Contents

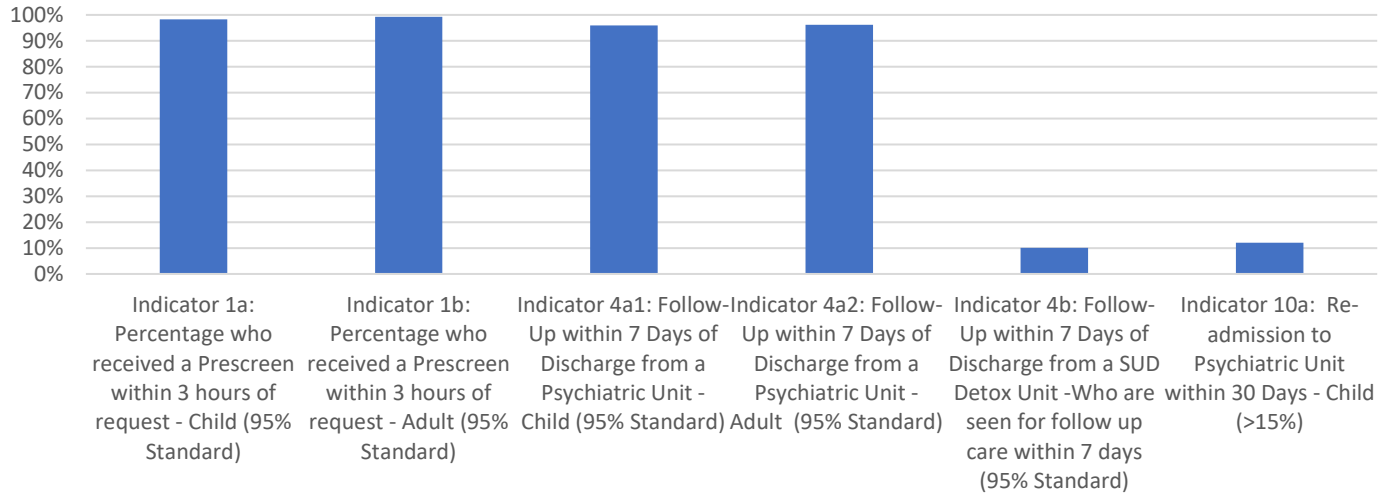
Executive Summary

The Michigan Department of Health and Human Services (MDHHS), in compliance with Federal mandates, establishes measures in the area of access, efficiency, and outcomes. Pursuant to its contract with MDHHS, MSHN is responsible for ensuring that it's CMHSP Participants and Substance Use Disorder Providers are measuring performance through the Michigan Mission Based Performance Indicator System (MMBPIS) established by MDHHS. This data is to be reported and reviewed as part of the Quality Assessment and Performance Improvement Program (QAPIP). MSHN regional performance is monitored through quarterly performance summaries. Regional trends are identified and discussed at the Quality Improvement Council (QIC) for regional planning efforts and coordination. When minimum performance standards or requirements are not met the CMHSP Participant/SUD Providers identify causal factors, intervention, implementation timeline to correct undesirable variation. Effectiveness of improvement efforts are monitored through quarterly performance data.

Goal: MSHN will meet or exceed the Michigan Mission Based Performance Indicator System standards for Access (Indicators 1 and 4) and Outcomes (Indicator 10). Access Indicators 2 and 3 have no standard for the first year.

MSHN achieved the goal for FY21Q4. MSHN provided access to treatment for 95% or more consumers within 3 hours of a request for a prescreen and within 7 days of a discharge from a psychiatric inpatient hospitalization or a Detox Unit. Eighty-seven percent or more consumers who were discharged from a psychiatric inpatient unit did not require inpatient psychiatric care during the 30 days following their discharge.

Figure 1. MSHN MMBPIS performance rate for Indicators 1, 4, and 10 for FY21Q4



The following CMHSP participants demonstrated performance below the standard for FY21Q4:
Indicator 1: NCMH-Children; TBHS-Children
Indicator 4: BABH-Adults; The Right Door-Adults; Lifeways-Adults; SHW-Adults
Indicator 10: BABH-Adults; CEI-Children; CMHCM-Children; The Right Door-Adults

Data Analysis

The MMBPIS data collected is based on the definition and requirements that have been set forth within the Michigan Mission Based Performance Indicator System (MMBPIS) Code Book FY20, and the Reporting Requirements attached to the PIHP contract. Additional instructions are available in the REMI Help documents; and the MMBPIS Project Description. This measure allows for exclusions and/or exceptions based on each individual indicator.

MDHHS, in coordination with the PIHPs and CMHSP participants, developed and implemented new indicators to be reported for FY20Q3. The new indicators measure the following:

- Effective 4/1/2020. The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. (adults and children with a mental illness and/or developmental disability)
- Effective 4/1/2020. The 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. (adults and children with a mental illness and/or developmental disability)
- Effective 4/1/2020. 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 person with SUD.
- Discontinued 3/31/2020. The percentage of new persons during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. (adult and children with mental Illness and/or a developmental disorder and /or a substance use disorder)
- Discontinued 3/31/2020. The percentage of new persons during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional. (adult and children with mental Illness and/or a developmental disorder and /or a substance use disorder)

The following changes were made from the previous Indicators.

- No external standard currently is available, collecting baseline for two years
- No exceptions are permitted for indicators 2 and 3
- Those with the Autism Benefit are included
- Count forward from all requests for service
- Count those with a completed bio-psychosocial (full or updated) on the day it was completed
- Count forward from the completed bio-psychosocial (full or updated) to an ongoing covered service.
- Count of those receiving an ongoing covered service (not limited to professional service only)
- SUD indicator uses the BH-TEDS admissions data and aw file of requests from the PIHP for those that never completed an admission.

Access

Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of request (standard is 95% or above)

This indicator defines disposition as the decision made to refer or not to refer for inpatient psychiatric care. The start time is when the consumer is clinically, medically and physically cleared and available to the PIHP or CMHSP. The stop time is defined as the time when the person who has the authority approves or disapproves the hospitalization. For the purposes of this measure, the clock stops, although other activities to complete the admission may still be occurring.

MSHN met the standard for FY21Q4. In Figure 2, MSHN demonstrated a performance rate of 98.32% (704/716) for FY21Q4 of the Children who requested a prescreen received one within three (3) hours. This was a decrease from previous quarter (99.38%). MSHN demonstrated a performance rate of 99.17% (2625/2647) of the Adults who requested a prescreen received one within three (3) hours. There was no change from previous quarter. Ten CMHSP participants performed above the standard of 95% for the Children and twelve of the CMHSP participants performed above the standard for the Adults.

