when trends are identified; determining educational needs for staff and providers; and monitoring compliance of delegated functions related to critical incidents, sentinel events, and risk events.

Critical and sentinel events related to SUD providers and individuals receiving SUD services is reported bi-annually therefore SUD event data will be reviewed by the CPT Committee biannually using the same review criteria as CMH events data.

## **VIII. Behavioral Health Treatment Episode Data Set (BHTEDS) and Veteran Services Navigator (VSN) Data Collection**

Additions to the Performance Bonus Section of the PIHP contract for FY20 includes the use and monitoring of complete BHTEDS submissions (for MI or IDD/MI only) and ensuring required elements of military/veteran status in supporting accurate data for the identification of enrollees who may be eligible for services through the Veterans' Administration.

MDHHS has changed the criteria in which a BHTEDS submission counts. Prior to FY 20 a BHTEDS was counted if one had been created anytime since FY 16. Beginning FY20, BHTEDS submissions will count only if it was created in the last 15 months from the encounter. This supports completion of a BHTEDS in the consumer record at least annually, either as an intake or an update from the annual re-assessment process.

The data collection period is the current FY 20, with the measurement period for BH-TEDS data quality monitoring occurring 10/01/19 – 3/31/20. PIHPs are to monitor records showing “not collected” by 6/1/20 and submit a one to two-page narrative report on regional findings and any actions taken to improve and maintain data quality on BH-TEDS military and veteran fields.

The CMHPSM will assess data on BHTEDS “not collected” military and veteran fields and how performance may be improved in collaboration with the Clinical Performance Team, the CMHPSM SUD Committee, Regional Electronic Health Record Committee and other relevant regional workgroups through tasks including but not limited to the following:

- a) Collect, review and evaluate the timeliness and cleanliness of outcome data.
- b) Intervene on a local level to address any barriers to timely and clean data.
- c) Examine data to ensure adherence to project protocols.

## **Conclusion**

The QAPIP establishes a framework which champions a systematic evaluation of the important components of the delivery of services, as well as, clarifies the persons and systems responsible (leadership staff, committees and the regional board) for the approval and ongoing monitoring of the plan. This QAPIP has a balance of administrative and clinical project plans to promote excellent service delivery. This structure will drive and support the CMHPSM and CMHSPs to complete their designated functions better than previous years.

Respectfully Submitted,

A handwritten signature in dark ink, appearing to read 'CJ Witherow', is positioned above the typed name.

CJ Witherow, Chief Operations Officer  
Community Mental Health Partnership of Southeast Michigan – Region 6

#### **Literature Review References:**

1. Osborn DPJ, Wright CA, Levy G, King MB, Deo R, Nazareth I. Relative risk of diabetes, dyslipidemia, hypertension and the metabolic syndrome in people with severe mental illnesses: systematic review and metaanalysis. *BMC Psychiatry* 2008; 8:84
2. Correll CU, Detraux J, De Lepeleire J, De Hert M. Effects of antipsychotics, antidepressants and mood stabilizers on risk for physical diseases in people with schizophrenia, depression and bipolar disorder. *World Psychiatry* 2015; 14:119–136
3. Mezuk B, Eaton WW, Albrecht S, Golden SH. Depression and type 2 diabetes over the lifespan: a meta-analysis. *Diabetes Care* 2008; 31:2383–2390
4. American Diabetes Association. Strategies for improving care. Sec. 1. In *Standards of Medical Care in Diabetes* 2016. *Diabetes Care* 2016;39(Suppl. 1): S6–S12







## Regional Board Action Request – Board Governance Policy Manual

Board Meeting Date: April 8, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy Manual as included in Attachment 8A.

Background: The Board Governance Policy manual identifies a number of Board and Organizational standards. Staff recommended revisions include a number of updates and clarifications related to Board Governance practices.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model: The CMHPSM Regional Board of Directors provides oversight of CMHPSM implementation of the PIHP/MDHHS Contract through the CMHPSM Governance Policy Manual and Board Governance policies.

Recommend: Approval



# **Community Mental Health Partnership of Southeast Michigan**

## **Board Governance Policy Manual**

## TABLE OF CONTENTS

SECTION 1: MISSION, VISION AND VALUES .....	3
1.0 MISSION, VISION AND VALUES .....	3
1.1 BYLAWS AND POLICY REVIEW AND AMENDMENT .....	3
SECTION 2: CEO RESPONSIBILITIES .....	3
2.0 EXECUTIVE RESPONSIBILITIES .....	3
2.1 TREATMENT OF CONSUMERS .....	3
2.2 TREATMENT OF STAFF .....	3
2.3 COMPENSATION AND BENEFITS .....	4
2.4 FINANCIAL POLICIES .....	4
2.5 EMERGENCY CEO SUCCESSION .....	4
2.6 COMMUNICATION AND SUPPORT TO THE BOARD .....	5
2.7 REGIONAL RESOURCES .....	5
Section 3: GOVERNANCE PROCESS .....	5
3.0 GOVERNING STYLE .....	6
3.1 BOARD RESPONSIBILITIES/DUTIES .....	6
3.2 BOARD MEMBER ETHICS .....	7
3.3 BOARD CHAIR'S ROLE .....	7
3.4 POLICY REVIEW AND AMENDMENT .....	7
3.5 COST OF GOVERNANCE .....	7
SECTION 4: BOARD-CEO LINKAGE .....	8
4.0 GOVERNANCE-MANAGEMENT CONNECTION .....	8
4.1 CEO'S RESPONSIBILITIES .....	8
4.2 MONITORING CEO PERFORMANCE .....	8
MOST RECENT BOARD .....	9
REVIEW / APPROVAL DATE .....	9

## SECTION 1: MISSION, VISION AND VALUES

### 1.0 MISSION, VISION AND VALUES

**Mission:** Through effective partnerships, the CMHPSM ensures and supports the provision of high-quality integrated care that is cost effective and focuses on improving the health, wellness, and quality of life for people living in our region.

**Vision:** The CMHPSM will address the challenges confronting people living in our region by influencing public policy and participating in initiatives that reduce stigma and disparities in health care delivery while promoting recovery and wellness.

