

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING
705 N. Zeeb Road, Ann Arbor, MI 48103
May 13, 2015
6:00 pm



Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	1 min
III. Consideration to Adopt the Agenda as Presented (Board Action)	2 min
IV. Consideration to Approve the Minutes of the 4-8-15 Regular Meeting and Waive the Reading Thereof (Board Action) {Attachment #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Communications to the Regional Board	20 min
a. CMHPSM Audit Presentation (Roslund Prestage & Co)	
VII. Managing Director Report to the Board	30 min
a. March Finance Report {Attachments #2, #2a-e}	
b. Q2 Funding vs. Expenditures Report {Attachment #3}	
c. Organizational Updates	
d. Financial Strategic Plan	
VIII. Old Business	10 min
a. Meeting with Washtenaw County Administration	
b. Update on WCHO Budget {Attachment #4}	
IX. New Business	20 min
a. QAPIP Plan 2015 (Board Action) {Attachment #5, #5a}	
b. Four Board Meeting	
X. Adjournment	

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES**

April 8, 2015



Members Present: Jan Plas, Barb Spalding, Ralph Tillotson, Greg Lane, Charles Coleman, Sandra Libstorff, Tom Biggs, Judy Ackley, Bob Wilson, Peg Ball (phone), Lisa Berry-Bobovski, Charles Londo, Dave Neal

Members Absent:

Staff Present: Mary O'Hare, Jane Terwilliger, Connie Conklin, Sandy Keener, Stephannie Weary, Marci Scalera, Marie Irwin, James Colaianne, Sally Amos O'Neal, Shane Ray, Nicole Phelps

Others Present: Jim Spalding, Verna McDaniel (Washtenaw County Administrator)

- I. Call to Order
Meeting called to order at 6:06 p.m. by Board Chair G. Lane
- II. Roll Call
- III. Consideration to Adopt the Agenda as Presented

**Motion by J. Ackley, supported by C. Coleman, to approve the agenda
Motion carried**

- IV. Consideration to Approve the Minutes of the March 11, 2015 Regular Meeting and the March 26, 2015 Special Meeting, and Waive the Reading Thereof

**Motion by R. Tillotson, supported by L. Berry-Bobovski, to approve the minutes of March 11, 2015 Regular Meeting and the March 26, 2015 Special Meeting and waive the reading thereof
Motion carried**

- V. Audience Participation
- VI. Communication to the Regional Board
 - a. MACMHB Regional Board/PIHP Voting Rights
 - J. Plas reported on a proposed change to the MACMHB bylaws that would give each PIHP region 3 votes for the executive director and 2 board members at general assembly and regional meetings. Each PIHP region will have 4 votes at steering meeting and executive board meetings and will be able to hold office as appropriate.
 - Currently, only executive directors of the PIHPs have a vote at the association and the general assembly meetings.
 - The vote on the proposed bylaws changes will take place at the next conference on May 19-20.
 - The regional board will need to determine who will pay for board members to attend MACMHB conferences.

- PIHP regions won't be charged dues, but will be charged fees for anything the association does to support PIHP initiatives or meetings.

VII. Managing Director Report to the Board

a. February Finance Report

- M. O'Hare presented the report.
 - Some notes of interest:
 - Medicaid revenue continues to run under budget.
 - Healthy Michigan continues to trend above budget.
 - Health Home revenue for Washtenaw continues to be under budget.
 - CMHPSM expenses through February are running under budget.

b. Update on WCHO transition

- Washtenaw County Administrator V. McDaniel provided a transition update. Taskforce #1 created a list of 8 recommendations for CMH services in Washtenaw County. Now Behavioral Taskforce 2.0 has been tasked with implementing the recommendations.
- Taskforce 2.0's work will be transparent, and will include collaboration with partners (including U of M and St. Joe hospitals).
- A formal search for a new director has started. The position was posted, and is open through 4/30/15. A subcommittee of the taskforce will serve on the interview panel.
- Washtenaw CMH will implement a formal annual evaluation process by an outside entity.
- The Washtenaw Board of Commissioners has asked for a report in May, which will be televised and available by streaming. (Wednesday, May 21).
- The CMH budget deficit is being handled separately.
- Washtenaw County has contributed county general funds toward the budget deficit.
- Consumers of services are not currently on the Taskforce 2.0.
- S. Amos O'Neal reported that efforts to reduce costs are ongoing. The biggest savings so far have been with the reduction of CLS costs, including the change of some sites from single sites to double sites, and the continued review of the UM process of CLS. There will be a town hall next week to meet with families and consumers to provide education on the UM process. Staff is also doing a rate alignment for self-determination arrangements to bring it into alignment with the rest of the region. All WCHO position eliminations will be complete by May 1. CSTS has put 9 positions on hold.
- N. Phelps presented Washtenaw's BLIP (Bottom Line Improvement Plan) report.
- S. Libstorff requested assurances that Washtenaw will have a balanced budget for FY 2016. T. Biggs suggested adding an annualized column to the BLIP to help monitor progress.
- T. Biggs requested that S. Amos O'Neal bring Washtenaw's budget to the regional board as it's in development, rather than waiting until it's done.
- T. Biggs advised that his role on Taskforce 2.0 is advisory, and recommended that another board member represent the regional board on the taskforce.
- The first Taskforce 2.0 meeting is April 17th.
- M. O'Hare and G. Lane will meet with V. McDaniel on April 20th, as was decided at the March 26th regional board meeting.

Motion by R. Tillotson, supported by J. Ackley, to authorize G. Lane to attend the first Taskforce 2.0 meeting on behalf of the regional board to determine if continued

involvement by the regional board is needed, and what the time commitment would be

Motion carried

- c. Update on New Staff hire process
 - At least 1 viable application was received for every position. Interviews will happen throughout April.
 - The region didn't receive many applications, which M. O'Hare has learned is a common problem in other regions.
- d. Change to SUD Provider Panel
 - A provider has been removed from the provider panel because of serious contract violations. This is a provider with consumers from Washtenaw and Livingston. All have been transitioned to other providers.
 - The Office of the Inspector General (OIG) has asked that details not be made public during the investigation. M. O'Hare will provide more information when advised.
- e. Response to Special Board meeting
 - The board discussed last month's meeting with Tom Renwick.
 - Staff is considering an arrangement with the auditors for additional financial services that we don't currently buy but may find useful.
 - Staff will set a meeting with Peter Cohl from Cohl Stoker to discuss redoing the legal/founding documents for the region.
 - A draft manual is in development which will be used for monitoring delegated functions. The manual will come to the board for final approval.

VIII. Old Business

- a. CEO position posting and Job Description
 - P. Ball noted that the job description title still refers to the position as PIHP Managing Director in some spots, while the new title is Chief Executive Officer. Staff will make the corrections.
 - M. O'Hare recommended having a CEO in place by Sept. 1 rather than Oct. 1.
 - T. Biggs recommended that the whole board interview the final 2-3 candidates, after the initial screening by the selection committee.
 - The existing search committee will act as the selection committee, and will complete the ranking process and screening process for candidates. A proposed ranking and screening process will be presented to the board in May.
 - After ranking and screening, the selection committee will bring applications of the top candidates back to the board for review.

Motion by T. Biggs, supported by C. Coleman, to approve the job description and posting for the Chief Executive Officer position as recommended by the CEO search committee

Motion carried

- b. Finance Policy update
 - Staff is in the process of drafting a finance policy. A draft will be presented at the May board meeting.

IX. New Business

a. QAPIP Evaluation for FY2014

- Annually the board needs to review and approve an evaluation of the region’s quality improvement program. Annual evaluation was distributed in the packets.
- M. O’Hare entertained questions about the evaluation from the Board.
- Some of the tables at the end of the report were found to be inaccurate. Please disregard those included in the packet. Staff will bring back updated data.

Motion by T. Biggs, supported by C. Coleman, to approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY 14.

