

Macomb County Community Mental Health Quality Improvement Annual Workplan



FY 2024

Approval History:

Entity	Approval Date
Approved by MCCMH Board of Directors	02/28/2024

MCCMH Mission

Macomb County Community Mental Health, guided by the values, strengths, and informed choices of the people we serve, provides quality services which promote recovery, community participation, self-sufficiency, and independence.

Indicator	Target and Objective	Planned Activities	Responsible Staff/ Department	Status Update
Section 1: Quality Program Structure				
Annual Evaluation	MCCMH will submit its 2023 QI Program Evaluation to Quality Committee by Q2 of 2024.	<ul style="list-style-type: none"> • The Chief Quality Officer will complete the Annual Evaluation by February 7, 2024. • The Annual Evaluation will be presented to the Quality Committee by Q2 of 2024. The Quality Committee will be responsible for providing feedback on the qualitative analysis, proposed interventions, and intervention plan. • The MCCMH Board of Directors will review the Annual Evaluation and provide feedback. • The MCCMH Board of Directors will approve the final version of the Annual Evaluation on February 28, 2024. 	<p>Chief Quality Officer</p> <p>Quality Committee</p> <p>MCCMH Board</p>	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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QAPIP Description	Submit QAPIP Description to Quality Committee by end of Q2 of 2024.	<ul style="list-style-type: none"> Review the previous year's QI Program Evaluation and enhance the current year's Program Description to include previously identified issues as well updated current standards and requirements. Present QAPIP Description to the QI committee by Q2 2024. MCCMH Board of Directors will approve QAPIP Description by February 28, 2024. 	Chief Quality Officer Quality Committee	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
QAPIP Workplan	Finalize MCCMH's 2024 QAPIP Workplan by Q1 2024.	<ul style="list-style-type: none"> Utilize the Annual Evaluation in the development of the QAPIP Workplan for the upcoming year. Include measurable goals and objectives. Develop a calendar of key activities and due dates along with names of responsible staff. 	Chief Quality Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation:

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		<ul style="list-style-type: none"> Present formalized work plan to the QI Committee in Q2 2024. Present 2024 QAPIP Workplan to Board of Directors by Q2 2024. 		Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Policies and Procedures	Submit updated policies and procedures to QI Committee as necessary but no less than annually.	<ul style="list-style-type: none"> Review all current Quality and Clinical policies and procedures and revise as needed to meet regulatory and contractual requirements. Develop new policies and procedures for areas not currently covered or to meet new regulatory and contractual requirements. Present updated policies and procedures to the Quality Committee for review and discussion. Present new and updated policy drafts to Macomb County Executive Office for review and formal approval. 	Chief Quality Officer Quality and Policy Administrator Chief Clinical Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Evaluation of network	Evaluate network capacity and adequacy by completing a community needs assessment.	<ul style="list-style-type: none"> Review the network and its infrastructure with key 	Chief Quality Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update:

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capacity and adequacy.		stakeholders across internal departments and network. <ul style="list-style-type: none"> Develop improvement strategies as necessary to improve infrastructure and availability. 	Chief Network Officer	Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Evaluation of QI Committee	<ul style="list-style-type: none"> At least annually, assess if the QI Committee has completed the following: <ul style="list-style-type: none"> Recommends policy decisions. Analyzes and evaluates the results of QI activities. Ensures practitioner participation in the QI program through planning, design, implementation, or review. Identifies needed actions. Ensures follow-up, as appropriate. 	<ul style="list-style-type: none"> Review meeting minutes with community stakeholders. Take corrective actions as necessary to ensure the QI Committee is completing the necessary scopes of review. 	Chief Quality Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: Next Steps: Previously Identified Issue(s)?

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				<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2: Clinical HEDIS Measures				
HEDIS Performance	Focus on identified HEDIS measures for the 2024 Reporting Year.	<ul style="list-style-type: none"> • Establish a benchmark for specific HEDIS measures. • Track HEDIS and clinical measures proactively and develop improvement plans to increase observed rates. • Provide actionable data to the network practitioners (including report cards and gaps in care reports). • Identify areas for improvement and develop interventions including educational materials for providers and persons served. • Proactively reach out to non-compliant persons served and schedule visits to address gaps in care. • Continue expanding incentive programs for practitioners/providers to improve person served and provider engagement. 	<p>Chief Clinical Officer</p> <p>Chief Quality Officer</p> <p>Provider Network Representatives</p>	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: Lack of real-time data to implement real-time changes.</p> <p>Next Steps: Working on creative methods to obtain real-time data.</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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		<ul style="list-style-type: none"> Track suicide deaths and attempts, evaluate this data, and address ways to counteract through policies, processes and best practices. 		
Training	Review and update network wide training requirements grid and policy to comply with all internal and external requirements.	<ul style="list-style-type: none"> Review current training course descriptions and training grid to ensure information is accurate and up to date. Complete any necessary revisions and update to the training requirements policy and exhibits. Submit revisions to the Quality Committee for internal review and discussion. Submit updated policy through the policy approval workflow for formal County approval. Disseminate updated policy and supporting documentation to network. 	Chief Clinical Officer Chief Quality Officer Quality and Policy Administrator	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3: Complaints and Potential Quality of Care Issues				

