

**Community  
Mental Health**  
FOR CENTRAL MICHIGAN

**QUALITY ASSESSMENT  
AND PERFORMANCE  
IMPROVEMENT  
PROGRAM (QAPIP)  
ANNUAL REPORT  
FY22**

**Report by:**

**Kara Laferty, Chief Quality and Compliance Officer**

**Approved by:**

**Performance Improvement Committee- 10/26/2022**

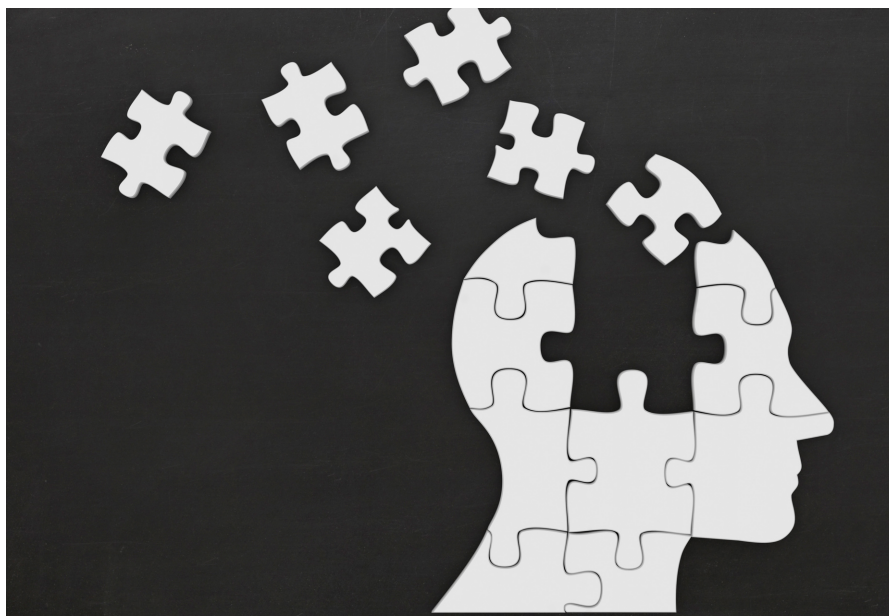
**Management Team - 10/31/2022**

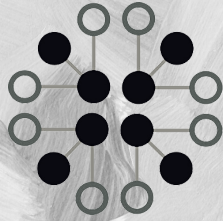
**Services Committee- 11/10/2022**

**Board of Directors- 11/29/2022**

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# Community Mental Health

FOR CENTRAL MICHIGAN

## MISSION

To promote community inclusion and whole-person wellness through comprehensive and quality integrated services to individuals with a Serious Emotional Disturbance, Intellectual/Developmental Disability, Serious Mental Illness, or Co-Occurring Substance Use Disorder



## VISION

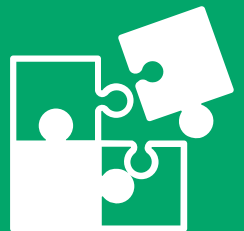
Communities where all individuals experience fulfilled lives



## VALUES

CMHCM Values:

- The dignity and worth of each individual
- Consumer involvement and empowerment
- Person-Centered Planning and Self-Determination
  - Trauma Informed Care
- Behavioral and physical health integration
- Early intervention, prevention, and wellness
  - Diversity and community inclusion
  - Advocacy and public education
- Responsiveness to local community needs
- High quality services that are affordable and accessible
- Creativity, innovation, and Evidence-Based Practices (EBPs)
  - Competent staff and providers
  - Continuous quality improvement
    - Participative management
    - Ethical practices
- Fiscal integrity and efficient utilization of resources



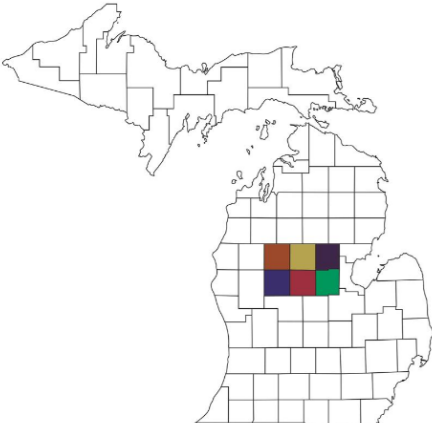


# INTRODUCTION

Community Mental Health for Central Michigan (CMHCM) provides an array of behavioral health services and supports to individuals in the Michigan counties of Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola through a network of direct-operated programs and contracted service providers.