Motion carried

b. Lease Agreement with Washtenaw County for CMHPSM space

- The lease includes exclusive use of Patrick Barrie Conference Room. The region uses the room at least 12 times a month because of its size, and were we not to lease it the county couldn’t guarantee that it would remain a conference room.
- The lease will only be for 1 year and then staff will re-evaluate. There are no build-out costs. The net increase will be approximately \$2,000/month over what the PIHP currently pays for sub-lease from WCHO. The lease will include building management and maintenance.

Motion by T. Biggs, supported by C. Coleman, to approve the signature of the Managing Director on the lease agreement between the CMHPSM and Washtenaw County

Motion carried

Ackley	Not present	Libstorff	Y
Ball	Y	Londo	Y
Berry-Bobovski	Y	Neal	Y
Biggs	Y	Plas	Y
Coleman	Y	Spalding	Y
Lane	Y	Tillotson	Y
		Wilson	Not present

X. Adjournment

Motion by T. Biggs, supported by C. Coleman, to adjourn the meeting

Motion carried

Meeting adjourned at 7:54 p.m.

Community Mental Health Partnership of Southeast Michigan

FINANCIAL HIGHLIGHTS

March FYTD Report

1. Statement Of Revenue, Expense & Change Net Position:

a. Revenue

- Medicaid Revenue for March is \$107,896 lower than the February revenue received and continues to run under budget (FYTD deficit of \$961,531- this number is based on current year funding only).
- Healthy Michigan revenue continues to trend over budget and through March it is \$1,667,399 over budget.
- Health Home revenue for Washtenaw continues to be under budget. Revenue is tied directly to enrollees in the program.

b. Funding for CMHSP Partners

- FYTD Actual Affiliate Partner payments are greater than budget due to HMP payments (HMP funding from MDCH exceeds budget assumption) and MICHild Payments.
- Lower than budget Health Home payments to Washtenaw offsets their higher HMP and MICHild payments.

c. Funding for SUD Services

- Expenses for Monroe and Washtenaw are running over budget due to fee for service claims. Washtenaw has seen an increase in the demand for long term residential and opiate detox services.

d. CMHPSM Administrative Costs

- Expenses through March are running under budget by \$354,062. The amended budget is being used and expenses attributable to that budget will begin to pick up in April and May.

2. Statement Of Net Position:

- a. The Fund Balance of \$2,874,665 under the Operations Fund is restricted and not local in nature as it is for the Affiliate Partners.
- b. The Medicaid ISF Fund Balance is also restricted, and represents the total transfer of ISF from WCHO to CMHPSM.

3. Summary Of Revenues & Expenses by Fund:

- a. As noted above, Medicaid Revenue is lower than budget. As the budget amounts of Medicaid Funding have been paid to the Affiliate Partners (CMHPSM Expense) this has created a Medicaid deficit. The deficit will be funded with either excess funding paid to the Affiliate Partners or ISF.
- b. As noted above, HMP Revenue is greater than budget. While the actual HMP Funding for each Affiliate Partner has been paid to each of them, the combination of higher State Funding and lower than budget requirement for use of the Substance Use Disorder portion of the funding, has resulted in an overall HMP surplus (which has been made substantially larger due to the addition of the FY2014 carryforward).
- c. The SUD Other surplus is consistent with the Budget which showed that there would be excess PA2 funding in FY 2015.

4. Investments

- a. Beginning in April, 100% FDIC insured Certificate of Deposits (CDs) have been purchased in order to provide the highest investment return with maximum security for the Internal Service Fund (ISF) Reserves and PA2 SUD Reserves. Of the nearly \$13 million of ISF and PA2 Reserves, as of May 4, 2015, \$3.5 million had been invested. It is expected that by the end of June the remaining amount will also be invested. All investments are compliant with the CMHPSM's Investment Policy.

CMHPSM Strategies:

1. Policies will be put in place to support the allocation of funding (including ISF) to the Affiliate Partners. Policies will also support any re-allocation of funding as a result of the Quarterly Cost Settlement Process so that clear rationale describing the circumstances is made available (e.g., preventable versus non-preventable causes).
2. Track Traditional Medicaid Eligibles and HMP Enrollees to understand and project changes and how they will impact funding from MDCH.
3. The CMHPSM will support the Affiliate Partners to make sure Consumers are enrolled in the correct Benefit Program so that funding to the CMHPSM is maximized.

Community Mental Health Partnership of Southeast Michigan
STATEMENT OF REVENUES, EXPENSES CHANGES IN NET POSITION
 For the Six Months Ending 3/31/2015

	Original Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget	
Operating Revenue					
Medicaid Capitation	\$134,000,000	\$66,171,928	\$67,000,002	(\$828,074)	
Medicaid Carryforward	4,230,523	408,132	2,115,264	(1,707,132)	
Healthy Michigan Plan	11,853,261	7,594,028	5,926,629	1,667,399	
Healthy Michigan Carryforward	0	2,153,122	0	2,153,122	
Autism	199,791	101,300	99,897	1,403	
Medicaid Health Home-Washtenaw Only	1,129,388	142,815	564,696	(421,881)	
10% Health Home Match Washtenaw	0	14,282	0	14,282	
MiChild	0	220,683	0	220,683	
SUD Community Grant	3,767,460	1,883,735	1,883,730	5	
SUD PA2 - Cobo Tax Revenue	3,717,346	2,112,272	1,858,674	253,598	
Other Revenue-Local Match and Block Grant	1,802,780	850,923	901,392	(50,469)	
Total Operating Revenue	\$160,700,549	\$81,653,219	\$80,350,284	1,302,935	1a.
Funding For CMHSP Partners					
Lenawee CMHSP	\$18,564,355	\$9,406,493	\$9,282,177	\$124,316	
Livingston CMHSP	23,315,961	11,787,512	11,657,981	129,531	
Monroe CMHSP	25,430,465	12,835,466	12,715,233	120,233	
WCHO CMHSP	66,361,425	32,908,816	33,180,714	(271,898)	
Total Funding For CMHSP Partners	\$133,672,206	\$66,938,287	\$66,836,105	102,182	1b.
Funding For SUD Services					
Lenawee County	\$1,022,761	\$477,345	\$511,380	(\$34,035)	
Livingston County	1,309,226	640,877	654,614	(13,737)	
Monroe County	1,143,346	628,233	571,674	56,559	
Washtenaw County	3,203,188	1,669,032	1,601,598	67,434	
Total Funding For SUD Services	\$6,678,521	\$3,415,487	\$3,339,266	76,221	1c.
Other Contractual Obligations					
Hospital Rate Adjuster	\$2,035,776	\$1,057,575	\$1,017,888	\$39,687	
USE and HICA Tax	9,903,982	4,844,330	4,951,992	(107,662)	
Local Match	1,577,780	788,890	788,890	0	
10% Health Home Match Washtenaw	0	14,282	0	14,282	
Total Other Costs	\$13,517,538	\$6,705,076	\$6,758,770	(53,694)	
CMHPSM Administrative Costs					
Salary & Fringe	\$1,239,269	\$380,500	\$619,635	(\$239,135)	
Administrative Contracts	853,797	439,640	\$426,899	12,741	
All Other Costs	288,789	16,727	\$144,395	(127,668)	
Total Administrative Expense	\$2,381,855	\$836,867	\$1,190,929	(354,062)	
Total Operating Expense	\$156,250,120	\$77,895,717	\$78,125,070	(\$229,353)	
Operating Income (Loss)	\$4,450,429	\$3,757,502	\$2,225,214	\$1,532,288	1d.
Non-Operating Revenues					
Interest Revenue	\$0	\$0	\$0	\$0	
Change In Net Position	\$4,450,429	\$3,757,502	\$2,225,214	\$1,532,288	

1a. Medicaid and Health Home revenue continue to trend under budget.

1b. The affiliate partners are receiving all Healthy Michigan revenue as it comes in less taxes and administration. That is why Lenawee Livingston and Monroe are showing as being over budget. Washtenaw is under due to Health Home revenue being down.