Indicator 2a: The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. MI adults, MI children, I/DD adults, I/DD children. (Effective 4/1/2020 No Standard the 1st 2 years)

MSHN demonstrated a 66.31% (2384/3595) performance rate for all population categories for Indicator 2 (Figure 2). Figure 6 provides an overview of reasons for "out of compliance".

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. (Effective 4/1/2020 No Standard the 1st 2 Years)

Expired Requests: MSHN SUD providers had 341 individuals who requested and were approved for SUD treatment, however never received a service. This information is submitted to MDHHS for inclusion into the calculation of Indicator 2b. According to the preliminary data, available at the at the time of this report, MSHN demonstrated an 87.99% (2338/2657) for those who requested a service and received a treatment or service within 14 days.

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. MI adults, MI children, I/DD adults, and I/DD children (Effective 4/1/2020 No Standard the 1st 2 Years):

MSHN demonstrated a 70.81% (2047/2891) performance rate for all population categories within Indicator 3 (Figure 2). Figure 6 provides an overview of reasons for "out of compliance".

Figure 2. PIHP and CMHSP Indicator 2 and 3 performance rate.

	#2a - 1st Request Timeliness					#3 - 1st Service Timeliness				
Affiliate / CMH	MI / Child	MI / Adult	DD / Child	DD / Adult	Total	MI / Child	MI / Adult	DD / Child	DD / Adult	Total
Bay-Arenac	67.44%	59.91%	22.73%	90.00%	61.08%	69.31%	72.39%	60.00%	87.50%	71.28%
CEI	68.27%	43.94%	37.84%	50.00%	54.46%	53.50%	59.04%	67.19%	22.22%	56.69%
Central MI	64.74%	70.13%	85.71%	93.75%	70.27%	72.13%	73.74%	82.50%	94.12%	74.79%
Gratiot	91.23%	78.85%	*100.00%	**	83.44%	80.36%	67.06%	*50.00%	**	72.03%
Huron	75.00%	77.78%	*100.00%	*0.00%	76.06%	66.67%	65.71%	*50.00%	*0.00%	64.41%
The Right Door	78.13%	82.35%	*75.00%	100.00%	81.46%	73.58%	80.61%	*100.00%	100.00%	79.63%
LifeWays	51.95%	49.15%	53.57%	65.22%	51.00%	53.57%	59.16%	73.91%	55.56%	58.14%
Montcalm	78.69%	82.24%	81.82%	100.00%	81.90%	74.00%	71.77%	100.00%	85.71%	73.94%
Newaygo	50.70%	59.29%	*100.00%	*66.67%	57.34%	75.00%	86.41%	*50.00%	*66.67%	81.82%
Saginaw	79.82%	79.41%	90.63%	77.78%	80.92%	85.53%	77.19%	93.22%	86.36%	81.82%
Shiawassee	70.83%	75.00%	62.50%	*66.67%	72.36%	76.92%	71.15%	85.71%	*50.00%	74.00%
Tuscola	52.94%	47.69%	*100.00%	*0.00%	51.43%	100.00%	94.44%	100.00%	**	97.01%
MSHN SUD										
Total/PIHP:	**67.61%**	**64.81%**	**68.33%**	**77.27%**	**66.31%**	**68.15%**	**71.10%**	**79.39%**	**70.19%**	**70.81%**

*n=equal to or less than 6 eligible records. **No eligible records for reporting

Indicator 4a: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (standard is 95% or above):

MSHN met the standard for FY21Q4. In Figure 3, MSHN demonstrated a 99.21% (125/126) performance rate for Children. This is an increase from previous reporting period (98.39%). MSHN demonstrated performance of 95.97% (571/595) performance rate for adults. This is a decrease from previous reporting period (96.67%). Twelve CMHSP participants demonstrated performance above the standard for Children and eight CMHSP participants demonstrated performance above for Adults.

Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit (standard is 95% or above):

MSHN met the standard for FY21Q4. In Figure 3, MSHN demonstrated a 96.15% (175/182) performance rate for individuals who were seen for follow-up care within 7 days of discharge from a detox unit. This is a decrease from previous reporting period (95.30%). Nine out of eleven SUD providers demonstrated performance above the standard. Additional information related to those identified as "exceptions" is found in Figures 7-10.

The following are exceptions for Indicator 4a and 4b:

- Consumers who request an appointment outside the seven-day period, refuse an appointment offered within the seven-calendar day period, do not show for an appointment or reschedule (The dates of refusal or dates offered must be documented).
- Consumers who choose not to use CMHSP/PIHP services. For the purposes of this indicator, Providers who provide substance abuse services only, are currently not considered to be a CMHSP/PIHP service.

Outcomes

Indicator 10: Re-admission to Psychiatric Unit within 30 Days (standard is 15% or less):

Individuals who chose not to use PIHP services were identified as an "exception" for this measure. MSHN met the standard for FY21Q4 as indicated in Figure 3, MSHN demonstrated a 10.14% (15/148) performance rate for Children who were re-admitted within 30 days of being discharged from a psychiatric hospitalization. MSHN demonstrated a 12.05% (113/938) performance rate for Adults who were readmitted within 30 days of being discharged from a psychiatric hospitalization. This was a decrease in performance for Adults (11.72%) and Children (6.71%) from the previous reporting period. Nine CMHSP participants met the standard for both Children and Adults.

Figure 3. PIHP and CMHSP Indicator 1, 4a, 4b, and 10 performance rate for FY21Q4

	#1 - Pre-Admission screening		#4a - Hospital Discharges F/U		#4b - Detox F/U	#10 - Inpatient Recidivism	
Affiliate / CMH	Child	Adult	Child	Adult	SUD	Child	Adult
Bay-Arenac	100.00%	98.84%	95.45%	93.33%		10.34%	18.95%
CEI	97.33%	97.89%	100.00%	95.73%		20.69%	12.14%
Central MI	100.00%	100.00%	100.00%	100.00%		18.18%	10.26%
Gratiot	95.83%	100.00%	100.00%	100.00%		0.00%	6.67%
Huron	100.00%	98.98%	*100.00%	100.00%		12.50%	8.00%
The Right Door	96.97%	98.73%	*100.00%	93.10%		*0.00%	20.00%
Life Ways	100.00%	100.00%	100.00%	94.85%		0.00%	11.02%
Montcalm	100.00%	97.89%	*100.00%	95.45%		*0.00%	14.58%
Newaygo	90.00%	96.97%	*100.00%	100.00%		*0.00%	13.33%
Saginaw	100.00%	100.00%	*100.00%	98.70%		13.64%	9.45%
Shiawassee	96.55%	99.13%	*100.00%	84.21%		*0.00%	11.11%
Tuscola	86.67%	100.00%	*100.00%	100.00%		*0.00%	4.55%
MSHN SUD					96.15%		
Total/PIHP:	98.32%	99.17%	99.21%	95.97%	96.15%	10.14%	12.05%

(*n=less than or equal to 6; red indicates the standard was not met, green indicators the standard was met)

Figure 4. MSHN longitudinal data Indicators 1, 2, 3 performance rate.