CMHCM is a Michigan Department of Health and Human Services (MDHHS) certified Community Mental Health Service Program (CMHSP) and is accredited by The Joint Commission. CMHCM places quality care for consumers at the core of its mission utilizing the Quality Assessment and Performance Improvement Program (QAPIP) Plan and Strategic Plan to advance its agency mission, vision, and values.

The QAPIP and CMHCM Quality Assessment and Performance Improvement Program Policy (5.300.004) both support this focus through various quality improvement initiatives along



with meeting the standards in the following documents:

1. MDHHS/CMHSP Managed Health Supports and Services Contract - Attachment C6.8.1.1
2. Mid-State Health Network (MSHN) Quality Management Policy and MSHN Quality Assessment and Performance Improvement Program
3. The Joint Commission Comprehensive Accreditation Manual

**The CMHCM QAPIP objectively and systematically monitors and evaluates the quality and appropriateness of care and service to members through quality assessment and performance improvement projects, and related activities, and pursues opportunities for improvement on an ongoing basis for all demographic groups, care settings, and types of services.**

In addition, the agency collects, compiles, and analyzes data through the QAPIP program to improve organizational and service performance.



# CLINICAL SERVICES

CMHCM promotes community inclusion and whole-person wellness through the provision of comprehensive and quality integrated services to children and adults with an intellectual/developmental disability (I/DD), children with Serious and Emotional Disturbance (SED), and adults with a Serious and Persistent Mental Illness (SPMI) and co-occurring substance use disorder. The below information relates to activities that occurred in FY22 to further promote clinical service provision within CMHCM.



## SAME DAY ACCESS

The number of days between an individual's request for service and their first service appointment has been reduced to 20 days, which is, on average, a reduction of 3 days when compared to FY21 (23 days) and a difference of 11 days when compared to FY19 (31 days).

With the implementation of same day access, the average number of days between first access and initial assessment was reduced from 15 days in FY21 to 11 days in FY22, reflecting the impact that same day access has had on this process. The number of days between assessment to first service has declined from 11 days in FY21 to 10 days in FY22, reflecting a key area to target to reduce the overall average number of days between first request to first service.

## GROUP THERAPY SERVICES

CMHCM set a target of increasing group therapy services by 25 percent in FY22: group therapy services fell short of this goal and only increased by 11 percent.

Outpatient staff did receive training in the spring of FY22 on utilizing Cognitive Behavior Therapy as a group treatment model. CMHCM continues to develop more treatment groups in each of the counties and will continue to focus on this area for growth in FY23.



## PSYCHOSOCIAL ASSESSMENT



In FY21, the psychosocial assessment was updated and reduced to 68.8 minutes on average. In FY22, the average length of time to complete a psychosocial assessment increased to 93.4 minutes, which is attributed to staff turnover in assessment specialist staff as well as additional tools being utilized for suicide risk. CMHCM is currently working with a consulting firm to continue our efforts to reduce the average assessment time in FY23.

## NO SHOW RATES

Target improvements were made to no show rates in FY22: no show rates for first service appointments were reduced to 15 percent overall. CMHCM will continue to focus on this area to ensure consumers are able to access services when needed.

## CCBHC

CMHCM submitted an application for the Certified Community Behavioral Health Center (CCBHC) grant cycle in FY22, but were not awarded a grant at this time. CMHCM has requested the summary of the CCBHC grant application with scoring to determine opportunities for improvement for upcoming grant applications as SAMHSA has encouraged CMHCM to reapply during the next cycle.

# CLINICAL SERVICES

## CHILDREN'S MOBILE CRISIS

The children's mobile crisis program saw a 12 percent increase in services over FY21. There is a very low rate of request for this service at present and minimal community engagement. CMHCM previously sought block grant funding to establish a comprehensive program but was unsuccessful in recruitment efforts. For FY23, CMHCM is applying for additional block grant funding to build a community-engaged crisis response system of care in partnership with Central Michigan University, piloting first with Clare and Gladwin Counties with an expectation of expanding to the other counties if the pilot proves to be successful.