1c. The major change from prior months is Washtenaw SUD being over budget. We have had a greater demand(need) for long term residential and opiate detox services. SUD has funding available to cover this deficit as not all SUD Healthy Michigan revenue was budgeted.

1d. We continue to show positive operating income.

STATEMENT OF NET POSITION

As of 3/31/2015

	Operations Fund	Medicaid ISF Fund
Assets		
Current Assets		
Cash Position	\$8,998,754	\$8,791,664
Due From MDCH	405,136	0
Due From Affiliate Partners	992,329	0
Accounts Receivable, Net	0	0
Prepaid Items	9,593	0
Total Current Assets	\$10,405,812	\$8,791,664
Noncurrent Asset		
Cap. Assets Not Being Depreciated	0	0
Cap. Assets Being Depreciated, Net	0	0
Total Noncurrent Assets	\$0	\$0
Total Assets	\$10,405,812	\$8,791,664
Liabilities		
Accounts Payable	\$2,990,582	\$0
Accrued Liabilities	218,134	0
Due To MDCH	173,133	0
Due To Affiliate Partners	0	0
Unearned Revenue	4,149,298	0
Total Liabilities	\$7,531,147	\$0
Net Position		
Net Investment In Capital Assets	\$0	\$0
Unrestricted/Restricted Fund Balance	2,874,665	8,791,664
Total Net Position	\$2,874,665	\$8,791,664
Balance as of February 28, 2015	\$1,600,205	\$8,791,664
Net Change	\$1,274,460	\$0

Community Mental Health Partnership Of Southeast Michigan
SUMMARY OF REVENUE AND EXPENSE BY FUND
 March 2015 FYTD

Attachment #2c - May 2015

Summary Of Revenue & Expense	Funding Source								Total Funding Sources
	Medicaid	MiChild	Autism -- Medicaid	Autism -- MiChild	Healthy Michigan	Health Home	SUD Other	Other	
Revenues									
Funding From MDCH	\$ 66,171,928.41	\$ 220,682.97	\$ 96,371.97	\$ 4,927.54	\$ 7,594,027.52	\$ 142,814.79	\$ 1,883,735.00	\$ 54,826.32	\$ 76,169,314.52
Carry Forward	408,132.29	-	-	-	2,153,122.00	-	-	-	2,561,254.29
Affiliate Local For Medicaid Draw Down	-	-	-	-	-	-	-	788,890.00	788,890.00
Washtenaw Local For HH 10% Match	-	-	-	-	-	-	-	14,281.48	14,281.48
PA2/COBO Tax Funding	-	-	-	-	-	-	2,112,271.50	-	2,112,271.50
Other	-	-	-	-	-	-	-	7,206.68	7,206.68
Total Revenues	\$ 66,580,060.70	\$ 220,682.97	\$ 96,371.97	\$ 4,927.54	\$ 9,747,149.52	\$ 142,814.79	\$ 3,996,006.50	\$ 865,204.48	\$ 81,653,218.47
Expenses									
Funding Payments To Partners									
Lenawee	\$ 8,511,901.08	\$ 33,352.55	\$ 3,569.49	\$ -	\$ 857,669.72	\$ -	\$ -	\$ -	\$ 9,406,492.84
Livingston	10,805,828.94	56,560.27	29,446.06	4,263.30	874,201.21	-	-	17,211.78	11,787,511.56
Monroe	11,670,239.08	33,597.98	15,962.30	-	1,114,568.40	-	-	1,098.43	12,835,466.19
Washtenaw	30,258,583.54	61,878.14	34,403.19	-	2,384,231.66	133,203.36	-	36,516.11	32,908,816.00
Total Affiliate Payments	\$ 61,246,552.64	\$ 185,388.94	\$ 83,381.04	\$ 4,263.30	\$ 5,230,670.99	\$ 133,203.36	\$ -	\$ 54,826.32	\$ 66,938,286.59
Funding for County SUD Programs									
Lenawee	\$ 121,448.00	\$ -	\$ -	\$ -	\$ 60,724.00	\$ -	\$ 295,173.14	\$ -	\$ 477,345.14
Livingston	80,424.50	-	-	-	41,082.00	-	519,370.00	-	640,876.50
Monroe	60,925.50	-	-	-	114,249.00	-	453,058.06	-	628,232.56
Washtenaw	299,145.50	-	-	-	344,609.50	-	1,025,277.25	-	1,669,032.25
Total SUD Expenses	\$ 561,943.50	\$ -	\$ -	\$ -	\$ 560,664.50	\$ -	\$ 2,292,878.45	\$ -	\$ 3,415,486.45
Other Operating Costs									
Hospital Rate Adjuster Payment	\$ 1,057,575.18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,057,575.18
Local Match For Medicaid Draw Down	-	-	-	-	-	-	-	788,890.00	788,890.00
Local Match Health Homes	-	-	-	-	-	-	-	14,281.48	14,281.48
MH & SUD Use Tax	3,952,123.69	13,146.06	25,807.25	293.68	498,588.02	8,540.32	-	-	4,498,499.02
MH & SUD HICA Claims Tax	314,691.00	1,217.00	4,021.00	303.00	24,527.00	1,071.11	-	-	345,830.11
Total Operating Costs	\$ 5,324,389.87	\$ 14,363.06	\$ 29,828.25	\$ 596.68	\$ 523,115.02	\$ 9,611.43	\$ -	\$ 803,171.48	\$ 6,705,075.79
Administrative Cost Allocation	\$ 591,164.08	\$ 1,656.65	\$ 709.99	\$ 59.17	\$ 94,604.63	\$ -	\$ 148,672.90	\$ -	\$ 836,867.42
Total Expenses	\$ 67,724,050.09	\$ 201,408.65	\$ 113,919.28	\$ 4,919.15	\$ 6,409,055.14	\$ 142,814.79	\$ 2,441,551.35	\$ 857,997.80	\$ 77,895,716.25
Revenues Over/(Under) Expenses	\$ (1,143,989.39)	\$ 19,274.32	\$ (17,547.31)	\$ 8.39	\$ 3,338,094.38	\$ -	\$ 1,554,455.15	\$ 7,206.68	\$ 3,757,502.22