	Population	FY20Q1	FY20Q2	FY20Q3	FY20Q4	FY21Q1	FY21Q2	FY21Q3	FY21Q4
Indicator 1: Percentage who received a Prescreen within 3 hours of request (95% Standard)	Children	98.60%	99.51%	99.19%	98.57%	99.53%	98.19%	99.38%	98.32%
	Adults	99.17%	98.71%	99.44%	99.16%	99.35%	99.00%	99.36%	99.17%
***Indicator 2: Percentage who have had a completed Bio-psychosocial Assessment within 14 Days. (Effective 4.1.2020 No Standard)**	MI Child			79.72%	76.93%	70.56%	71.91%	67.15%	67.61%
	MI Adults			74.15%	69.25%	63.21%	66.00%	60.75%	64.81%
	DD Child			69.05%	68.56%	64.88%	66.20%	61.80%	68.33%
	DD Adult			81.13%	71.69%	70.27%	74.00%	69.41%	77.27%
	Total			75.52%	71.69%	65.69%	68.13%	63.06%	66.31%
Indictor 2b:	MSHN SUD			92.59%	92.18%	86.28%	87.84%	81.29%	**87.99%
Expired Requests	MSHN SUD			52	44	81	42	237	341
***Indicator 3: Percentage of who had a Medically Necessary Service within 14 Days. (Effective 4.1.2020 No Standard)**	MI Child			70.83%	70.83%	68.30%	70.92%	65.80%	68.15%
	MI Adults			77.61%	77.61%	74.52%	73.70%	71.14%	71.10%
	DD Child			71.74%	71.74%	73.94%	79.10%	80.30%	79.39%
	DD Adult			76.74%	76.74%	57.14%	59.55%	68.35%	70.19%
	Total			75.57%	75.57%	72.04%	72.67%	69.83%	70.81%

**MDHHS calculated measure, unconfirmed at date of report. Green represents those that met or exceeded the standard. Red indicates the standard was not met.

Figure 5. MSHN Longitudinal data. Indicators 4 and 10 performance rate.

	Population	FY20Q1	FY20Q2	FY20Q3	FY20Q4	FY21Q1	FY21Q2	FY21Q3	FY21Q4
Indicator 4: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95% Standard)	Children	98.28%	98.64%	98.17%	97.30%	98%	100%	98.39%	99.21%
	Adults	95.14%	95.92%	96.77%	98.51%	97.53%	97.93%	96.67%	95.97%
	MSHN SUD	98.39%	97.83%	97.78%	95.15%	98.31%	96.95%	95.30%	96.15%
Indicator 10a: Percentage who had a Re-admission to Psychiatric Unit within 30 Days (>15% Standard)	Children	4.35%	5.97%	16.06%	7.45%	6.82%	8.22%	6.71%	10.14%
	Adults	11.59%	10.06%	14.30%	13.98%	13.11%	13.62%	11.72%	12.05%

Green represents those that met or exceeded the standard. Red indicates the standard was not met.

Out of Compliance/Exception Data

MSHN completes an analysis of those records that were "out of compliance" and those that were identified as "exceptions. Exceptions are allowed for Indicators 4 and 10. Indicators 2 and 3 do not allow for exceptions. If an individual does not meet the timelines as required the record is considered to be "out of compliance". MSHN provides additional analysis to further determine causal factors

Figure 6. PIHP and CMHSP Indicator 2 and 3 Reasons for "Out of Compliance"

Out of Compliance Categories	#2a 1st Request	#2b SUD Time to Treatment	#3 Rec'd Service	Total
Consumer chose provider outside of network;	5	0	1	6
Consumer refused an appointment offered within the timeframe	107	29	102	238
Consumer rescheduled the appointment	104	10	69	183
(blank)	432	245	286	963
Biopsychosocial not completed	31	0	0	31

Cancelled/No Show by Consumer	442	21	295	758
Consumer chose not to pursue services	41	2	13	56
Consumer not eligible for ongoing services	0	0	12	12
Consumer requested an appointment outside the 14-day requirement	4	0	10	14
Intent of service was medication only or respite only.	0	0	1	1
Medical Transfer	0	0	1	1
No appointment available within 14 days with any staff	23	7	38	68
Staff cancel/reschedule	18	3	13	34
Unable to be reached	0	2	0	2
Unable to complete Biopsychosocial, emergent service needed	4	0	3	7
Grand Total	**1211**	**319**	**844**	**2715**

*Figure 7. Indicator 4a MSHN and the CMHSP participants exception rate. *Pandemic Emergency Orders*

Indicator 4a	FY20Q1	*FY20Q2	*FY20Q3	*FY20Q4	*FY21Q1	*FY21Q2	FY21Q3	FY21Q4
BABH	31.86%	35.92%	32%	32.36%	29.73%	36.19%	36.10%	33.87%
CEI	33.33%	49.51%	28%	27.50%	45.16%	62.96%	34.93%	54.29%
CMHCM	30.28%	25.51%	3%	56.63%	29.89%	27.59%	46.24%	14.12%
GIHN	31.71%	23.91%	14%	21.88%	17.14%	16.67%	12.37%	13.04%
HBH	52.00%	37.50%	36%	21.43%	55.56%	31.25%	12.12%	33.33%
Lifeways	37.40%	40.49%	37%	38.85%	13.04%	44.88%	37.50%	15.00%
MCN	29.79%	20.45%	26%	27.50%	40.83%	26.09%	22.50%	43.46%
Newaygo	9.09%	22.73%	14%	9.09%	17.14%	26.67%	51.84%	7.41%
Saginaw	30.94%	26.83%	24%	20.14%	21.05%	17.92%	19.44%	28.57%
SHW	17.39%	18.52%	35%	20.83%	34.29%	19.23%	27.27%	31.39%
The Right Door	21.43%	10.34%	12%	16.67%	25.64%	25.71%	21.77%	43.59%
TBHS	52.63%	19.35%	19%	33.33%	52.38%	31.82%	31.03%	35.71%
MSHN	**33.17%**	**35.74%**	**26%**	**32.36%**	**35.07%**	**30.83%**	**36.10%**	**37.79%**
Indicator 4b MSHN	**57.82%**	**54.61%**	**51.09%**	**52.19%**	**57.86%**	**57.05%**	**50.66%**	**43.65%**