## EMPLOYMENT FOR CONSUMERS WITH I/DD

Currently, there are 22 consumers with an I/DD primary diagnosis who have received or are currently receiving supported employment services. CMHCM continues to build capacity for this program and will work to increase the number of consumers receiving this service by assuring availability in each of our six counties.



## DLA-20

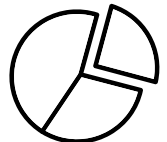


Training on the DLA-20 took place in FY22 and will be offered on a recurring basis to ensure all case holders are trained on this assessment. Additionally, a DLA-20 report was added to a Team-Based Care Dashboard with due dates to assist case holders in completing the assessment.

## CRIMINAL JUSTICE COLLABORATION

Each of the CMHCM counties has a jail diversion specialist assigned who works collaboratively with their respective counties to identify needs, strengths, and explore additional opportunities to develop collaborations. CMHCM has seen an increase in partnerships with law enforcement and courts as a result of these positions as well as an increase in our jail diversion contacts. CMHCM will continue to partner closely with the criminal justice system and have increased training opportunities for key staff in this role.

## LEVEL OF CARE GRIDS



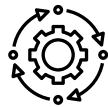
Level of care grids were updated in FY22 for all standardized assessments to provide guidance to staff relating to expected authorization maximums. Baseline data was collected in FY22 and a report will be developed in FY23 to determine the prevalence of authorizations that exceed the level of care grid maximums in FY22.

# CLINICAL OVERSIGHT

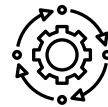
## BEHAVIOR TREATMENT

The Behavior Treatment Policy (2.200.001) guides the administration of the Behavior Treatment Committee (BTC).

The BTC tracks data on the use of intrusive or restrictive techniques that have been approved for use with consumers and where physical management occurs. The BTC also tracks patterns of incidents or interventions that suggest opportunities for improvement, planning, or training, and arranges for follow-up.

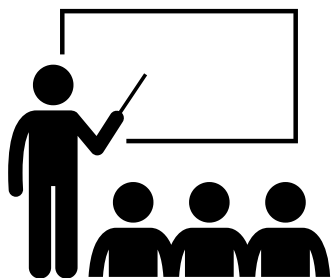


### PROCESS DEVELOPMENT



Process development relating to annual health and safety reviews occurred in FY22 to streamline this process and remove administrative burdens from case holders. This new process moved the responsibility of annual health and safety reviews from the Behavior Treatment Committee (BTC) to the Administrative Waiver Services Team, as the health and safety reviews do not require ongoing BTC oversight. Waiver Service Team members now complete ongoing tracking of health and safety reviews that are due on an annual basis, complete the associated clinical chart review, and document the results on an annual review form. The Waiver Services Manager reviews all annual health and safety reviews after the initial completion by a Waiver Services Team member. In addition, the Waiver Service Team members completing the review also assist with completion of the annual personal care script requirement (that is reviewed by clinical staff and edited as appropriate) which is then sent to the primary care physician for review and signature. Future efforts in this area will include ongoing review of this new process for improvements by obtaining feedback from clinical staff to determine any adjustments that may be needed to the process.

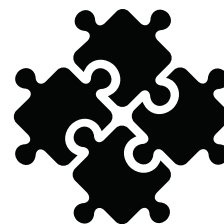
### STAFF TRAINING ON BTC



**93**  
CMHCM  
STAFF  
TRAINED

Staff training on developing and monitoring behavior plans and completion of health and safety modifications was offered to CMHCM internal staff throughout FY22. A standalone training occurred on 4/14/2022, and quarterly trainings were also conducted.

### PROVIDER INTEGRATION



Behavior Treatment Committee and Waiver Service Team members completed ongoing individual and team consultations with providers over the course of FY22. Currently, there are 19 Adult Foster Care (AFC) provider teams that BTC members are embedded with. Further expansion in this area will occur over FY23 due to the positive feedback that has been received from these meetings from providers and clinical staff in addressing potential concerns and issues on a systemic level.