Community Mental Health Partnership Of Southeast Michigan

SUMMARY OF INVESTMENTS

May 4, 2015

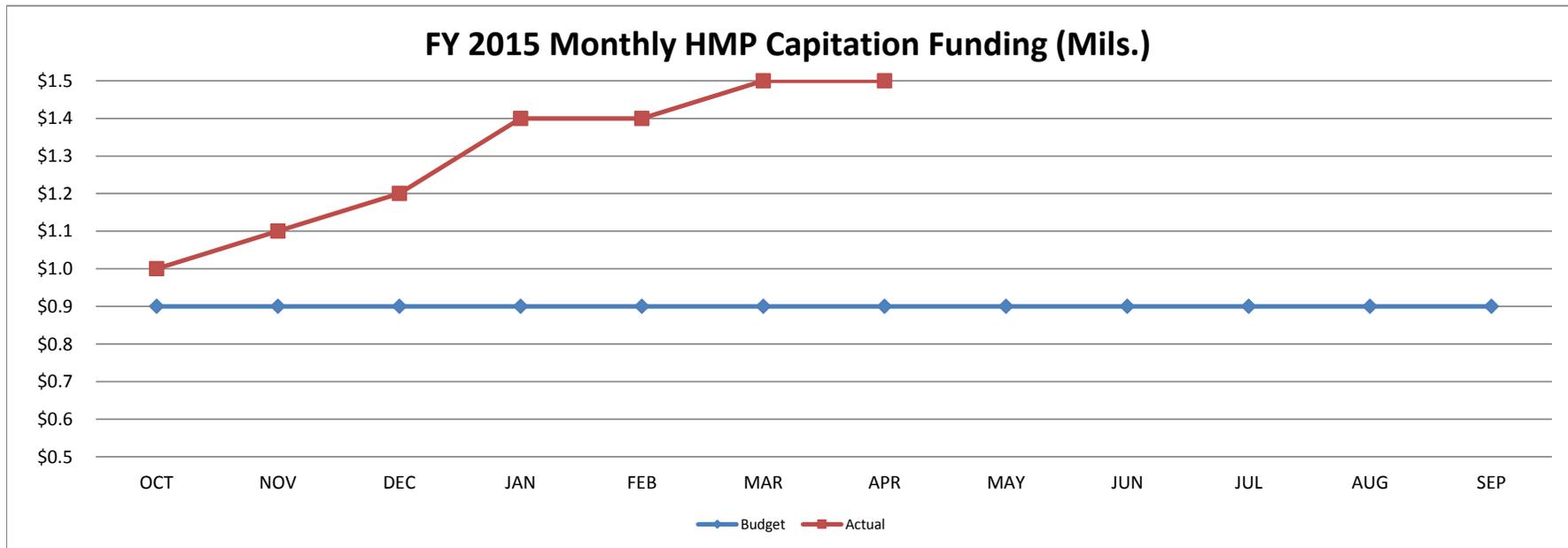
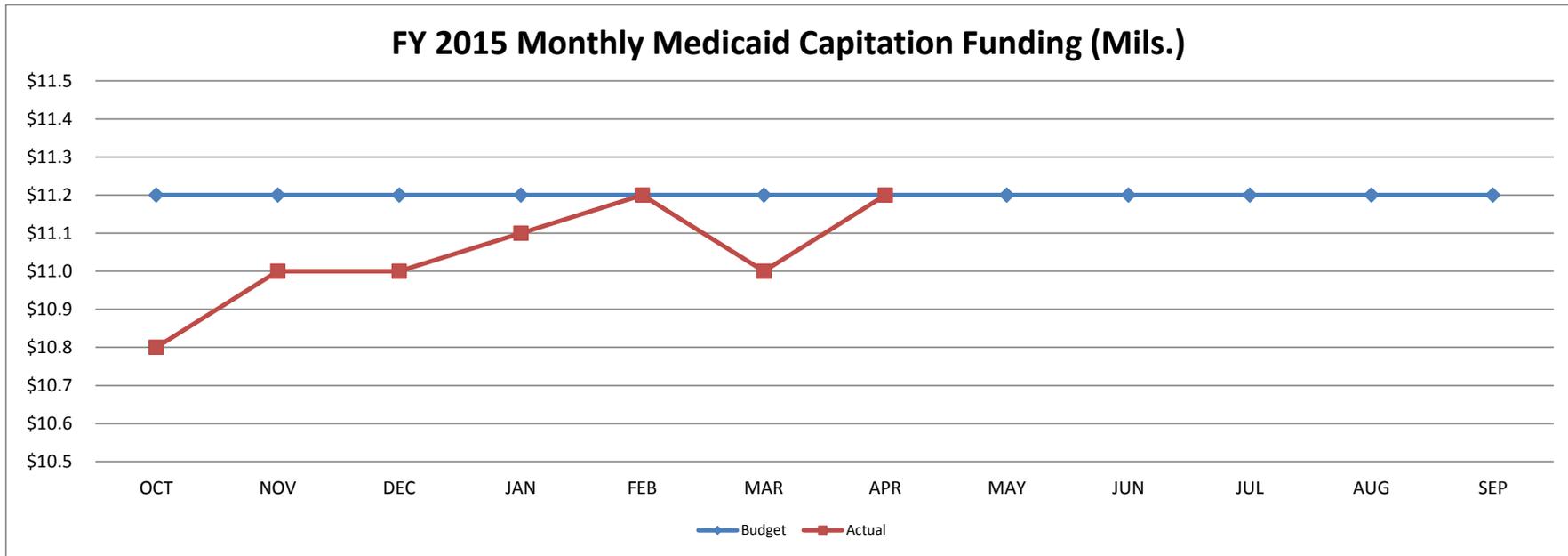
Attachment #2d - May 2015

Investment Details										
Name Of Bank	Purchase Date	Cusip/Account Number	Type Of Investment	Maturity Date	Months To Maturity	Rate	Amount Purchased	Amount Redeemed	Interest Earned	Net Value Of Portfolio
Santander Bank	04/09/15	80280J-EH-0	CD	04/15/16	12	0.45%	\$ 250,000.00		\$ -	\$ 250,000.00
First Niagara Bank	04/09/15	33583C-NY-1	CD	04/15/16	12	0.40%	250,000.00		-	250,000.00
Bank Of China	04/09/15	06426T-ES-4	CD	01/15/16	9	0.35%	250,000.00		-	250,000.00
State Bank Of India	04/09/15	856284-4A-9	CD	01/19/16	9	0.40%	250,000.00		-	250,000.00
Safra Bank	04/09/15	78658Q-MY-6	CD	01/15/16	9	0.35%	250,000.00		-	250,000.00
Goldman Sachs Bank	04/09/15	38148J-QT-1	CD	04/15/16	12	0.40%	250,000.00		-	250,000.00
Apple Bank	04/09/15	03784J-HB-3	CD	04/22/16	12	0.40%	250,000.00		-	250,000.00
TCF Bank	04/09/15	872278-LU-8	CD	04/15/16	12	0.30%	250,000.00		-	250,000.00
Plains Capital	04/10/15	72663Q-ZS-1	CD	01/19/16	9	0.30%	250,000.00		-	250,000.00
Everbank	04/13/15	29976D-WS-5	CD	10/29/15	6	0.30%	250,000.00		-	250,000.00
Bank Of India	04/15/15	06278C-Z4-0	CD	10/28/2015	6	0.40%	250,000.00		-	250,000.00
Beal Bank USA	04/17/15	07370W-PH-3	CD	10/28/2015	6	0.30%	250,000.00		-	250,000.00
Bank of Ann Arbor	04/24/15	631010931	CD	4/23/2016	12	0.30%	10,000.00		-	10,000.00
Bank of Ann Arbor	04/24/15	63101096	CD	4/22/2016	12	0.40%	240,000.00		-	240,000.00
First National Bank Howell	04/29/15	11007421	CD	04/29/16	12	0.45%	250,000.00		-	250,000.00
							<u>\$ 3,500,000.00</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,500,000.00</u>

MONTHLY FUNDING TRENDS

FY 2015

Attachment #2e - May 2015



Community Mental Health Partnership Of Southeast Michigan
FUNDING TO AFFILIATES COMPARED WITH AFFILIATE EXPENDITURES
 March FYTD 2015

Traditional Medicaid	Payments To Affiliate Partners Vs. Funding Required				MDCH Funding To CMHPSM
	Lenawee	Livingston	Monroe	Washtenaw	
Funding To Affiliate Partners	\$ 8,511,901.08	\$ 10,805,828.94	\$ 11,670,239.08	\$ 30,258,583.54	
Affiliate Expenditures	6,701,326.00	10,219,392.00	11,582,763.00	31,185,261.28	
Funding O/(U) Expenditures	<u>\$ 1,810,575.08</u>	<u>\$ 586,436.94</u>	<u>\$ 87,476.08</u>	<u>\$ (926,677.74)</u>	
Memo:					
FYTD Approved Budget	\$ 8,609,892.42	\$ 10,930,228.62	\$ 11,804,590.08	\$ 30,606,928.68	
Payments O/(U) Budget	(97,991.34)	(124,399.68)	(134,351.00)	(348,345.14)	
Memo:					
Mental Health Portion Of Medicaid Revenue Received By CMHPSM From MDCH					\$ 65,333,120.18
Mental Health Budgeted Medicaid Funding From MDCH					66,250,000.00
MDCH Funding Received Over/(Under) Budgeted Funding					<u>\$ (916,879.82)</u>