*Figure 8. Indicator 10-MSHN and the CMHSP Participants exception rate. *Pandemic Emergency Orders*

Indicator 10	FY20Q1	*FY20Q2	*FY20Q3	*FY20Q4	*FY21Q1	*FY21Q2	*FY21Q3	FY21Q4
BABH	0.00%	00.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CEI	11.28%	2.57%	21.10%	29.34%	29.49%	22.71%	23.15%	27.02%
CMHCM	0.00%	00.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
GIHN	0.00%	00.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
HBH	0.00%	00.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lifeways	3.54%	4.96%	3.66%	4.62%	3.21%	2.93%	0.00%	0.00%
MCN	0.00%	00.0%	0.00%	0.00%	0.00%	0.00%	3.67%	3.46%
Newaygo	0.00%	00.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Saginaw	0.00%	00.0%	0.00%	1.85%	0.00%	0.00%	0.00%	0.00%
SHW	0.00%	00.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
The Right Door	0.00%	00.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
TBHS	0.00%	00.0%	0.00%	6.67%	0.00%	4.55%	0.00%	0.00%
MSHN	**3.06%**	**1.78%**	**7.63%**	**9.46%**	**5.64%**	**7.16%**	**7.16%**	**8.12%**

Figure 9. Indicator 10, 4 Reasons for "Exception".

Exception Categories	#10 - Inpatient Recidivism	#4a - Hospital Discharges F/U	#4b SUD - Detox Follow-Up	Total
Consumer chose not to pursue services	9	43	69	121
Consumer chose provider outside of network(Consumer chose not to use CMHSP/PIHP services)	87	106	22	215
Consumer rescheduled the appointment	NA	23	2	25

Consumer no showed for an appointment	NA	258	13	271
Consumer refused an appointment within the required timeframe	NA	2	28	30
Required Medical Admission- Transfer Found	NA	1	3	4
Assessment not completed due to an emergent service needed	NA	1	0	1
Custom	NA	1	0	1
Consumer Incarcerated	NA	3	0	3
Requested an appointment outside of the 7 day period	NA	0	4	4
Unable to complete an assessment	NA	0	0	0
Grand Total	**96**	**438**	**141**	**675**

Conclusion

MSHN achieved the goal for FY21Q4. MSHN provided access to treatment for 95% or more consumers within 3 hours of a request for a prescreen and within 7 days of a discharge from a psychiatric inpatient hospitalization or a Detox Unit. Eighty-seven percent or more consumers who were discharged from a psychiatric inpatient unit did not require inpatient psychiatric care during the 30 days following their discharge.

The following CMHSPs demonstrated performance below the standard for the following indicators for FY21Q4 and require a review of a current corrective action plan or development of a plan:
Indicator 1: NCMH-Children; TBHS-Children
Indicator 4: BABH-Adults; The Right Door-Adults; Lifeways-Adults; SHW-Adults
Indicator 10: BABH-Adults; CEI-Children; CMHCM-Children; The Right Door-Adults

Causal Factors/Barriers

- Increased Level of Care needed
- An increase in the severity of mental health issues
- Mental health compounded with substance use issues
- An increase in families not cooperating in follow up treatment for their child or family member
- The limited availability of increased level of care placements resulting in repeated hospitalizations
- Lack of coordination upon discharge with inpatient unit
- Home environment not supportive of recovery
- Medications needing additional adjustment to address behavioral concerns/instability
- Individual not cooperative with prescribed medication regimen upon discharge
- Individuals' medication was not in full effect upon discharged/early discharge
- Hospital discharged against the CMHSP recommendations
- Complicated medical issues affecting mental health
- The cost of the medication/ insurance limitations (Medical Directors Feedback)
- The inpatient unit prescribing Benzos (Medical Directors Feedback)
- The inpatient unit's inability to prescribe an injectable medication (Medical Directors Feedback)

Interventions

- Implementation of psychiatric urgent care to circumvent inpatient admissions and to assist individuals who have been discharged
- Staff including peers to reach out through face-to-face attempts for those who do not follow up after discharge

- Retrospective review occurring on all cases to identify trends to avoid future hospitalizations. Implementation of weekly team meetings to discuss hospital admissions and discharges ensuring coordination occurs
- Increased coordination and linking with provider including the Psychiatrist to ensure medical needs are met
- Increased level of care provided through available alternate resources
- Implementation of a Hospital Utilization Group (HUG).Reviews individual with 2 or more hospitalizations in 6 months and/or level of stay greater than 6 days.
- Utilization of paraprofessionals/Family Support Assistant services
- Ensuring housing and SUD treatment referrals are discussed during the admission process

Recommendations

- All CMHSPs who demonstrate performance below the standard for each population group will determine causal factors and barriers contributing to those that do not meet the required timelines.
- An improvement plan should be developed within 30 days of the submission of the report and include causal factors, barriers, action steps to remediate the deficiency, dates of completion, and process to measure effectiveness.
- Indicators 2 and 3 are currently baseline data collection, therefore, improvements will be focused on ensuring valid, reliable, and actionable data is being collected.
    - Consensus of categories for "out of compliance" reasons to be used for documentation.
- Only allowable exception reasons to be used.
- Development of a powerpoint to be used for the SUD providers and the CMHSP Participants to address the intent and requirements of each performance indicator including the expectation of required documentation. A focus will be any common areas of deficiency that has been demonstrated in the regions during this past year.
- The use of the power point training and/or other documentation for training of new staff as well as annual review for all staff.
- Additional emphasis to develop consistent processes will continue by utilizing the Frequently Asked Questions (FAQ) Document currently available and updated in the REMI Help documents.
- CMHSPs should review data prior to submission to ensure the appropriate data elements are submitted according to the format as indicated in the instructions.
- All CMHSPs should review the records to ensure those submitted are eligible for Medicaid at least one month during the reporting period. MSHN to incorporate steps to verify Medicaid eligibility prior to submission to MDHHS.
- SUD providers should ensure documentation is accurate and completed as required in REMI.
- MSHN will implement a QI process for SUD providers who perform below the standard.