**Values:**

- ) Strength Based and Recovery Focused
- ) Trustworthiness and Transparency
- ) Accountable and Responsible
- ) Shared Governance
- ) Innovative and Data Driven Decision Making
- ) Learning Organization

### 1.1 BYLAWS AND POLICY REVIEW AND AMENDMENT

The Board will review the regional mission, vision, and values statements for relevance to current needs and interest of the four county partners at least every two years. The Board will ensure stakeholder involvement in the review of the mission, vision and values.

## SECTION 2: CEO RESPONSIBILITIES

### 2.0 EXECUTIVE RESPONSIBILITIES

The CEO shall ensure that all practices, activities, decisions, and/or organizational circumstances shall be lawful, prudent and in compliance with commonly accepted business and professional ethics. The CEO will recommend either new or revised Board Governance policies to address areas of non-compliance.

### 2.1 TREATMENT OF CONSUMERS

With respect to interactions with and services provided to consumers or those applying to be consumers, the CEO shall ensure the CMHPSM has an established process that is followed to monitor conditions and procedures employed across the four county region so that services and supports are provided in a manner that is dignified, respectful, appropriate, not unnecessarily intrusive, and promotes safety.

Services and supports ~~shall be delivered~~ in accordance with the CMHPSM Mission and Vision statements.

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### 2.2 TREATMENT OF STAFF PERSONS

The CEO shall promote working conditions for the staff that are fair, dignified, respectful, organized, and clear.

Further, by way of example, but not limited to the following:

1. Operate with written personnel rules which: (a) clarify rules for staff, (b) provide for effective handling of grievances, and (c) protect against wrongful conditions, such as discrimination, harassment, nepotism and/or preferential treatment for personal reasons.
2. Produce and continually update the CMHPSM employee handbook which establishes the general expectations and principles of employment, operational policies, employee benefit and leave provisions and general standards of conduct for employees.
3. Have a process to administer exit interviews and staff satisfaction surveys.
4. Ensure each employee of the CMHPSM shall have due process in the event of an adverse disciplinary action.
5. Within fiscal constraints, provide necessary resources to staff for the performance of their job duties.
6. Have a process to ensure job descriptions, work plans and assigned outcomes for staff persons are continually assessed.
7. Staff shall have work performance appraisals at minimum annually.

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## 2.3 COMPENSATION AND BENEFITS

The CEO shall administer board approved competitive compensation and benefits for CMHPSM employees.

## 2.4 FINANCIAL BOARD GOVERNANCE POLICIES

The CEO and CFO shall ensure the financial policies and practices of the CMHPSM meet state and federal requirements and are compliant with Generally Accepted Accounting Practices (GAAP).

Financial Board Governance Policies which shall be approved by the Board include:

- A. Procurement
- B. Investing
- C. CEO General Scope of Authority
- D. CEO Authority for Position Control and Compensation
- E. Financial Stability and Risk Reserve Management

1. The CEO and CFO shall review the financial policies annually and make recommendations to the Board for revisions, amendments when needed. All approved CMHPSM Board Governance Policies can be found on the CMHPSM website: [www.cmhpsm.org/governance-policies](http://www.cmhpsm.org/governance-policies).

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## 2.5 EMERGENCY CEO SUCCESSION

To protect the CMHPSM from sudden loss of CEO Services, the CEO shall have no fewer than two

other executives familiar with Board and CEO issues and processes.

## 2.6 COMMUNICATION AND SUPPORT TO THE BOARD

The CEO shall keep the CMHPSM Board informed and supported in its work.

Further, by way of example, but not limited to the following:

1. Submit monitoring data required to the Board in a timely, accurate, and understandable fashion, directly addressing provisions of Board Policies being monitored.
2. Keep the Board informed of relevant trends, anticipated adverse media coverage, threatened or pending lawsuits and material external and internal changes, particularly changes in the assumptions upon which any Board Policy has previously been established.
3. Advise the Board if, in the CEO'S opinion, the Board is not in compliance with its own policies on Governance Process and Board – CEO Linkage, through the Board Chair.
  - a) If there is a breakdown in the relationship between the Board Chair and the CEO, the CEO shall inform the full CMHPSM Board of Directors of the breakdown.
  - b) In the event the CMHPSM Board is unable to resolve the issues, the leadership of the CMHSPs that appoint the CMHSP members to the CMHPSM Board shall meet to address the issues and develop recommendations for the CMHPSM Board to act upon.
4. Marshal for the Board information from as many staff and external perspectives, on issues and options as needed for fully informed Board choices.
5. Provide a mechanism for official Board communications.
6. The CEO shall provide a compliance report to the Board at least annually and any time there are any serious violations at either the CMHPSM or the CMHSPs. This report shall include a review of the implementation of operational policies to ensure that areas of noncompliance are identified and addressed before the noncompliance results in sanctions from regulatory bodies.
7. Report in a timely manner an actual or anticipated noncompliance with any Board Policy.

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## 2.7 REGIONAL RESOURCES

The CEO shall be informed and take advantage of collaboration, partnerships and innovative relationships with agencies and organizations, including state, regional and county specific resources. The CEO shall also stay abreast of current affairs as they apply to this industry through conferences and seminars.

## SECTION 3: GOVERNANCE PROCESS

### 3.0 GOVERNING STYLE

The Board will govern with an emphasis on (a) outward vision, (b) diversity in viewpoints, (c) strategic leadership, (d) clear distinction of Board and CEO roles, (e) collective rather than individual decisions and, (f) proactivity.

The Board must ensure that all divergent views are considered in making decisions, yet must resolve into a single organizational position. Once a decision is made the Board must speak in one voice publicly.

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Accordingly:

1. The Board will establish written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on the intended long-term impacts outside the organization, not on the administrative or programmatic means of attaining those effects.
2. The Board will enforce discipline whenever needed. Discipline will apply to matters such as attendance, preparation for meetings, violation of policies, and disrespect for roles.
3. Continual Board development will include orientation of new Board Members and periodic Board discussion of process improvement.
4. The Board will listen respectfully to citizen comments and assure that an internal process is in place to follow up on the concerns expressed.

### 3.1 BOARD RESPONSIBILITIES/DUTIES

The Board will ensure appropriate organizational and CEO performance and promote a link between the regional community and the CMHPSM.