Healthy Michigan Plan	Payments To Affiliate Partners Vs. Funding Required				MDCH Funding To CMHPSM
	Lenawee	Livingston	Monroe	Washtenaw	
Funding To Affiliate Partners	\$ 857,669.72	\$ 874,201.21	\$ 1,114,568.40	\$ 2,384,231.66	
Affiliate Expenditures	567,570.00	784,657.00	924,240.00	2,715,772.37	
Funding O/(U) Expenditures	<u>\$ 290,099.72</u>	<u>\$ 89,544.21</u>	<u>\$ 190,328.40</u>	<u>\$ (331,540.71)</u>	
Memo:					
FYTD Approved Budget	\$ 672,285.00	\$ 654,531.00	\$ 867,367.50	\$ 1,952,983.00	
Payments O/(U) Budget	185,384.72	219,670.21	247,200.90	431,248.66	
Memo:					
Mental Health Portion Of HMP Revenue Received By CMHPSM From MDCH					\$ 5,668,508.21
Mental Health Budgeted HMP Funding From MDCH					4,446,409.50
MDCH Funding Received Over/(Under) Budgeted Funding					<u>\$ 1,222,098.71</u>

Washtenaw Community Health Organization
 FY 2015 BOTTOM LINE IMPROVEMENT PROGRAM
 May 11, 2015 Status Report

Attachment #4 - May 2015

Bottom Line Improvement Plan (BLIP)					
	Medicaid	Healthy Michigan	General Fund	TOTAL	
Risks/(Opportunities) To Budget					
Revenue:					
Medicaid Carryforward	\$ 1,400,000.00	\$ -	\$ -	\$ 1,400,000.00	Carryforward no longer available
State General Funds	-	-	558,466.00	558,466.00	GF Cut
Health Home Medicaid Revenue	550,681.00	-	-	550,681.00	Budget based on 100% enrollment
Healthy Michigan Plan	-	(1,088,265.00)	-	(1,088,265.00)	Increased enrollment & revenue
Expense:					
Community Living Supports (CLS)	\$ 1,310,000.00	\$ -	\$ -	\$ 1,310,000.00	
Community Inpatient	-	916,000.00	-	916,000.00	
State Facilities	-	-	775,000.00	775,000.00	
Skill Building	330,000.00	-	-	330,000.00	
Full Depreciation of Zeeb Rd	221,488.90	18,457.41	23,730.95	263,677.26	
Direct Services	(1,206,323.00)	387,675.00	309,079.00	(509,569.00)	Position holds
Administrative Savings	(748,302.24)	(62,358.52)	(80,175.24)	(890,836.00)	Position eliminations/Zeeb Lease
Injectibles Cost Savings	-	-	(157,593.00)	(157,593.00)	
Total Risks/(Opps) To Budget	\$ 1,857,544.66	\$ 171,508.89	\$ 1,428,507.71	\$ 3,457,561.26	
Actions Yet To Be Identified	\$ 1,857,544.66	\$ 171,508.89	\$ 1,428,507.71	\$ 3,457,561.26	
Memo:					
Prior Level	1,976,997.38	794,672.13	910,020.49	3,681,690.00	As reported April 8, 2015
Present Over/(Under) Prior Level	(119,452.72)	(623,163.24)	518,487.22	(224,128.74)	

Fiscal Year 2016 DRAFT Projections			
	Original FY 2015		DRAFT FY 2016
Revenues		Revenues	
Medicaid Capitation	\$ 61,213,858	Medicaid Capitation	\$ 61,000,000
Medicaid Health Home	1,061,851	Medicaid Health Home	558,000
Medicaid Fee for Service	1,101,000	Medicaid Fee for Service	1,200,000
MiChild	91,431	MiChild	100,000
Autism	104,750	Autism	500,000
State General Fund	5,500,000	State General Fund	5,500,000
Healthy Michigan Capitation	3,905,966	Healthy Michigan Capitation	5,586,765
Grants & OBRA	1,252,545	Grants & OBRA	1,000,000
Local Revenue:		Local Revenue:	
County Appropriation	1,536,553	County Appropriation	1,528,080
Fund Balance	247,825	Other Local Sources	-
Regional Entity Revenue	413,889	All Other Revenue	2,900,000
All Other Revenue	3,487,926		
TOTAL Revenues	\$ 79,917,594	TOTAL Revenues	\$ 79,872,845
Expenses		Expenses	
Regional Entity Administration	\$ 413,889	CMHSP Administration	\$ 4,750,000
WCHO Administration	4,812,762	Direct Services	29,500,000
Core Provider Contract (CSTS)	31,477,708	Community Living Supports (CLS)	21,700,000
Community Living Supports (CLS)	21,405,479	Licensed Residential Services	8,450,000
Licensed Residential Services	8,226,520	Skill Building	1,850,000
Skill Building	1,555,929	Community Inpatient	3,750,000
Community Inpatient	3,080,007	State Facilities	2,900,000
State Facilities	2,007,524	All Other Services	3,041,000
All Other Services	2,781,650	Grants & OBRA	1,000,000
Grants & OBRA	1,261,018	All Other Expenses	2,931,845
All Other Expenses	2,935,107		
TOTAL Expenses	\$ 79,957,593	TOTAL Expenses	\$ 79,872,845



Regional Board Action Request – Annual Quality Assessment and Performance Improvement Program (QAPIP) Plan for FY 15

Board Meeting Date: May 13, 2015

Action Requested: Approve the annual plan for quality assessment and improvement activities during the calendar year 2015.

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/MDCH Contract, AFP, Regional Strategic Plan and Shared Governance Model
Part I Section 7.9 Quality Assessment/Performance Improvement Program and Standards

Recommend: Approval

Quality
Assessment
and
Performance
Improvement
Program
Annual Plan

2014/2015

This plan establishes the Community Mental Health Partnership of Southeast Michigan goals for Fiscal Year 2015, to meet the regional QI framework for quality and accountability for consumer care.



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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) 15 to meet the overall regional Quality Improvement (QI) framework for quality and accountability for consumer care. This occurs 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 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.

Organizational Structure, Vision, Mission, and Values

The CMHPSM is a Regional Entity formed by four Community Mental Health Programs including the Washtenaw Community Health Organization (WCHO), Lenawee Community Mental Health Authority (LCMHA), Livingston County Community Mental Health Authority (LCCMHA), and Monroe Community Mental Health Authority (MCMHA). 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 and the CMHPSM Director of Quality and Compliance. 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 be a comprehensive system of care working in an integrated fashion with substance abuse and primary healthcare systems so that the care and services provided better meet consumer needs in a more efficient and cost effective manner.

Mission: To provide quality behavioral health care that promotes recovery and wellness, fosters resilience and supports self-determination and empowerment so that individuals served in our four-county region are successful in achieving their personal goals and dreams.

Values

- Respect the diversity of our communities and the people we serve
- Zero tolerance for stigma

- Coordinated and continuous care between and across healthcare systems and providers
- Meaningful partnerships with consumers and community stakeholders
- Learning organization disciplines of systems thinking, team learning, shared vision, personal mastery, and mental models
- Data based decision making
- Innovation and creativity
- Provide the best quality services to the most people at the best cost.

Definitions

- **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 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.”
- **EII** refers to the 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.

Organizational System

The structure of the QAPIP remains as it has existed for the previous three years. The Clinical Performance Team (CPT) serves as the regional Performance Improvement Committee and the Improving Practices Leadership Team. Membership includes consumers, clinical staff and performance improvement staff from each of the CMHSPs within the region. The PIHP Quality Improvement and Compliance Director and a CMHSP Director from the Regional Operations Committee (ROC) also serve on the committee. The CMHSP Director 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.