Prepared by: Sandy Gettel, MSHN Quality Manager **Date:** 12/16/2021
Approved by: MSHN QIC **Date:** 12/20/2021

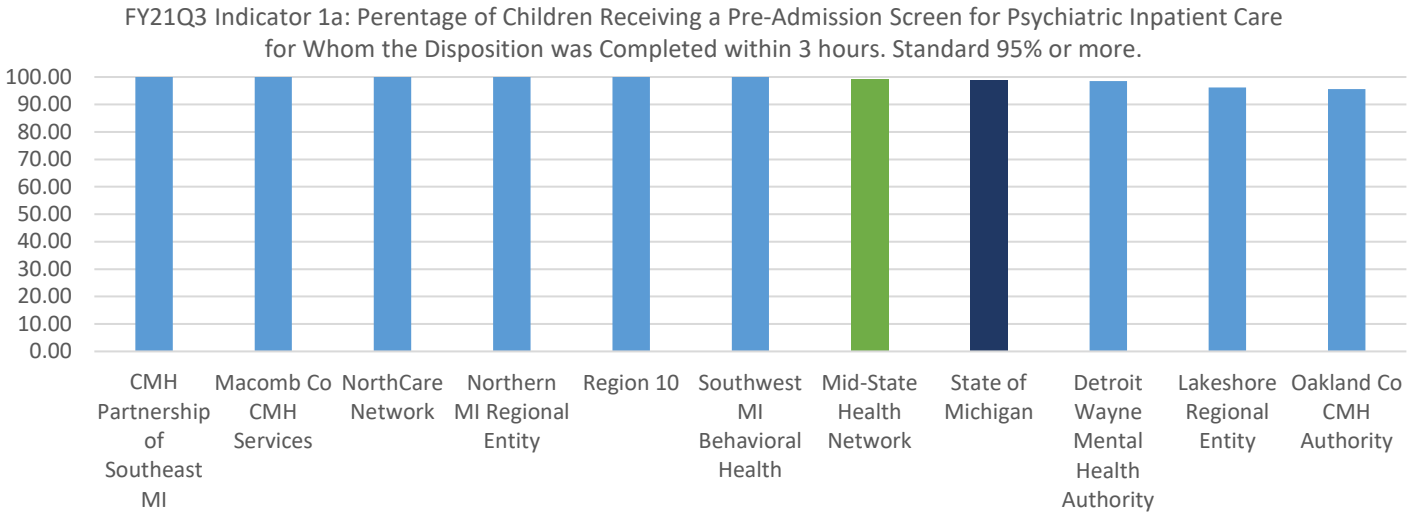
Attachment 1

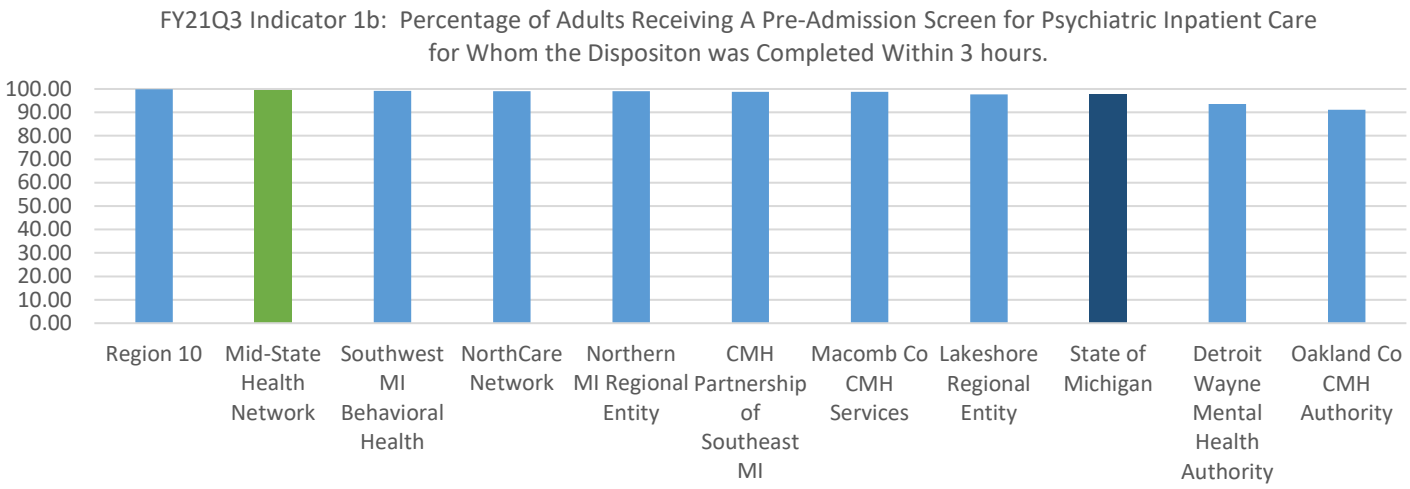
PIHP MMBPIS Comparison Report -FY21Q3 Final State Data

An analysis was completed to identify how MSHN performed compared to other PIHPs and the State of Michigan. In addition to the indicators that are calculated and reviewed quarterly by MSHN, the following indicators calculated by MDHHS were included:

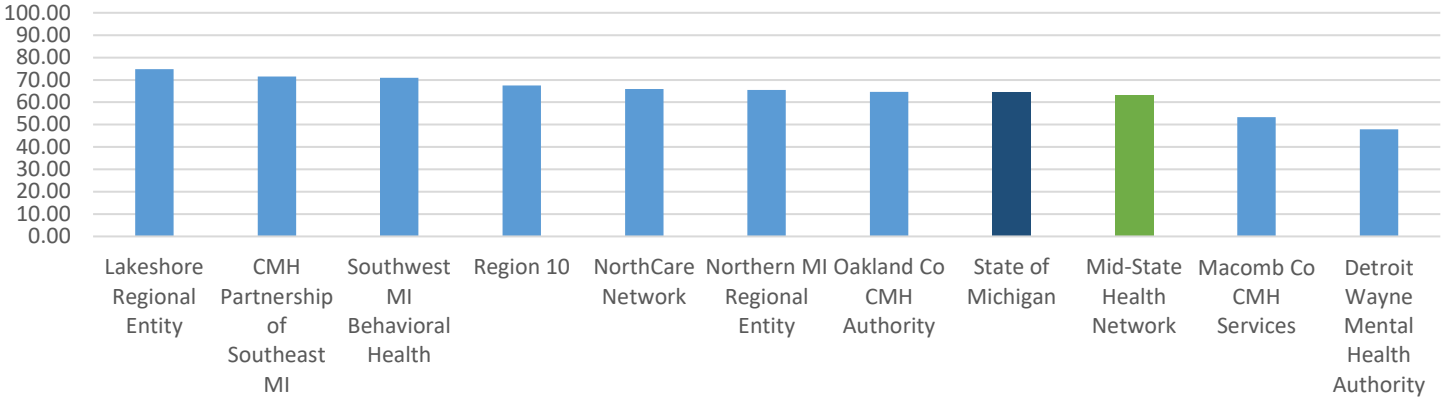
Indicator 5: Percentage of Area Medicaid Recipients Having Received PIHP Managed Services.
Indicator 6: The Percent of Habilitation Supports Waiver (HSW) Enrollees in the Quarter Who Received at Least One HSW Service Each Month Other Than Supports Coordination.