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Grievance and Appeals	Establish and report quarterly grievance and appeals rate per 100 member per quarter for 2024.	<ul style="list-style-type: none"> Track and trend member grievances and appeals on a quarterly basis. Identify consistent patterns related to member grievances and appeals. Develop interventions to address identified issues identified within MCCMH. 	Chief Quality Officer Ombudsperson	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Potential Quality of Care Issues	Create a tracking system to track potential quality issues.	<ul style="list-style-type: none"> Develop tracking system for potential Quality of Care Issues Provide training to MCCMH staff on how to utilize the tracking system. Generate reports and evaluate trends. 	Chief Quality Officer Chief Clinical Officer Chief Network Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis:

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				<p>No standardized way to effectively track cases.</p> <p>Next Steps: Work with IT to implement a tracking system.</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Section 4: Provider Access and Availability				
Appointment Availability	Conduct ongoing reviews, at least quarterly, to assess network capacity.	<ul style="list-style-type: none"> Educate practitioners/providers on the requirements for appointment accessibility and availability (from MDHHS and NCQA). Improve coordination methods for providers to express concerns related to their appointment availability and accessibility of services by establishing and publicizing a direct point of contact. Provide network quarterly reminders on necessary appointment availability. 	<p>Chief Quality Officer</p> <p>Chief Network Officer</p>	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis:</p> <p>1. Providers not using FOCUS system calendar as required.</p> <p>Next Steps: Working with Finance to incentivize providers to be more creative in offering more available appointments.</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Section 5: Continuity and Coordination of Care				
Continuity and Coordination of Care between Psychiatric Hospitals and Outpatient facilities.	Improve Communication between Psychiatric Hospitals and Outpatient facilities to Reduce Inpatient Readmissions	Interventions include, but are not limited to, the following: <ul style="list-style-type: none"> • Revise the Hospital Liaison program to proactively engage members served while they are in the hospital which will result in a smoother transition of care. • Provide additional education to MCO staff on the importance of directly notifying providers of any admissions and discharges in a timely manner; within 24 hours. • Formalize outreach and reminder processes to assist persons served in scheduling post-discharge appointments with their outpatient provider within 7 days of inpatient discharge. • Provide additional training and reminders to MCCMH staff and providers on transition of care processes and standards. 	Chief Quality Officer Chief Clinical Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: High staff turnover leads to information loss. Next Steps: Implement continuous reminders and training as necessary. Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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		<ul style="list-style-type: none"> • Develop interventions to address areas for improvement based on member satisfaction survey results by end of Q2 2024. • Distribute Member Satisfaction Survey September 2024. • Compile member satisfaction survey results by end of Q4 2024. • Analyze and trend areas for needed improvement by Q1 2025. 		<p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Section 7: Provider Satisfaction				
Provider Satisfaction	Implement the administration and data analysis of provider satisfaction surveys to improve the provider network.	<ul style="list-style-type: none"> • Complete provider satisfaction survey by Q3 2024. • Identify opportunities for improvement based on the survey findings. • Develop interventions to address areas for improvement based on provider satisfaction survey. 	Chief Network Officer	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: N/A</p>

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				Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 8: Key Performance Indicators				
Key Performance Indicators	<p>MCCMH will continue to track and trend the following areas based on Michigan’s Mission-Based Performance Indicator System (MMBPIS) developed by MDHHS:</p> <ul style="list-style-type: none"> Indicator #1 Percent of Medicaid children/adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours (Standard: 95%) Indicator #2 Percent of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. (Standard 2: reach or exceed the 50th percentile <57%) (Standard 2e: maintain or exceed the 75th percentile <75.3%) Indicator #3 Percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent 	<ul style="list-style-type: none"> Collect and monitor data on performance measure activities on a weekly basis throughout the FY. Analyze provider specific data monthly. Conduct monthly Provider meetings to share and discuss statistical outliers. Conduct root cause analyses on negative statistical outliers, as they occur. Monitor data dashboards for standard compliance. Perform primary source verification (PSV) on a quarterly basis for all Indicators to ensure continuous validation efforts. 	Chief Quality Officer Director of SUD Chief Clinical Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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	<p>biopsychosocial assessment. (Standard: reach or exceed the 50th-75th percentile 72.9%-83.8%)</p> <ul style="list-style-type: none"> Indicator #4a (4b SUD) Percent of persons discharged from a psychiatric inpatient (Withdrawal Management/Detox) unit who are seen for follow-up care within 7 days (Standard: 95%) Indicator #10 Percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. (Standard: 15% or less within 30 days) 	<ul style="list-style-type: none"> Compile indicator data for templated reports on performance measures to submit quarterly to MDHHS. Develop process improvement plans for negative trends and patterns identified. Implement a tracking mechanism to ensure improvement plans are meeting the need based on the negative trends. Provided status updates bi-monthly to relevant committees such as: Quality Committee and Utilization Management Committee. 		
Section 9: Performance Improvement Areas				
Performance Improvement Project (PIP) # 1	Increase percentage of adults receiving follow-up appointments and reduce racial disparity between Caucasian and African American persons served post inpatient psychiatric hospitalization.	<ul style="list-style-type: none"> Reassess the number of available appointments at MCCMH North and East for individuals discharging from inpatient hospital settings and identify areas for further expansion by Q2, 2024 Collaborate with providers to assess and bridge barriers to 	Chief Quality Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4:

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		<ul style="list-style-type: none"> Evaluate findings from case reviews to identify service trends. MDHHS criteria and trends will be used to identify HSW Program standards by Q3, 2024 Develop coordination and communication strategies for the Provider Network to increase enrollment numbers by June 30, 2024. Implement at least three (3) improvement strategies by July 31, 2024. Monitor effectiveness of interventions through data reporting and HSW enrollees. 		
Critical Incidents, Sentinel Events, and Other Risk Events	<p>Improve the continuous review and reporting of critical incidents, sentinel event, and other risk event to identify trends and patterns and develop tailored improvement strategies, as needed.</p> <p><u>Objectives:</u></p> <ul style="list-style-type: none"> MCCMH's Critical Risk Management Committee (CRMC) will formalize its documented process for reviewing and disseminating quarterly reports on 	<ul style="list-style-type: none"> CRMC will continue to evaluate provider's root cause analyses for sentinel events and report findings and trends of data in the quarterly reports. MCCMH will continue to implement Zero Suicide initiatives to reduce suicide deaths to zero. 	<p>Chief Medical Officer</p> <p>Chief Quality Officer</p> <p>Chief Clinical Officer</p>	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p>

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	<p>critical incident data collected by Q2 of 2024.</p> <ul style="list-style-type: none"> Documented meeting minutes will demonstrate the presentation and review of the quarterly reports at the CRMC and Quality Committee. 			<p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Behavior Treatment Review Committee</p>	<p>Foster development of effective behavior treatment plans to decrease the use of emergency physical management interventions.</p> <p><u>Objective:</u> MCCMH will identify a baseline and work to decrease the use of emergency physical management in all cases on restrictive and/or intrusive behavior treatment plans reviewed by the Behavior Treatment Plan Review Committee (BTPRC) to no more than between 5 to 10 % of total cases reviewed.</p>	<ul style="list-style-type: none"> Conduct quarterly training for new behaviorists on the BTPRC policy, process, and presentation to the BTPRC for all plans utilizing restrictive and/or intrusive interventions. Review cases with excessive use of emergency physical management (3 or more times in a 30-day period) more frequently than quarterly to assure effectiveness of plan and interventions. Provide approval or disapproval for behavior treatment plans that pose to utilize restrictive of intrusive techniques. Present quarterly reports to the UM and Quality Committees. 	<p>Chief Clinical Officer</p>	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update: Q1: Q2: Q3: Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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		<ul style="list-style-type: none"> • Arrange for an evaluation of the Committee’s effectiveness by stakeholders, including individuals who had approved BTPs, as well as family members and advocates. De-identified data shall be used to protect the privacy of the individuals served. 		
Clinical Practice Guidelines	<p>Formalize and distribute updated clinical practice guidelines within the provider network by Q1 2024.</p> <p><u>Objective:</u> Clinical practice guidelines will be formally adopted in consultation with network providers as evidenced by documentation in formally approved meeting minutes.</p>	<ul style="list-style-type: none"> • Utilize findings from the Community Needs Assessment to identify and address MCCMH’s populations’ needs by Q3 2024. • Update Clinical Practice Guidelines based on results of the Community Needs Assessment. • Present and discuss updated Clinical Practice Guidelines based on results of the Community Needs Assessment with stakeholders. • Distribute Clinical Practice Guidelines to stakeholders. 	Chief Clinical Officer	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update: Q1: Q2: Q3: Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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		<ul style="list-style-type: none"> Adaptation of clinical practice guidelines will be documented in meeting minutes. 		
Credentialing and Re-Credentialing	Finalize credentialing and recredentialing process within MCCMH. This will include streamlining the process of overseeing primary source verification for MCCMH directly operated practitioners.	<ul style="list-style-type: none"> Develop formalized workflows within MCCMH to ensure appropriate handling of cases by Q2 2024. Finalize implementation of MCCMH's credentialing and recredentialing workflows by Q3 2024. 	Chief Quality Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Services	<ul style="list-style-type: none"> Improve quality and consistency of supporting documentation for submitted claims. 	<ul style="list-style-type: none"> Participate in ongoing reviews of audit reports and identify improvement areas. Provide technical assistance and timely consultation to providers when documentation issues are identified. 	Chief Quality Officer Finance Director	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4:

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		<ul style="list-style-type: none"> Develop and provide training to network on record documentation, corporate compliance, and billing practices. 		<p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Utilization of Services</p>	<ul style="list-style-type: none"> The UM Committee will analyze claims and encounter data to create and review utilization reports. Reports and collected data sets will be referenced and utilized to update MCCMH’s risk management strategies and other managed care functions. 	<ul style="list-style-type: none"> Appropriate utilization management data points will be identified in Q1 2024 and defined to detail MCCMH’s geographic service area. Clinical Informatics Department will work with the UM committee to ensure development of appropriate utilization reports to capture needed data by Q2 2024. Risk management strategies will be outlined and updated to incorporate report’s findings by Q3 2024. 	<p>Managed Care Operations Division</p> <p>Clinical Informatics Division</p>	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Integrated care plans for Vulnerable Individuals</p>	<p>MCCMH serves a population of vulnerable individuals considering most of the population is SMI or SED with co-occurring conditions such as</p>	<ul style="list-style-type: none"> Train new staff and provide refresher trainings on plans of service and writing integrated care plans. 	<p>Chief Clinical Officer</p>	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p>

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	<p>physical health concerns or substance use disorder. To this respect MCCMH will assure individuals have integrated care plans.</p> <p><u>Objectives:</u> Baseline data will be collected on individuals' access to integrated care plans. Data from each quarter should demonstrate increases in the percentage of integrated care plans written.</p>	<ul style="list-style-type: none"> • Provide training on physical health concerns and substance use disorders to write more effective integrated care plans. • Improve easy access to persons served friendly fact sheets on chronic health conditions. 		<p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Provider Network	<p>Update provider contracts and improve the visibility and accessibility of MCCMH's provider network in FY 2024.</p>	<ul style="list-style-type: none"> • Issue updated FY 24 provider network contracts. • Finalize interactive time and distance mapping software. • Develop formalized process for ongoing review and updates to published mapping software. 	Chief Network Officer	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)?</p>

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				<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> Assess, through quantitative and qualitative methods, long-term services and supports settings and compare coordination of services and supports received based on documented plans of service. 	<ul style="list-style-type: none"> Quarterly review care coordination for LTSS persons served through Quality Record Reviews. Compile aggregated findings and identify trends and patterns. Aggregated data will be presented to the QI Committee for review. QI Committee determine improvement opportunities in LTSS care coordination. QI Committee develop and implement interventions to improve care coordination in identified areas. 	Chief Quality Officer	<p>Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarterly Update:</p> <p>Q1:</p> <p>Q2:</p> <p>Q3:</p> <p>Q4:</p> <p>Evaluation:</p> <p>Barrier Analysis: N/A</p> <p>Next Steps:</p> <p>Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Section 10: External Monitoring				
Indicator	Target and Objective	• Planned Activities	Responsible Staff/ Department	Status Update
Hospital Audits	Conduct annual quality audits of network hospitals for MDHHS' Inpatient Hospital Reciprocity Group.	<ul style="list-style-type: none"> • Prepare for and conduct hospital quality audits. • Complete and distribute final reports for reviewed hospitals. • Aggregate and trend findings from reviewed hospitals. • Present findings to Quality Committee by Q4 2024 and discuss opportunities for improvement. 	Chief Quality Officer	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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CARF Accreditation	Review current practices to ensure ongoing adherence to Commission on Accreditation of Rehabilitation Facilities (CARF) standards.	<ul style="list-style-type: none"> Review current directly operated policies and procedures to ensure information is accurate and up to date. Complete any necessary revisions and updates to formalized documentation. Conduct ongoing self-audits to ensure current practices align with internal and external requirements. 	Chief Quality Officer Director of Community and Behavioral Health Services	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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NCQA Accreditation	Prepare and submit for initial managed behavioral health care organization (MBHO) accreditation through the National Committee for Quality Assurance (NCQA).	<ul style="list-style-type: none"> • Review all current policies, procedures, case files, and reports to ensure appropriate adherence to NCQA MBHO standards. • Continue to work with consultant group, The Mihalik Group (TMG), to assess any gaps in documentation or established process flows. • Submit initial application for NCQA MBHO accreditation. 	Chief Operations Officer Quality and Policy Administrator	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly Update: Q1: Q2: Q3: Q4: Evaluation: Barrier Analysis: N/A Next Steps: Previously Identified Issue(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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