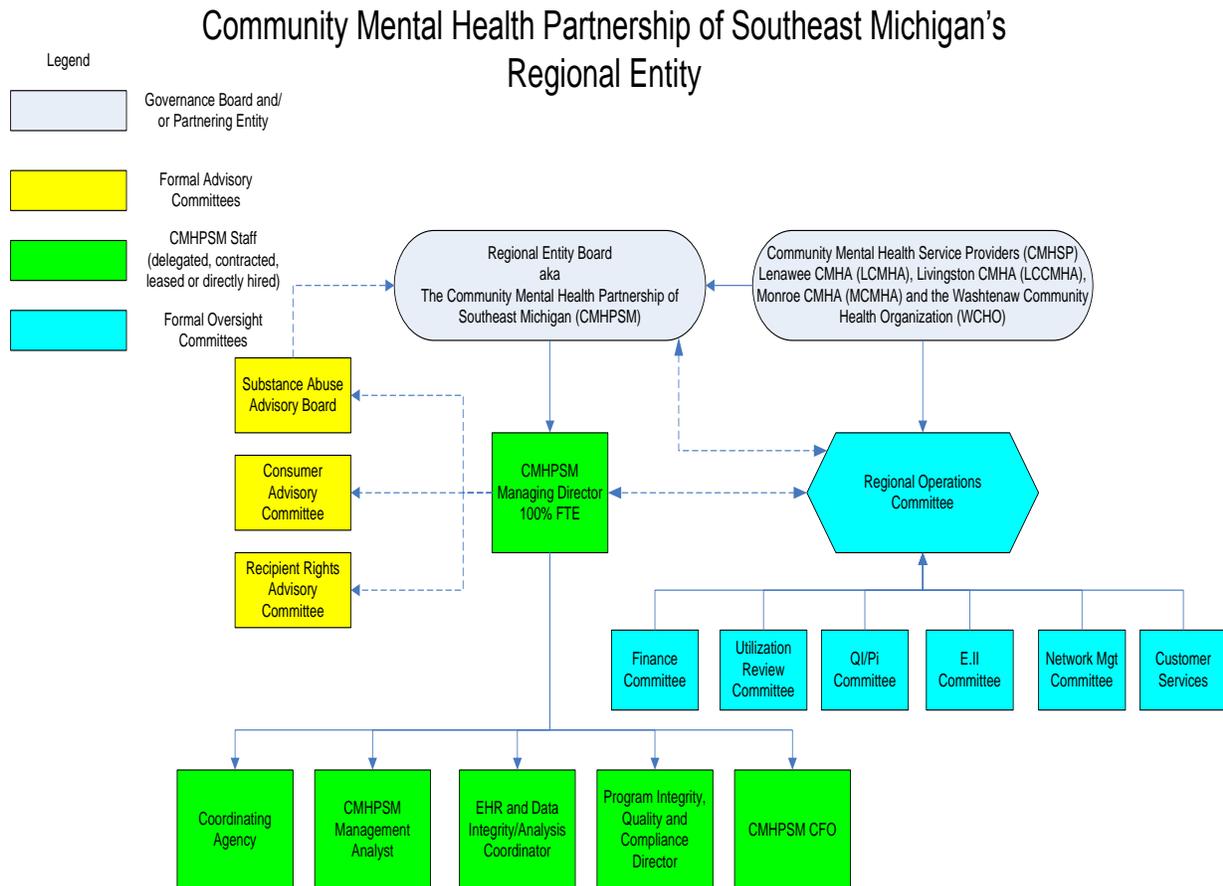
Some of the CPT members serve as liaisons to other regional committees. Examples include the Regional Consumer Advisory Committee, Utilization Review Committee, EII (Electronic Health Record) Operations Committee, Customer Services Committee, Network Management Committee, Compliance Committee and other 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. The committees and work groups write 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 Performance Improvement 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 PI Liaisons efforts including, but not limited to, the two Performance Improvement Project (PIP) studies. PI Liaisons are assigned the responsibility of 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 PI Liaisons is to ensure clear and consistent communications. PI Liaisons meet monthly to share insights, address regional concerns and support each other in performance improvement efforts. After meetings are held, PI 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 Quality and Compliance Director collaborates 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 Quality and Compliance Director reports QAPIP activities (annual plan, quarterly progress and annual evaluation) to the Regional Operations Committee (ROC). The ROC is comprised of the four CMHSP Executive Directors, the CMHPSM Clinical and Substance Use Disorder Director, and the CMHPSM Managing Director. Annually, the Quality and Compliance Director and/or Managing Director present the QAPIP plan and evaluation to the Regional Board for final approval. The Managing Director and the Regional Board provides monitoring and oversight of these functions. The chart depicted below summarizes the flow of organizational operations.



Identified Areas for Improvement

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

- State mandated Performance Improvement Projects
- PI data that is reported to the State each fiscal year per the Michigan Department of Community Health (MDCH) Contract
- PI projects that are recommended/chosen by the CMHPSM as special projects for the fiscal year

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 projects which will be worked on this year. The first project is new and has been named the Admission Discharge Transfer Study. The second project is the Medication Labs Study which is a continuation of previous fiscal years.

1) Admission Discharge Transfer Study

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 FY15:

- 1) Alerts per consumer served will be significantly greater in Q415 then in Q414.
- 2) Develop a formal protocol on how to respond to alerts.
- 3) Develop an indicator that measures the extent to which the protocol is followed. (The group may be defining this or informing CPT in their determining the indicator).
- 4) A goal (either a threshold to hit or simply significant improvement from baseline) and timeline will be developed for the new indicator.

2) Medication Labs Study

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

In addition to this summary, it is worthy to note that per MDCH requirements, this project will be audited by the Health Services Advisory Group (HSAG) - External Quality Review (EQR) for study methodology validation.

The work group plans to achieve the following goals by the end of FY15:

- 1) Continue to increase percent of Medicaid consumers being prescribed antipsychotics who have all required labs entered as discreet values in the EHR among the region.

- 2) Re-measure from the data period of 10/1/2014 – 9/30/2015. (The baseline measurement period was from 10/1/2013 – 9/30/2014).
- 3) Prepare for the HSAG – EQR audit.

These studies will be reported to CPT on a quarterly basis.

Performance Improvement Data Reported to the State

Per the contract between CMHPSM and MDCH, the CMHPSM is responsible for the collection and reporting of performance improvement data to MDCH 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.

If an Indicator fails to meet the State target for two consecutive quarters or more, the responsible party must complete the data reporting form and submit a plan of correction. 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 performance improvement data is listed in the table below.

Standard Annual Performance Improvement Data	
Michigan Mission Based Performance Indicator System	PIHP Data Reported to MDCH
<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
<u>Adequacy/Appropriateness</u> HWS receiving at least 1 HWS service per month not SC)	Critical Events Data Behavior Treatment Data (including data on the use of intrusive and restrictive techniques and debriefing data)
<u>Efficiency</u> Percent of total expenditures spent on PIHP Admin functions.	Jail Diversion Data All Direct/Contracted Services MH Services only Percent Served by Funding Source
<u>Outcomes</u> % Adults served by PIHP in competitive labor force (DD/MI) % Adults served by PIHP who earn minimum wage (DD/MI)	Total unduplicated consumers served. Most frequently used CPT codes in FY13 CPT Codes used by each population MIA DDA MIC DDC

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.	Children served by DHS (MI/DD; SUD) Medicaid Utilization and Aggregated Net Cost Report Aggregate CAFAS Data
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Review of the performance improvement data listed above helps to identify regional opportunities for improvement. For example, a review of the demographic data and data pulled from the data warehouse from a previous fiscal year provided information that there were completion error rates greater than 5% in the designated fields for health information data and minimum wage data. (The MDCH set a target for less than a 5% completion error in the designated electronic health record fields for this data). As a result, this became a special quality improvement project to achieve the specified targets.

Additionally, the review of the demographic, encounter, authorization data and additional analysis conducted by the Data Health Analyst helped to identify that consumers with co-occurring diagnoses have a great likelihood of being hospitalized before or after their CMH admission and are more likely to return to the hospital after their first hospital admission. A quality improvement project was developed to pursue ways the region could provide earlier interventions and/or earlier identification of consumers with co-occurring treatment needs in ways that would prevent the need for hospitalization and better treatment outcomes. Specific information about these two projects and other identified projects are described below.