Further, by way of example, but not limited to the following:

1. Meetings
  - (a) Attend Board meetings
  - (b) If unable to attend Board meetings provide advance notice to the CEO and Board Chair
  - (c) Be prepared and on time
  - (d) Listen with an open mind
  - (e) Participate in discussion and encourage dialogue
  - (f) Make decisions in the best interest of the PIHP region
  - (g) Speak with one voice after a decision has been made
2. Board Member Personal Development
  - (a) Complete Board orientation and training
  - (b) Commit to ongoing development of Board Member skills
3. Operational Policies
  - (a) Follow all relevant CMHPMS operational policies applicable to Board Members.

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### 3.2 BOARD MEMBER ETHICS

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board Members.

Further, by way of example, but not limited to the following:

1. Operate with the best interest of the PIHP region in mind.
2. Recuse from any issues where a potential conflict of interest exists.
3. Board Members will not use their board position to obtain employment in the organization for themselves, family members, or close associates. Should a Board Member apply for employment, he or she must first resign from the Board.
4. Board Members shall not attempt to exercise individual authority over the organization.
5. The Board will not evaluate, either formally or informally, any staff other than the CEO.
6. Board Members will respect confidentiality.

### 3.3 BOARD CHAIR'S ROLE

The Board Chair assures the integrity of the Board's process and, represents the Board to outside parties. The Board Chair has no authority to make decisions about policies created by the Board nor authority to individually supervise or direct the CEO.

### 3.4 POLICY REVIEW AND AMENDMENT

1. The Board Policy Governance Manual, Bylaws of the CMHPSM, and Board Governance Policies shall be reviewed in April of every year.
2. Board Governance Policies may be suspended, rescinded, or amended by 3/4 of the serving membership and will be superseded by any change in federal or state law.

### 3.5 COST OF GOVERNANCE

The Board will invest in its governance capacity.

Accordingly:

1. Board members shall be compensated at the rate of the appointing CMHSP per meeting for attendance at all Board meetings, assigned committee meetings, workshops, required training, and other Board approved functions. Board members are entitled to one meeting allowance per day.
2. Travel expenses shall be reimbursed by the appointing CMHSP



3. The Board shall be informed of its budget and expenses.

## SECTION 4: BOARD-CEO LINKAGE

### 4.0 GOVERNANCE-MANAGEMENT CONNECTION

The Board shall appoint a CEO of the Community Mental Health Partnership of Southeast Michigan who meets the standards of training and experience established by the Michigan Department of Health and Human Services (MDHHS). The Board shall establish general policy guidelines within which the CEO shall execute the duties and responsibilities of a Pre-Paid Inpatient Health Plan as required by state and federal laws, rules, regulations, and the Medicaid Specialty Supports and Services contract with the MDHHS.

### 4.1 CEO'S RESPONSIBILITIES

The CEO of the CMHPSM shall function as the chief executive and administrative officer of the ~~CMHPSM~~/PIHP and shall execute and administer the program in accordance with the approved annual plan and operating budget, the general policy guidelines established by the ~~CMHPSM~~ Board, the applicable governmental procedures and policies, and the provisions of the Mental Health Code. The CEO has the authority and responsibility for supervising all employees. The terms and conditions of the CEO's employment, including tenure of service, shall be as mutually agreed to by the Board and the CEO and shall be specified in a written contract.

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### 4.2 MONITORING CEO PERFORMANCE

There will be systematic and objective monitoring of the CEO's job performance and achievement of organizational goals as agreed upon.

## MOST RECENT BOARD REVIEW / APPROVAL DATE

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Date

### **Revision History**

- ) Revision made 8-8-2018 include updates to Mission, Vision, and Values statements; review dates of Financial policies cited in 2.4.1; and inclusion of attachments of the financial policies cited in 2.4.1*
- ) Revisions include table of contents formatting, updates and clarifications throughout the document. A tracked changes version identifying edits will be retained for reference.*



Regional Board Action Request – CEO General Scope of Authority Board Governance Policy

Board Meeting Date: April 8, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy: CEO General Scope of Authority as included in Attachment 9a.

Background: The CMHPSM Board Governance policies are to be reviewed annually every April. Staff recommended revisions to the CEO General Scope of Authority Board Governance policy include a number of position reference updates, revisions and clarifications.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model: The CMHPSM Regional Board of Directors provides oversight of CMHPSM implementation of the PIHP/MDHHS Contract through Board Governance policies.

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan		Policy: <del>Chief Executive Officer General Scope of Authority</del>	
<del>CMHPSM Board Governance</del>			
	Date of Board Approval <del>4/8/2020</del>	Date of Implementation <del>4/8/2020</del>	

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**I. PURPOSE**

This policy shall govern the authority of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) ~~Chief Executive Officer~~, as the chief administrative officer of the CMHPSM, to implement approved policies and to provide leadership and management in PIHP ~~Regional Entity~~ operations to carry out the CMHPSM Board's over-all purpose and goals.

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**II. REVISION HISTORY**

Revision Date	Modification	Implementation Date
<del>8/13/2014</del>	<del>Original Policy Board Approval</del>	<del>8/14/2014</del>
<del>4/1/2020</del>	<del>Revisions to CEO Title, Board Review</del>	

**III. POLICY**

It is the policy of the CMHPSM that the ~~Chief Executive Officer~~ has the necessary decision-making authority for decisions relating to how CMHPSM purposes and policies are operationalized and how organizational goals are attained; for decisions involving intermediate and short-range commitment and control of resources; and for PIHP ~~Regional Entity~~ operations in collaboration with the Regional Operations Committee and the CMHPSM Operating Agreement.

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**IV. DEFINITIONS**

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw counties for mental health, intellectual/developmental disabilities, and substance use disorder services.

Operating Agreement: The Agreement by and between the CMHPSM Partner CMHSP Boards to set forth the terms and conditions of the operation of the CMHPSM in accordance with the CMHPSM Bylaws and Shared Governance documents.