MSHN Performed above the State of Michigan Performance for ten of the twelve indicators, performing in the top five for seven indicators of twelve indicators.

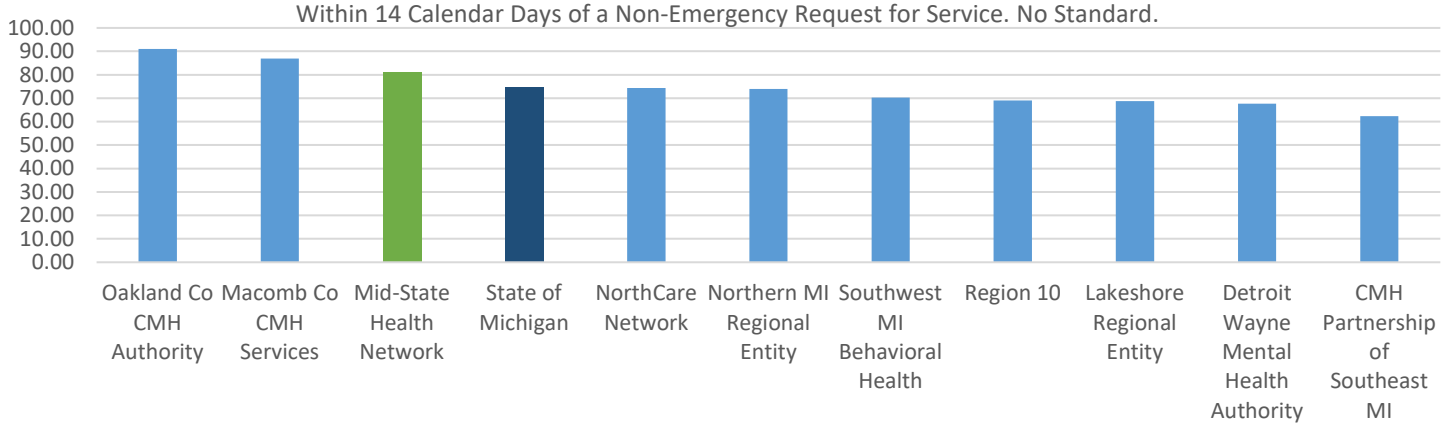




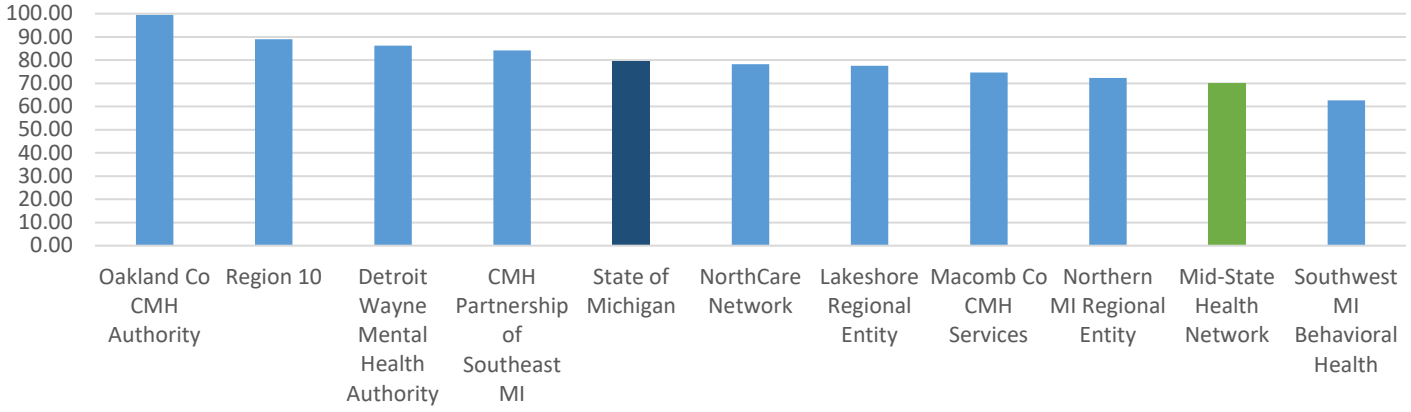
FY21Q3 Indicator 2: Percentage of New Persons Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergent Request for Service. No Standard.



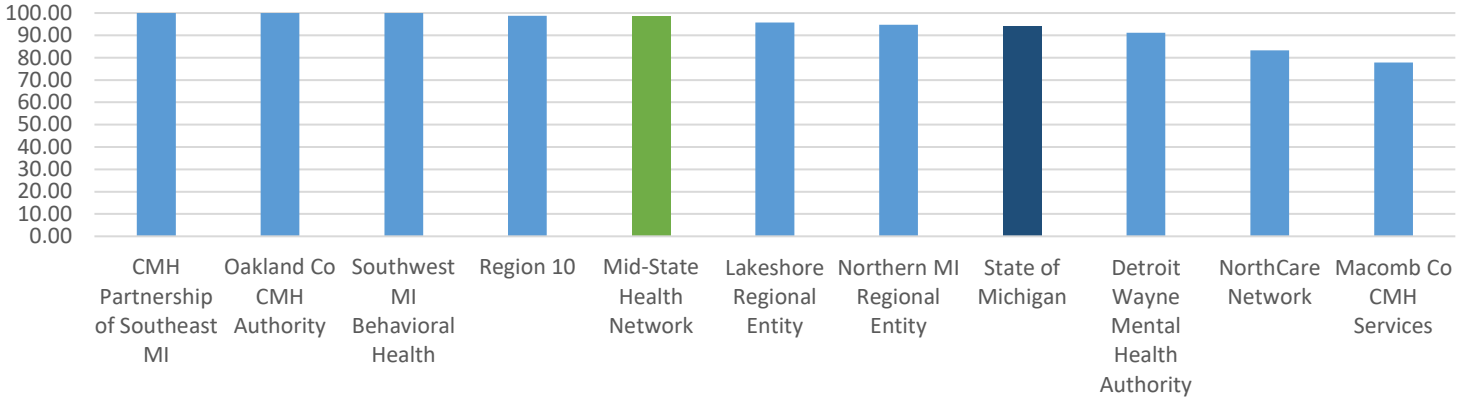
FY21Q3 Indicator 2e: Percentage of New Persons Receiving a Face to Face Service for Treatment or Supports Within 14 Calendar Days of a Non-Emergency Request for Service. No Standard.