Special Quality Improvement Projects Chosen by the CMHPSM

Each year special projects are chosen to improve the overall system of care. There were four new projects identified and selected for FY 15. There were five projects carried forward from the previous fiscal year(s). New projects included the CMHPSM Enhanced Monitoring Systems, Prevention of Medicaid Waste and Fraud, Electronic Communications with Consumers, and Diagnosis Work Group II. Projects carried forward included the Health Information and Minimum Wage Data, Customer Satisfaction Survey, Co-Occurring Project and the Utilization Review/Management Peer Review Project. These projects may promote either compliance, program integrity, consumer voice, consumer engagement, staff development, improved clinical services and/or improved consumer outcomes.

CMHPSM Monitoring Systems Project

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.

To ensure the goal of strong compliance and program integrity, the CMHPSM leadership staff proposed the following goals to be accomplished during FY 15:

- 1) To enhance monitoring tools used to evaluate the delegated functions of the provider network. The Quality and Compliance Director, Operations Director and Clinical and Substance Use Disorders (SUD) Director will review the current tools used to conduct CMHSP and SUD Provider site reviews to ensure tools are in concert with federal and state laws, the Medicaid Provider Manual, contract language, the CMHPSM Application for Participation (AFP), local policy, and the Recovery Oriented Systems of Care (ROSC) model. In addition, state reviewer(s) feedback from former site reviews of the CMHPSM and each CMHSP will be taken into consideration. These tools will be enhanced and feedback will be elicited from CMHPSM staff and the CMHPSM Managing Director.
- 2) The enhanced monitoring tools will be used by CMHPSM staff during the CMHSP and SUD Provider site reviews. As these site reviews are completed, there will be further discussion (among site reviewers, CMHPSM staff and providers participating in these reviews) about the monitoring results to ensure fidelity of standards within the system.
- 3) System strengths, violations of standards and/or opportunities for improvement will be identified in the site review report. A written request for a prompt corrective action plan (CAP) will be specified for violations, etc. CMHPSM staff will use various tickler systems to track that a CAP has been received. These staff will also determine whether or not the CAP is appropriate. If it is not, additional guidance will be provided. Additionally, the CMHPSM staff will also collect documentation to support that a CAP has been completed. During the next site monitoring review or sooner if necessary, CMHPSM staff will follow up regarding these violations. These action steps will help to mitigate any potential risk issues among the region.
- 4) CMHPSM staff during the CMHSP and SUD Provider site reviews will be asked to identify the strengths and opportunities for improvement regarding the enhanced monitoring tools. If improvements are identified, the tools will be updated.

The Director of Quality and Compliance will report to the ROC committee on a quarterly basis to discuss project progress. This project will also report on a quarterly basis to CPT.

Prevention of Medicaid Waste and Fraud Project

As a result of the Office of Health Services Inspector General's (OIG) respite case findings, the Regional Compliance Committee (ROC) proposed a project to further define the delivery and monitoring of respite services to prevent Medicaid waste and fraud. The Compliance Committee proposed to CPT and the ROC the following objectives to be addressed during FY 15:

- 1) Review all cases involving consumers with siblings who both receive respite services.
- 2) Explore systemic ways to ensure compliance efforts involving respite cases which includes, but is not limited to setting clear expectations in the Individual Plan of Services (staff to consumer ratios, etc.), policy enhancements, provider/staff training and enhanced monitoring.

This project was approved by the ROC. The ROC will assign this project to a committee/work group. The assigned committee will report on a quarterly basis to CPT.

Electronic Communications with Consumers Project

The region has strong values regarding engaging in meaningful partnerships with consumers, which may occur through various approaches and styles of communication. Many stakeholders including, but not limited to primary and secondary consumers, expressed a preference to communicate and connect with staff through the exchange of electronic communications. Based on this feedback and commitment to consumer engagement, it was proposed to develop a regional Communication Work Group to create a regional communication policy that improves communication options and ensures consumer protections. The team purpose for FY 15 includes the following:

- Assess different communication methods (email, texting, etc.) and ensure all rules and regulations are met.
- Assure annual review of communication policy that will be used throughout the region (among CMHSP members and Core Providers).
- Ensuring that relevant standards (BBA, Joint Commission, etc.) are met.
- Ensuring all communication is HIPPA compliant and is in the best interest of consumers first.
- Ensure protection of all consumer's recipient rights.
- Community benefit and consumer involvement and engagement.
- Review and revise current policy and make recommendations for changes to a standardized policy that outlines the need to individualize communication based on consumer's preferences while ensuring all necessary protection.
- Cost neutral and promotes efficient use of staff time.

- Present the policy to the ROC for a recommendation to submit to the regional board for their approval.
- Create a time-limited workgroup to create a responsive policy regarding communication options with consumers.
- Communication, education and navigation.
- Responsive to consumer request for improved communication.

This project was approved and charged by the ROC and will report on a quarterly basis to CPT.

Diagnosis Work Group II Project

The Fifth Edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) was released May 2013 at the American Psychiatric Association's Annual Meeting. The region provided training for staff regarding this new edition. To further address the implementation of clinical care it was proposed to develop a Diagnosis Work Group II. The purpose of this group is to develop a policy that will address the following:

- Establishes standards for diagnosing, using the DSM-5, that are consistent across the region.
- Sets parameters for using unspecified codes, other specified codes, G codes, T codes, Z codes, and R codes.
- Includes who may initially diagnose and when, who, and how diagnoses are updated.
- Clarifies documentation standards for diagnostic summaries in BPS assessments, psychiatric assessments, pre-admission screens, periodic reviews, progress notes, and medication review notes.

The Work Group members from each CMHSP will relay the information/work of the group to their CMHSP to obtain input, suggestions, recommendations and concerns. The Work Group members will then bring that information back to the group to be included in the products the group is working on. The Work Group shall make recommendations to the ROC for training needs across the region related to the standards established in this policy.

This project will be reported as determined by the CPT, but no less than quarterly.

Health Information Data and Minimum Wage Data

Per national research, health information and minimum wage data are strong indicators of consumer recovery and resiliency. The Application for Participation (AFP) requirements strongly emphasized collecting consumer Health Information Data. During the last performance measure validation audit, the minimum wage data was out of compliance. (MDCH set a target for less than a 5% completion error in the designated electronic health record fields for both of these data sets). This data will continue to be collected and analyzed for FY 15.

This information will be reported as determined by the CPT, but no less than quarterly.

Consumer Satisfaction Project

The region embraces strong values regarding treating consumers and their family members with respect and delivering high quality services for consumers. Surveying primary and secondary consumers (for example guardians) provides an opportunity to explore how they feel about the way they are treated by agency staff and their level of satisfaction regarding quality of services. Historically, the methodology was to mail surveys, collect survey responses and manually enter the data into a spreadsheet. This methodology did not yield a lot of consumer participation. During FY 13, the CMHSPs agreed on a shared methodology to collect customer satisfaction data. These methods included use of a statistically significant random sample to conducting phone surveys, population specific statements, a surveyor phone script, staff member training for conducting the surveys, pretesting the survey statements with consumers, providing incentives to improve response rates, imputing responses in real time into an electronic system and analyzing the data. Feedback was obtained from the surveyors and those surveyed for further improvements in implementation and outcomes.

For FY 15, each CMHSP will finish administering the population specific surveys. The data from FY 14 and FY 15 will be further analyzed to identify regional and local strengths and opportunities for improvement. Additionally, the tools and survey process will be examined to continue further improvement in collecting consumer satisfaction information.

The Committee will report on the project as determined by the CPT, but no less than quarterly.