**V. STANDARDS**

- A. The ~~Chief Executive Officer~~ shall be authorized to approve expenditures and execute contracts for amounts up to \$25,000.
- B. The ~~Chief Executive Officer~~ shall be authorized to sign all contracts above \$25,000 that have been duly approved by the CMHPSM Board and are in conformity with the annual budget.
- C. The ~~Chief Executive Officer~~ shall be authorized to sign and execute all revenue and grant award contracts.
- D. The ~~Chief Executive Officer~~ shall be authorized to sign renewals and/or extensions of leases which have been duly approved by the CMHPSM Board.
- E. The ~~Chief Executive Officer~~ shall be authorized to open, close, and maintain control records of bank accounts with prior approval of the CMHPSM Board.

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~~CEO General Scope of Authority~~  
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- F. The Chief Executive Officer shall be authorized to delay the issuance of checks in order to benefit the cash flow and investment levels of the organization.
- G. The Chief Executive Officer shall be the signor of all CMHPSM bank accounts with additional signors to be the Chief Financial Officer and a designee of the Chief Executive Officer.
- H. The Chief Executive Officer shall be the signor of all checks issued by the CMHPSM with additional signors to be the Chief Financial Officer and a designee of the Chief Executive Officer.
- I. The Chief Executive Officer shall be authorized to represent the CMHPSM in negotiating the Medicaid Specialty Supports and Services contracts with the Michigan Department of Health and Human Services (MDHHS) and the CMHSP Partners.
- J. The Chief Executive Officer shall be authorized to communicate with approved legal counsel on PIHP/Regional Entity matters.
- K. The Chief Executive Officer shall be authorized to hire, supervise and terminate employees consistent with CMHPSM Board approved Board Governance policies and enter into agreements related to the leasing of CMHPSM personnel from a CMHSP Partner or another entity.

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## Regional Board Action Request – Procurement Board Governance Policy

Board Meeting Date: April 8, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy: Procurement as included in Attachment 9b.

Background: The CMHPSM Board Governance policies are to be reviewed annually every April. Staff recommended revisions to the Procurement Board Governance policy include a number of position reference updates, revisions and clarifications.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model: The CMHPSM Regional Board of Directors provides oversight of CMHPSM implementation of the PIHP/MDHHS Contract through Board Governance policies.

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan		Policy: Procurement of Goods and Services	
<u>CMHPSM Board Governance</u>			
	Date of Approval <u>4/8/2020</u>	Date of Implementation <u>4/9/2020</u>	

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**I. PURPOSE**

To establish a policy and standards that the CMHPSM will abide by based upon current federal, state, and all other applicable regulations when purchasing goods and/or services.

**II. REVISION HISTORY**

Revision Date	Modification	Implementation Date
09/13/17	Updated to reflect 42 CFR.	9/13/17
<u>4/8/2020</u>	<u>Updated to reflect CEO title change, and Board review</u>	<u>4/9/2020</u>

**III. POLICY**

It is the policy of the CMHPSM that all procurement of goods and services will follow all federal and state regulations, the standards outlined in this policy and/or any other related CMHPSM operational policies. The CMHPSM will utilize procurement processes that are fair and competitive, allowing the organization to conduct business in the most efficient, cost-effective manner as good stewards of public funding.

**IV. DEFINITIONS**

Community Mental Health Services Program (CMHSP) – An agency formed under Act 258 of the Public Acts of 1974 as amended (the Mental Health Code) responsible for the delivery of mental health services.

FAR – Federal Acquisition Regulations Volume I & II

Micro-Purchase Threshold – procurement of goods or services in which the aggregate amount does not exceed the micro-purchase threshold of \$3,000.00. FAR Subpart 2.1

P.O. – Purchase Order, purchase orders are used for purchases and contracts over \$3,000.00.

RFP – Request for Proposals

RFI – Request for Information

RFQ – Request for Quotes

Specialty Service Contract – CMHPSM contract with direct service providers of mental health or substance use disorder services, other than CMHPSM-CMHSP agreements.

## V. STANDARDS

### A. CMHPSM Procurement Thresholds

1. All CMHPSM staff will follow the appropriate approval process and meet all requirements identified for each amount and type of purchase or contract. CMHPSM procurement thresholds are found in Exhibit A.
  - a. No procurement thresholds will be manipulated through multiple purchase orders, separate contracts or any other method to artificially stay beneath the cost limit of the threshold.
  - b. Procurement thresholds for purchases of goods, supplies or materials relates to single purchases from a single vendor at one point in time.
  - c. Procurement thresholds for purchases of services with a contract relate to the term of the contract (if the term is less than one year), or relate to the current fiscal year.
  - d. All purchases of goods and services over \$3,000.00 require a purchase order.
  - e. Equipment or asset purchases over \$5,000.00 per unit or item will be depreciated according to GAAP.

### B. Credit Card Utilization

1. Credit card purchases can be used only within the micro purchase threshold and must follow the CMHPSM Issuance and Use of Credit Cards Policy. The use of credit cards for low-cost or quantity purchases, especially in the case of infrequently used vendors, is the preferred purchase method to reduce administrative costs in the Finance Department.

### C. Code of Ethics

1. All CMHPSM employees will conduct CMHPSM business operations in an ethical manner which meets the standards of all applicable laws, regulations and CMHPSM policies and procedures.
2. Gifts from vendors and contractors- The CMHPSM Board members, CMHPSM Chief Executive Officer and any CMHPSM employees involved in the procurement or contract development processes are not able to accept gifts of any value from potential or current contractors or vendors.

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#### D. Procedures and Forms

1. CMHPSM Staff will utilize the most recent versions of any procurement, contract request, credit card pre-approval or any other relevant forms. All forms developed for procurement within the CMHPSM shall meet the standards and regulations referenced in this policy.

#### E. Informal Procurement

1. CMHPSM staff procuring goods or services within the Micro-Purchase Threshold are not required to utilize, but can use an informal procurement process such as: obtaining multiple verbal bids, utilizing a preferred vendor with reduced government pricing, etc. CMHPSM staff are to be good stewards of public funds, and to provide the best value to the CMHPSM organization as a whole.