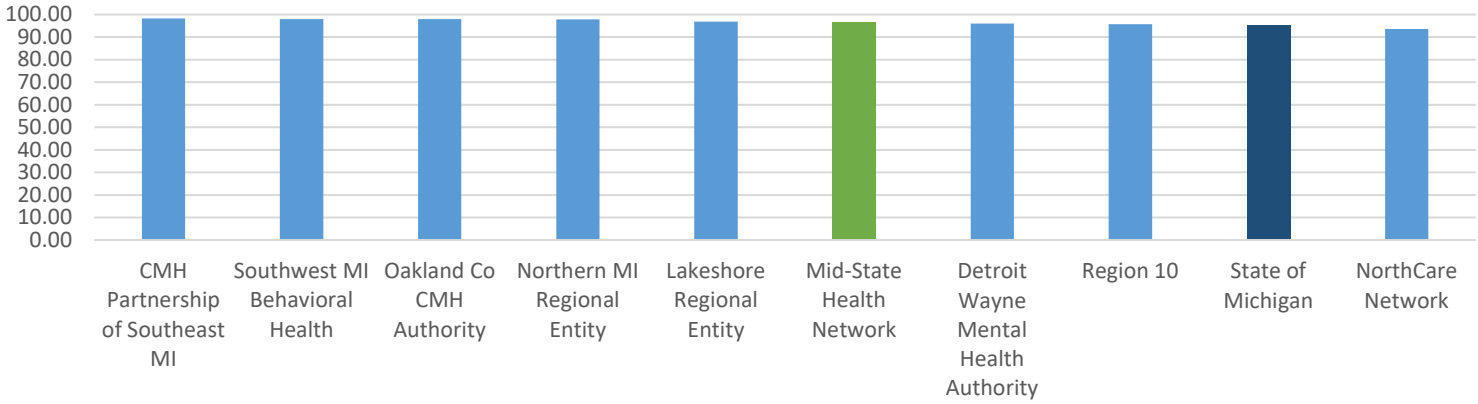
FY21Q3 Indicator 3: Percentage of New Persons Starting any Medically Necessary On-going Covered Service Within 14 Days of Completing a Biopsychosocial Assessment. No Standard.



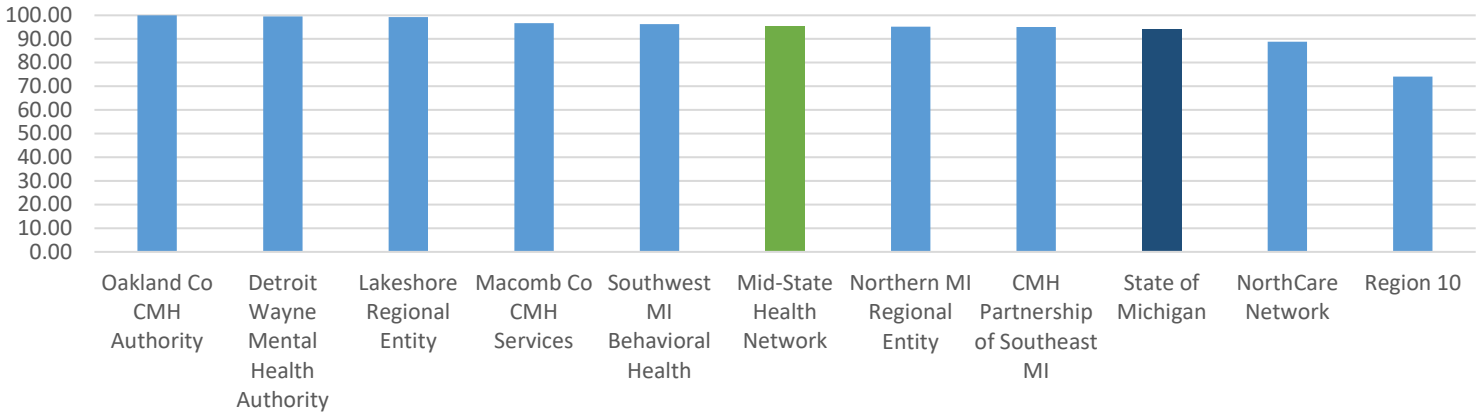
FY21Q3 Indicator 4a(1): Percentage of Children Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow Up Care within 7 Days. Standard 95% or more



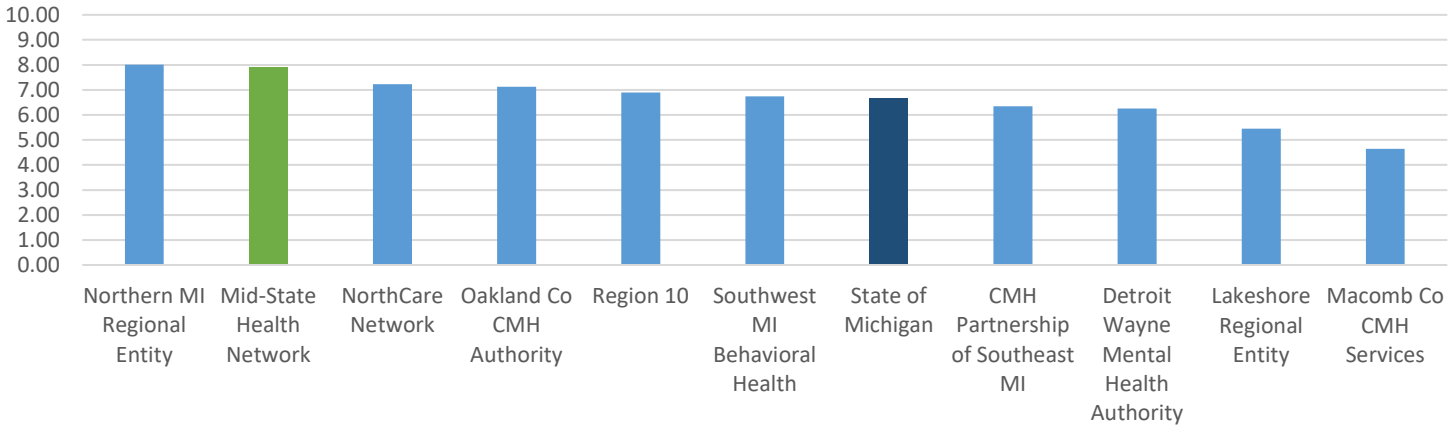
FY21Q3 Indicator 4a(2): Percentage of Adults Discharged from a Psychitric Inpatient Unit Who are Seeen for Follow Up Care Within 7 Days.
Standard 95% or more