Co-Occurring Project

The Regional Utilization Review/Utilization Management Committee (UR/UM) routinely reviews and analyzes inpatient hospitalization data from aggregated reports collected into the EHR by local clinical staff members. During FY 13, the Regional UR Committee identified a need for further analysis regarding the correlation between consumers with co-occurring mental health and substance use disorder diagnoses and inpatient psychiatric hospitalizations. The CMHPSM Health Data Analyst analyzed inpatient psychiatric admissions for consumers who had a co-occurring active substance use disorder diagnosis and an active mental health diagnosis. From that analysis the following factors were found to be statistically significant:

- Individuals with co-occurring diagnoses have a higher likelihood of being hospitalized.
- Individuals with co-occurring diagnoses are more likely to present at the hospital before their CMH admission (either as a pre-screen or an inpatient psychiatric admission).

- Individuals with co-occurring diagnoses are more likely to be hospitalized eventually (before or after their CMH admission).
- Individuals with co-occurring diagnoses spend more days in the hospital per year (hospitalization days vs. CMH days).
- Individuals with co-occurring diagnoses are more likely to return to the hospital after their first admission (higher recidivism rates).

Based on this analysis, the UR/UM Committee made a recommendation for the CPT to implement a performance improvement project for FY 14, to pursue ways the region could provide earlier interventions and/or earlier identification of consumers with co-occurring treatment needs in ways that would prevent the need for hospitalization and better treatment outcomes.

The CMHPSM CPT Committee convened a Co-Occurring Workgroup to conduct a performance improvement project for FY14. The Co-Occurring Workgroup consists of members from the CMHPSM, CMHSPs, contractual providers, peer support specialist, and consumers of co-occurring/substance use disorder services. CPT charged the work group to further analyze the data, develop interventions that would reduce the utilization of inpatient psychiatric services as a primary/initial treatment intervention by people with co-occurring diagnoses, and assess any new/modified approaches the CMHPSM could pursue in addressing the treatment needs of the co-occurring population. During FY 14 and 15, the work group further analyzed how these co-occurring consumers may be overrepresented in the emergency room and/or inpatient facility by looking at co-occurring non-hospitalized consumers versus homeless hospitalized co-occurring consumers. (The consumers selected for this study were open to a CMH team at some point between 1/1/2014 and 12/31/2014). Per data analysis, co-occurring homeless consumers were more likely to be hospitalized versus co-occurring consumers who were not homeless.

During FY 14, this workgroup explored staff training needs. The workgroup conducted an electronic staff survey to evaluate the needs of staff. It was identified that staff would like to have additional training in treating co-occurring disorders. During FY 15, the work group will develop and implement a training(s) for the CMH clinical staff and substance use disorder provider staff to address these skill needs which includes integrated health, dual diagnosis and motivational interviewing. Additionally, during FY 15, the work group will continue to work on the charge specified above. The Co-Occurring Workgroup will report on the project as determined by the CPT, but no less than quarterly.

Utilization Management (UM)/Utilization Review (UR) Peer Review Project

During FY13, the CMHPSM UR/UM Committee reviewed the report findings of the Office of Inspector General's audit of the New Mexico mental health systems of care. The report highlighted the opportunity for lessons learned in ensuring compliance with Medicaid standards of care to prevent risk and to promote the need to assess, plan, and

monitor progress of consumer's goals in ways that better promotes the values of recovery and resiliency.

Based on these OIG findings, the CMHPSM UR/UM Committee proposed a project on the development of a standard way to review clinical records throughout the region by identifying a core set of indicators for a peer review tool. A peer analysis of clinical records will help clinical staff to comply with best practices by exploring their strengths and areas for improvement in their assessment of consumer need and treatment planning. When opportunities for improvement are identified, recommendations may be made to adhere to best practices. This project was approved and charged by the CPT for FY 14.

During FY 14, the committee rated and ranked all potential indicators based on the key criteria, and agreed upon a common set of eleven (11) indicators that each CMHSP would implement in their existing peer review processes, once the review tool is complete. The tool addresses all populations served (CI/ID, SPMI/SED, SUD) and include areas related to UM decisions based on the correct medical necessity criteria; the ability to verify services in the plan of service; the ability to verify that services provided are assisting the person's ability to achieve his/her goals/outcomes, the importance of coordination with health care; and incorporating health/safety/risk areas in treatment where applicable.

For FY 15, the Committee will finish its process of clearly defining each indicator in a way that promotes the highest possible level of inner rater reliability and validity in the application of the peer review tool. The process of defining indicators has been a longer process than anticipated, and to date the committee defined 10 of the 11 indicators. (The peer review indications are listed below). Once all indicators are adequately defined the Committee will conduct a test pilot of the tool to ensure the definitions are clear before regionally launching implementation of the tool. A process will also be determined regarding the collecting, analyzing and submissions of data.

List of Peer Review Indicators:

1. All areas of need that have been identified in assessments and progress notes are captured in the Individual Plan of Service (IPOS) or not addressed for a reason (emphasis Health & Safety).
2. All services authorized in the IPOS are provided according to the amount, scope and duration in the plan.
3. The IPOS is updated/amended when there has been a significant change or service change need for the consumer.
4. When SUD needs are present/when a SUD need is documented in the record, there evidence that it is being addressed in the IPOS/treatment or is coordinated with another provider.
5. Safety/crisis planning is done regularly (at least annually) and incorporated into assessment/IPOS.

6. There is documentation of how the services that are provided relate to the individual's goals/outcomes.
7. Progress notes clearly describe therapeutic interventions used/services provided, how progress is being made, and if progress is not being made the reasons/barriers to progress are documented. Documentation shows understanding of consumer's current stage of change/level of engagement
8. Re-assessment shows current needs and medical necessity for ongoing CMH services.
9. Is there a service or need that seems evident for the consumer that is not being addressed?
10. There is evidence of coordination with primary/specialty health care providers.
11. There is documentation of ongoing discharge planning discussions with consumers; some discharge preparedness (or discussion of any potential reduction in intensity of service, level of restrictiveness, or potential for more independence/productivity/community integration where discharge planning is not applicable).

The Committee will report on the project as determined by the CPT, but no less than quarterly.

Self Determination Project

During FY13, local CMHSP coordinators responsible for managing consumer self-determination arrangements (SDA) expressed concern to CPT regarding how SDA arrangements were managed and monitored. Coordinators wanted to ensure that consumers using SDA arrangements had the same quality service provision as expected of contractual providers and the need for a consistent process across the region to address matters of compliance with Medicaid regulations and/or consumer progress towards their goals when they arose.

It was proposed to the CPT to form a SDA workgroup (consisting of SDA coordinators/key staff) from each CMHSP within the region to examine any SDA concerns that affect consumer care and to develop a standard process to offer, manage, monitor, and promote consumer goals, wishes, and dreams. During FY 14, the CPT approved this project to develop and update procedures to address the following Self Determination Arrangements:

- Role of the Support Coordinator/Case Manager
- Local management of SD Arrangements
- Documentation/data related to service provision
- Individualized budgets in the electronic record
- Training of SD Employers and Employees
- Verification services are provided as written in the plan
- Completion of Incident Reports
- Risk management/issues of consumer/family management of the arrangement/voucher

- Criteria for termination of SD Arrangements

During FY 14, the work group obtained reports from program staff and fiscal intermediary providers, conducted record reviews for consumers using an SDA, and local documents CMHSPs implemented for the oversight of local processes. All of the bulleted points listed above were addressed with the exception of incorporating individualized budgets into the electronic health record. During FY 15, the work group will develop a staff training manual which will clearly structure their role in monitoring the SDAs. Once standards are established, an audit tool will be developed to measure local fidelity to these standards as a baseline for any potential future improvement opportunities.

Workgroup members from each county will relay the information/work of the team to their county to obtain input, suggestions, recommendation, etc. The workgroup members will bring information back to the team to be included in the products the team is working on. The SDA workgroup will report on the project as determined by the CPT, but no less than quarterly. The CPT will report the progress of this project to the ROC.

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.