#### F. Formal Competitive Procurement

1. Procurement of goods and services that exceed the Micro-Purchase Threshold must utilize formal procurement procedures, unless a bid waiver is approved by the ~~Chief Executive Officer~~. Formal procurement procedures include the following:
  - a. *Procurement of Goods, Administrative & Professional Services, Leases or Other Non-Specialty Service Contracts* – CMHPSM will utilize appropriate approvals, procurement processes and regulations related to non-specialty services. RFPs, RFQs and RFIs may be used as outlined in the standards of this policy.
  - b. *Procurement of Specialty Service Contracts* – All ~~MDHHS~~ rules and regulations outlined in the ~~MDHHS~~ CMHPSM agreements will be followed by the CMHPSM when contracting for any specialty service contracts. Specialty service contracts are used for all clinical service provision agreements, including Mental Health and Substance ~~Use Disorder~~ services, excluding CMHPSM to CMHSP agreements. Procurement of specialty service contracts must utilize one of the following procurement methods in conjunction with an RFP, RFQ or RFI, unless a bid waiver is approved by the ~~Chief Executive Officer~~.
    - i. Selective Contracting – CMHPSM may purchase services from a limited number of providers who agree to fulfill contractual obligations for an agreed upon price. The managing entity identifies the specific services to be provided, seeks proposals price bids, and awards contracts to the best bidders. Contracts are let only with a sufficient number of providers to assure adequate access to services. The prospect of increased volume induces providers to bid lower prices.
    - ii. Procurement to Obtain Best Prices Without Selective Contracting – Under an "any willing and qualified provider" process, bids can be solicited and used to set prices for a service, and then contracts or provider agreements can be

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offered to any qualified provider that is willing to fulfill the contract and meet the bid price.

- c. *RFP/RFQ/RFI* – Requests for Proposals, Quotes or Information are used to fairly procure goods and services in certain situations.
  - i. Requests for Information – RFIs are used primarily for pilot programs, system development or a service that is unfamiliar to the CMHPSM. Respondents are asked to propose information, asked to identify a problem and provide a solution or propose a unique solution to an issue. A RFI is often used in conjunction with a RFQ.
  - ii. Requests for Quotes – RFQs are usually used when the CMHPSM has identified a specific need for a good or service and is requesting a total project cost, service rate or cost structure. RFQs can be used or are often used after an RFI is issued to complete the procurement process.
  - iii. Requests for Proposals – RFPs are used when more information than solely service cost is requested from respondents. RFPs often require respondents to write a proposal which answers narrative questions, provides cost or rate information and describes vendor experience or expertise in particular fields or projects.
  - iv. Regulations – RFPs, RFQs and RFIs will follow all applicable Federal Acquisition Regulations, specifically FAR Subpart 15. The CMHPSM will follow all FAR regulations related to solicitation, competition, evaluation, award documentation and retention of competitive procurement.
    - 1) *Electronic Notification* – CMHPSM staff will utilize the most cost-effective, efficient means for notification and solicitation of competitive procurement. In most cases electronic bid notification systems will be used.
    - 2) *Retention* – CMHPSM will follow state of Michigan guidelines related to the retention of RFP materials, specifically General Retention Schedule #20: Community Mental Health Services Programs.

#### **G. Bid Waiver or Non-competitive Procurement**

- 1. A non-competitive process may be used in the following situations:
  - a. The service is available only from a single source.
  - b. There is a public exigency or emergency that will not permit a delay for a competitive bid.
  - c. After solicitation of a number of sources, competition is determined inadequate.

- d. The services involved are professional (clinical) services of limited quantity or duration.
- e. The services involved are professional (administrative) services which do not constitute comprehensive management services or significant automated data processing services.
- f. The services are unique and/or the selection of the service provider has been delegated to the consumer under a self-determination program.
- g. The services are existing residential services where continuity of care arrangements is of paramount concern.
- h. With other public entities in accordance with the Intergovernmental Contract Act 35 of 1951.

#### **H. Best Value and Quality Determinations**

- 1. CMHPSM can utilize measures such as: best value, service or material quality, organizational references, past organizational performance and/or CMHPSM staff experience, rather than relying solely on the lowest cost bidder in any procurement determinations.

#### **I. Federal Funding Eligibility (Debarment, State Eligibility)**

- 1. Whether a competitive procurement or noncompetitive solicitation process is used, the managing entity must ensure that organizations or individuals selected and offered contracts have not been previously sanctioned by the Medicaid program resulting in prohibition of their participation in the program. Individuals and organizations contracting with the CMHPSM must be verified to be eligible for federal participation prior to purchasing goods or services by meeting the following standards: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or PIHP; Have not—within a three-year period preceding this agreement—been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; Violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated above; Have not—within a three-year period preceding an agreement—had one or more public transactions (federal, state or local) terminated for cause or default.

#### **J. Federal & State Requirements**

1. CMHPSM will ensure full compliance with all of the applicable: Federal CFR regulations, OMB Circulars and any other federal, state or local laws or regulations. The CMHPSM will also ensure compliance with its current Medicaid Agreement with the State of Michigan and the Michigan Medicaid Manual. Federal Acquisition Regulations, CFR regulations and OMB circulars will guide any procurement issues not specifically addressed in the standards of this policy.

**K. Affirmative Steps**

1. CMHPSM must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor area surplus firms are used when possible. The affirmative steps must include those set forth at 2 C.F.R. § 200.321(b). See Chapter V, ¶ 6.