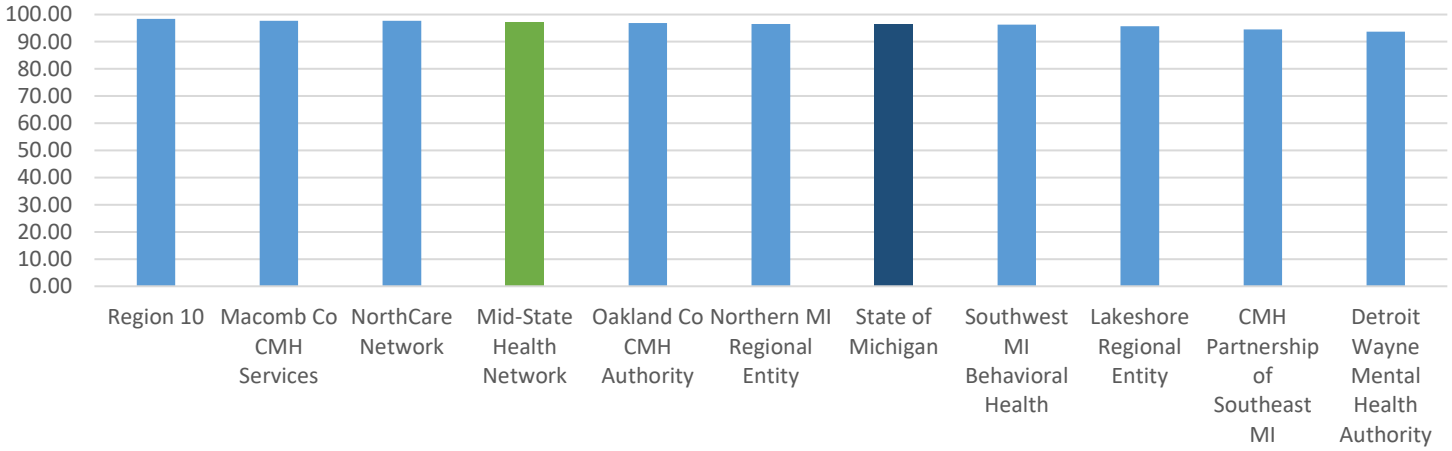
FY21Q3 Indicator 4b: Percentage of Discharges from a Substance Abuse Detox Unit Who are Seen for Follow-Up Care withn 7 Days. Standard 95% or more



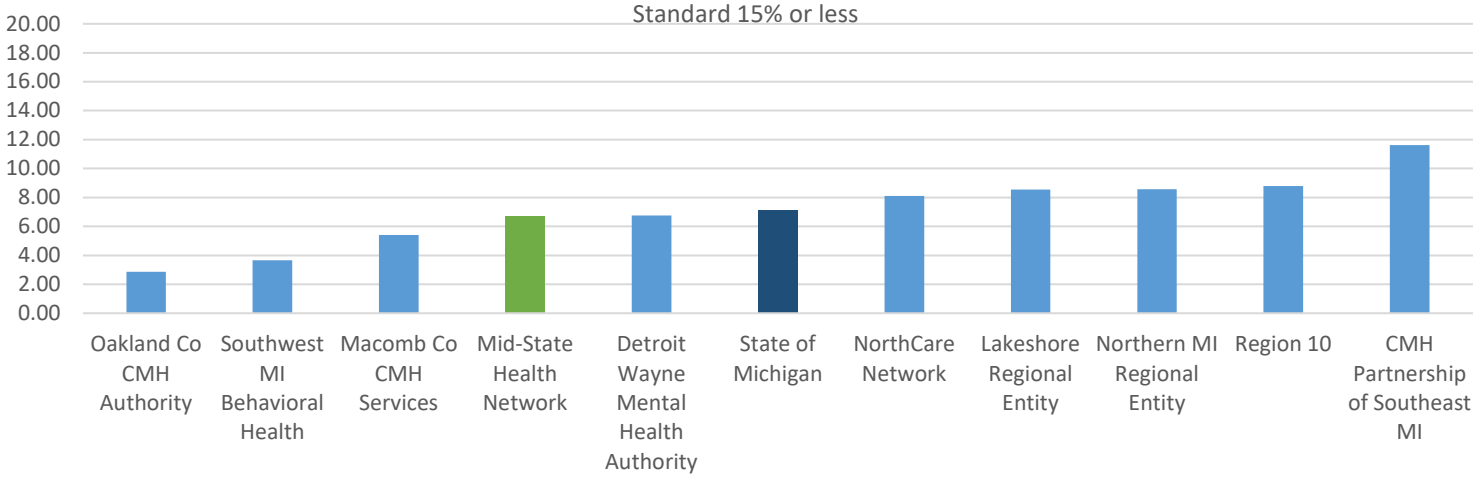
FY21Q3 Indicator 5: Percentage of Area Medicaid Recipients Having Recieved PIHP Managed Services



FY21Q3 Indicator 6; The Percent of Habilitativion Supports Waiver (HSW) Enrollees Who Recieved a Least One HSW Service Each Month Other Than Supports Coordination



FY21Q3 Indicator 10a: Percentage of Children Readmitted to Inpatient Psychiatric Units Within 30 Calendar Days-Children.
Standard 15% or less



FY21Q3 Indicator 10b: Percentage of Adults Readmitted to Inpatient Psychiatric Units Within 30 Calendar Days-Adults.
Standard 15% or less