**L. Maintaining Records**

1. The Uniform Rules require CMHPSM to maintain records sufficient to detail the history of a procurement. These records include, but are not limited to, the following: rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for contract price. 2 C.F.R. § 200.318(i)

## VI. EXHIBITS

## A. CMHPSM Procurement Thresholds, Approvals and Requirements Table:

		Procurement Type			
		Purchase of Goods	Administrative, Professional Service Contract, Lease	Specialty Service Contracts (Direct Mental Health or Substance Use Disorder Service)	
Procurement Threshold	Micro Purchase \$3,000.00 and under.	<b>Approver:</b> <del>Chief Executive Officer</del> or <del>Chief Executive Officer</del> Designee <b>Requirement:</b> No formal quotes required.	<b>Approver:</b> <del>Chief Executive Officer</del> <b>Requirement:</b> No formal quotes required.		Deleted: Managing Director Deleted: Managing Director Deleted: Managing Director
	<del>Chief Executive Officer</del> \$3,000.01-\$25,000.00	<b>Approver:</b> <del>Chief Executive Officer</del> <b>Requirement:</b> 1. Written quotes required or bid waiver signed by <del>Chief Executive Officer</del> . 2. Purchase Order Required	<b>Approver:</b> <del>Chief Executive Officer</del> <b>Requirement:</b> 1. Written quotes required or bid waiver signed by <del>Chief Executive Officer</del> . 2. Purchase Order Required	<b>Approver:</b> All specialty service contracts require CMHPSM Board approval.  <b>Requirement:</b> RFP/RFQ/RFI or bid waiver signed by <del>Chief Executive Officer</del> .	Deleted: Managing Director Deleted: <b>Managing Director</b> Deleted: Managing Director Deleted: Managing Director Deleted: Managing Director
	CMHPSM Board \$25,000.01 and over.	<b>Approver:</b> CMHPSM Board Approval <b>Requirement:</b> 1. RFP/RFQ/RFI or bid waiver signed by <del>Chief Executive Officer</del> . 2. Purchase Order Required	<b>Approver:</b> CMHPSM Board Approval <b>Requirement:</b> 1. RFP/RFQ/RFI or bid waiver signed by <del>Chief Executive Officer</del> . 2. Purchase Order Required		Deleted: Managing Director Deleted: Managing Director

## VII. REFERENCES

- ) Federal Acquisition Regulation – Volume I: Parts 1 to 51 (Subparts 2.1 and 15); Volume II: Parts 52, 53
- ) 41 U.S.C. 57(a) and (b) Anti-Kickback Act of 1986
- ) 45 CFR Part 92: Title 45 – Public Welfare, Subtitle A – Department of Health and Human Services, Part 92 – Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, 92.36 Procurement
- ) 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

**Attachment #9b – April 2020**

- ) MCL Act 317 of 1968 – Contracts of Public Servants with Public Entities (15.321 - 15.3300) [Updated 12/19/2008]
- ) Intergovernmental Contract Act 35 of 1951
- ) Current ~~MDHHS~~ Contract Attachment: Procurement Technical Requirement

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## Regional Board Action Request – Investing Board Governance Policy

Board Meeting Date: April 8, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy: Investing as included in Attachment 9c.

Background: The CMHPSM Board Governance policies are to be reviewed annually every April. Staff recommended revisions to the Investing Board Governance policy include a number of position reference updates, revisions and clarifications.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model: The CMHPSM Regional Board of Directors provides oversight of CMHPSM implementation of the PIHP/MDHHS Contract through Board Governance policies.

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan		Policy: Investing
<b>CMHPSM Board Governance</b>		
	Date of Board Approval <u>4/8/2020</u>	Date of Implementation <u>4/9/2020</u>

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**I. PURPOSE**

It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to invest its funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow needs of the CMHPSM and comply with all State Statutes governing the investment of public funds.

**II. REVISION HISTORY**

<u>Revision Date</u>	<u>Modification</u>	<u>Implementation Date</u>
5/14/2014	Original Board Approval	5/15/2014
4/8/2020	Revisions to CEO title, annual Board review	4/9/2020

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**III. SCOPE**

This investment policy applies to all financial assets of the CMHPSM. These assets are accounted for in the various funds of the CMHPSM and may include General Fund, Special Revenue Funds, Debt Service Funds, Capital Project Funds, Enterprise Funds, Internal Service Funds and any new fund established by the CMHPSM.

**IV. OBJECTIVES**

The primary objectives, in priority order, of the CMHPSM's investment activities shall be:

Safety – Safety of principal is the foremost objective of the investment program.

Investments shall be undertaken in a manner that seeks to insure the preservation of capital in the overall portfolio.

Diversification – The investments will be diversified by security type and institution in order that potential losses on individual securities do not exceed the income generated from the remainder of the portfolio.

Liquidity – The investment portfolio shall remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated.

Return on Investment – The investment portfolio shall be designed with the objective of obtaining a rate of return throughout the budgetary and economic cycles, taking into account the investment risk constraints and the cash flow characteristics of the portfolio.



**V. DELEGATION OF AUTHORITY TO MAKE INVESTMENTS**

Authority to manage the investment program is derived from the Michigan Mental Health Code, Act 258 of the Public Acts of 1974 as amended Chapter 2 section 330.1205 (4) (g). Management responsibility for the investment program is hereby delegated to the Chief Executive Officer or their designee, who shall establish written procedures and internal controls for the operation of the investment program consistent with this investment policy. Procedures should include references to: safekeeping, delivery vs. payment, investment accounting, repurchase agreements, wire transfer agreements, collateral/depository agreement and banking service contracts. No person may engage in an investment transaction except as provided under the terms of this policy and the procedures established by the Chief Executive Officer or their designee. The Chief Executive Officer or their designee shall be responsible for all transactions undertaken and shall establish a system of controls to regulate the activities or subordinate officials.

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**VI. LIST OF AUTHORIZED INVESTMENTS**

The CMHPSM is limited to investments authorized by Public Act 20 of 1943, as amended with the exception of mutual funds having a fluctuating per share value.

**VII. SAFEKEEPING AND CUSTODY**

All security transactions, including collateral for repurchase agreements and financial institution deposits, entered into by the CMHPSM shall be on a cash (or delivery vs. payment) basis. Securities may be held by a third party custodian designated by the Chief Executive Officer or their designee and evidenced by safekeeping receipts as determined by the Chief Executive Officer or their designee. Quarterly reports on the investments will be reviewed with the CMHPSM Board.

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**VIII. PRUDENCE**

Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.

**IX. DEFINITIONS**

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw counties for mental health, intellectual/developmental disabilities, and substance use disorder services.

Generally Accepted Accounting Principles: Accounting principles that are the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in the preparation of financial statements.

**X. EXHIBITS**

1. Acknowledgement of Receipt of Investment Policy and Agreement to Comply Form

**XI. REFERENCES**

1. Michigan Mental Health Code, Act 258 of the Public Acts of 1974 as amended Chapter 2 section 330.1205 (4) (g)
2. Public Act 20 of 1943, as amended

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EXHIBIT 1

ACKNOWLEDGEMENT OF RECEIPT OF THE COMMUNITY MENTAL HEALTH  
PARTNERSHIP OF SOUTHEAST MICHGAN (CMHPSM) INVESTMENT POLICY AND  
AGREEMENT TO COMPLY FORM

I, \_\_\_\_\_, do hereby acknowledge receipt of the CMHPSM's  
Investment Policy.

I further agree to comply with the requirements of Public Act 20 of 1943, as amended, and the  
Investment Policy of the CMHPSM. Any investment not conforming with the statute or the policy  
will be disclosed promptly to the CMHPSM Chief Executive Officer and its Board.

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\_\_\_\_\_  
[Signature]

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Type or Print Name and Title

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Date



Regional Board Action Request – Financial Stability and Risk Reserve Management  
Board Governance Policy

Board Meeting Date: April 8, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy: Financial Stability and Risk Reserve Management as included in Attachment 9d.

Background: The CMHPSM Board Governance policies are to be reviewed annually every April. Staff recommended revisions to the Financial Stability and Risk Reserve Management Board Governance policy include a number of position reference updates, revisions and clarifications.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model: The CMHPSM Regional Board of Directors provides oversight of CMHPSM implementation of the PIHP/MDHHS Contract through Board Governance policies.

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan		Policy: <i>Financial Stability &amp; Risk Reserve Management</i>
<u>CMHPSM Board Governance</u>		
	Date of Board Approval <u>4/8/2020</u>	Date of Implementation <u>4/9/2020</u>

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**I. PURPOSE**

It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to manage funding from the State of Michigan consistent with State Contracts, 2 CFR 200 Uniform Guidance, and prudent financial practices.

**II. REVISION HISTORY**

Revision Date	Modification	Implementation Date
8/9/2017	Original Board Approval	8/9/2017
<u>4/8/2020</u>	<u>Reviewed</u>	<u>4/9/2020</u>

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**III. SCOPE**

The Financial Stability & Risk Reserve Management policy applies to all Community Mental Health Service Programs (CMHSPs) and Substance Use Disorder (SUD) Core Providers who affiliated with the CMHPSM.

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**IV. OBJECTIVES**

The primary objectives of the Financial Stability & Risk Reserve Management policy are to protect the financial stability of the Region, ensure medically necessary services are provided to Consumers who are served by the CMHSPs affiliated with the CMHPSM and to ensure compliance with State contracts.

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**V. STANDARDS**

The CMHSPs shall have a sufficient capacity of staff and/or contracted providers to ensure that medically necessary services can be furnished to Consumers promptly and without compromise to quality of care at a reasonable cost. Utilizing a person-centered individual plan of service, the CMHSPs shall provide, or authorize the provision of, services in the amount, for the duration, and with a scope that is appropriate to reasonably achieve the purpose of the service for the Consumer.

As it pertains to this Policy, the CMHPSM Chief Financial Officer will be responsible to maintain effective communications with the Finance Officers of the CMHSPs and SUD Core Providers in order to obtain up-to-date financial information as noted below. The

CFO will communicate this information and advise the ~~CMHPSM Chief Executive Officer~~ on its impact on the ~~financial status of the~~ Regional Entity. The ~~CMHPSM~~ CEO will ensure that the appropriate level of ~~financial status~~ details ~~are~~ made available to the Regional Board in a timely manner.

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In order to achieve the objectives of this Policy, the following standards and practices will be followed:

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#### A. BUDGET PROCESS

- ) CMHSP budgets will be developed using revenue projections proposed by the CMHPSM and approved by the Regional Finance Committee and Regional Operating Committee.
- ) Regional Board approval of the CMHPSM budget is required prior to funding being made available to the CMHSPs.
- ) Budget ~~expenditures~~ at the CMHSPs will not exceed the revenue projections ~~as denoted in the most current CMHPSM Regional Board approved budget.~~
- ) ~~Budget~~ amendments will be presented to the ~~CMHPSM~~ Regional Board as recommended by the Regional Finance Committee and the Regional Operations Committee.
- ) If significant changes such as new service provision modalities, administrative operations, labor agreements, etc. are anticipated in ~~an~~ upcoming budget year, ~~detailed projected financial information~~ will be provided to the CMHPSM ~~prior to inclusion in an upcoming budget.~~
- ) The CMHPSM must develop an ~~internal PIHP~~ administrative budget sufficient to ~~maintain~~ compliance with the ~~PIHP~~ Medicaid ~~Managed~~ Specialty ~~Supports and Services~~ Contract with ~~the Michigan Department of Health and Human Services.~~
- ) The total CMHPSM budget, including the ~~PIHP~~ administration budget, must be balanced with the revenues being projected to be received from the Michigan Department of Health and Human Services (MDHHS).

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#### B. REPORTING

- ) The CMHPSM and CMHSPs ~~must~~ produce accurate reports of their fiscal year-to-date (FYTD) actual expenditures versus their annual budget in a traditional Revenue and Expense format, as well as a FYTD Fund Source Report ~~on a monthly basis.~~ The CMHSPs will provide this and other requested financial data to the CMHPSM according to an established and agreed upon schedule.
- ) ~~CMHSP and PIHP expenditure~~ information will be reviewed with the CMHPSM Board at its monthly Board meeting in order to keep the Board apprised of the financial condition of the Region, and to inform ~~the Board~~ ~~when~~ financial issues arise that could present a risk to the overall ~~fiscal~~ ~~health of the~~ Regional ~~at~~.

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#### C. SIGNIFICANT VARIANCES TO BUDGET

) If the monthly FYTD financial report indicates that significant underspending or overspending is occurring at a CMHSP, then that CMHSP will be required to present to the Board an explanation on the variance. A significant amount of underspending or overspending shall be defined as a 5% or greater variance from the most recent Board approved budget revenue. Similarly, the CMHPSM will present an explanation to the CMHPSM Board when significant underspending or overspending is occurring within the PIHP internal administrative budget. A corrective action may be required by the CMHPSM Board when significant underspending or overspending occurs within the Region.

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) If a corrective action plan is required and the goals are not met, then the PIHP may conduct an operational review of the CMHSP.

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- o An operational review may include examinations of the contracts, costs, level of Consumer service provision and other items as deemed necessary to understand the overspending or underspending situation.
- o An initial consultative review lead by the CMHPSM will be conducted by individuals from the CMHPSM, as well as all CMHSPs, who are recognized as subject matter experts in the areas that will be reviewed.
- o If the initial consultative review assessment indicates that the issues are structural and not able to be resolved within the current year, then external consultants may be brought in to provide assistance with the development of a corrective action plan that will resolve the budget issue.
- o Recommendations to address a shortfall at one of the CMHSPs may include the redistribution of available funds within the region, as long as the use of such funding does not adversely impact the delivery of services within the Region.
- o Recommendations may also include the use of available Internal Service Fund (ISF) in the present year, if there are significant revenue changes by the State, new high-cost Consumers enrolled by a CMHSP, increased utilization or changes to the State's requirement on how services are to be provided to Consumers.
- o If the consultative review assessments determine that a significant budget variance is derived from a local CMHSP's financial management factors, that CMHSP would be required to submit a budget for the following fiscal year that would not require the ongoing use of ISF revenue.

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) Corrective Action Plans may include the consideration of alternative sourcing options for service provision or other financial actions which would not disrupt the provision of services.

#### D. USE OF INTERNAL SERVICE FUND BALANCE

) The ISF should be the option of last resort to address present fiscal year budget overruns.

- ) Generally, use of the ISF should only be requested if there are significant revenue changes by the State, new high-cost Consumers enrolled by a CMHSP, increased utilization or changes to the State's requirement on how services are to be provided to Consumers.

## VI. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that presently serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw counties for mental health, intellectual/developmental disabilities, and substance use disorder services.

Community Mental Health Service Program (CMHSP): Separate legal entities that the CMHPSM contracts with for the provision of Medicaid services to residents of the Counties served by the CMHPSM.

Generally Accepted Accounting Principles: Accounting principles that are the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in the preparation of financial statements.

Internal Service Fund (ISF): The Internal Service Fund (ISF) is one method for securing funds as part of the overall strategy for covering risk exposure under the MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract. The ISF should be kept at a minimum to assure that the overall level of PIHP funds are directed toward consumer services.

2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements For Federal Awards

Regional Operating Committee (ROC): Committee comprised of the Executive Directors of the CMHSPs and the Managing Director of the CMHPSM.

## VII. REFERENCES

1. Agreement Between Michigan Department of Community Health And PIHP: CMH PARTNERSHIP OF SOUTHEAST MI For The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs
2. 2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements For Federal Awards
3. Agreement Between CMHPSM And the Lenawee, Livingston, Monroe and Washtenaw County CMHSPs For The Provision Of Medicaid Services To Residents Of Their Respective Counties.





# **CEO Report**

## **Community Mental Health Partnership of Southeast Michigan**

**Submitted to the CMHPSM Board of Directors**  
**April 1, 2020 for the April 8, 2020 Meeting**

**CMHPSM CEO'S REPORT TO  
COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
BOARD OF DIRECTORS**

April 8, 2020

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*CMHPSM Update*

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- J The CMHPSM closed our office to the public and switched almost all of our operations to remote work beginning March 17, 2020 in response to the COVID-19 epidemic. The CMHPSM leadership team met on Friday March 13 and then again on Monday March 16 to plan for the office closure.
- J A CMHPSM all staff meeting was held on Monday March 9, 2020 and was led by our leadership team Nicole Adelman, CJ Witherow, Matt Berg and Michelle Sucharski. After moving to remote work, it was determined we would increase the frequency of all staff meetings to twice a month, so an additional all staff meeting was held on March 30, 2020. The next scheduled staff meetings will be held remotely on April 13, 2020 and then April 27, 2020.
- J CMHPSM reorganization work has been put on hold as staff respond to the COVID-19 situation. Leadership staff will revisit this task when more attention can be placed on the planning.
- J The CMHPSM is transitioning from ADP to Paychex for our human resource, payroll and tax needs. Our first payroll run on Paychex will be April 10, 2020, all staff have access and have begun timekeeping in the new system. Work has begun on moving employee performance reviews, training, time off requests and mileage reimbursement into this single platform.

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*CMHPSM Staffing Update*

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- J The CMHPSM still has two open positions:
  - o A Supports Intensity Scale Assessor position.
  - o The Director of Quality and Compliance position is now vacant, we have begun internal discussions on what the role and responsibilities of this position will look like at the CMHPSM in the future.
- J Anyone interested in obtaining additional information about our open CMHPSM position should visit our website at: <https://www.cmhpsm.org/interested-in-employment>

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*Regional Update*

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- J CMHPSM and regional CMHSP finance staff will continue to communicate frequently to analyze all available information on FY20 capitation payment revenue.
- J The CMHPSM has continued to update its FY2020 regional revenue projection tool and has updated it with all payment data received through March.

- J The Regional Operations Committee increased our frequency of meetings in March, and now meets at minimum twice a week. The remote meetings are allowing our region to share best practices while obtaining a regional picture of our COVID-19 pandemic response.

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*Statewide Update*

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- J There continues to be issues with capitation payments received through March. Some payment issues were resolved in March related to outstanding C Waiver payments. There has been considerable progress made with these statewide revenue discussions. Two issues main issues have been identified, first there are structural issues with the payment system CHAMPS, second the capitation rates were found to be not actuarially sound due to the actual eligible population not meeting the projected eligible population.
- J We have been notified that a one-time capitation rate change for April will be established that will push out revenue in April for underpayments that occurred between October 1, 2019 and March 31, 2020.
- J A second capitation rate change is planned for payments beginning in May 2020. These capitation payment rates will increase the revenue for the system statewide.
- J The PIHP has been represented at twice a week meetings with MDHHS related to COVID-19 pandemic responses that began in mid-March. These meetings have been helpful in ascertaining the MDHHS response to COVID-19 and to provide our region's input to MDHHS. Beginning with the meeting on March 31, 2020.
- J Discussions related to emergency waivers and MDHHS COVID funding are close to complete. More information should be available when we meet on April 8, 2020/

Respectfully Submitted,



James Colaianne, MPA