# CLINICAL OVERSIGHT

## INTEGRATED HEALTH

CMHCM continues its efforts to integrate physical and mental health services with the goal of improving consumer health. The focus in FY22 was to impact whole-person wellness and to increase partnerships with community health and primary care systems to improve a consumer's overall physical health outcomes.



### POPULATION HEALTH MANAGEMENT

Population health management training occurred for all nursing staff in FY22. Nursing staff were all trained on population health concepts and will be meeting with teams throughout the six counties to discuss population management team goals for the agency.

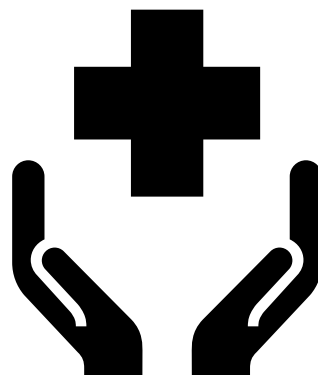


### REAL TIME CLINICAL DATA

Research occurred in FY22 to review alternative means of sharing real time clinical information with health systems and health providers. Through coordination with MyMichigan, all CMHCM psychiatric staff were provided access to MyMichigan's electronic system, EPIC Care Everywhere, which allows for psychiatric staff to access all MyMichigan clinical and physical health records for shared consumers. In addition, the Care Coordination Document (CCD) exchange is functional with MyMichigan which allows for CMHCM CCD documents to be shared directly with these providers.

### TRAINING FOR CASE HOLDERS

CMHCM contracted with the Michigan Center for Clinical Systems Improvement (Mi-CCSI) to conduct training for all case holders to become health coaches within the agency. Seventy-five (75) case holders were trained in September of 2022 by Mi-CCSI on this effort.



### DIRECT LAB FEEDS

Work continued in FY22 with CMHCM's electronic medical record provider, PCE, as well as the Michigan Health Information Network Shared Services (MiHIN) to incorporate direct lab feeds into CMHCM's electronic medical records. Work will continue on these efforts in FY23.



# CLINICAL OVERSIGHT

## UTILIZATION MANAGEMENT

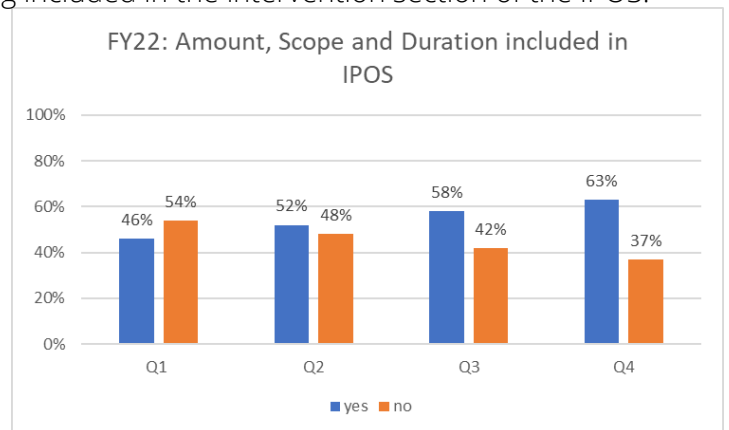
Utilization Management (UM) practices are guided by the CMHCM Utilization Management Policy (2.400.001) that assures medically necessary services are delivered and provided in an appropriate amount, scope, and duration to provide individuals with the least restrictive, equitable, and most cost-effective service(s).

### UTILIZATION REVIEW SPECIALIST (URS) TOOL

The UM team provided six Utilization Management trainings relating to amount, scope, and duration for clinical staff in FY22. In response to a staff request to the Executive Leadership Team (ELT), UM staff coordinated a meeting with Waiver staff and Quality staff to discuss documentation expectations for amount, scope, and duration and ensure consistency across all teams. UM staff then developed examples that UM, Waiver, and Quality would look for in an IPOS. URS staff continue to provide case holder support when a review of medical necessity is completed. URS staff type out the amount, scope, and duration that matches the current authorization request for the case holders to use.

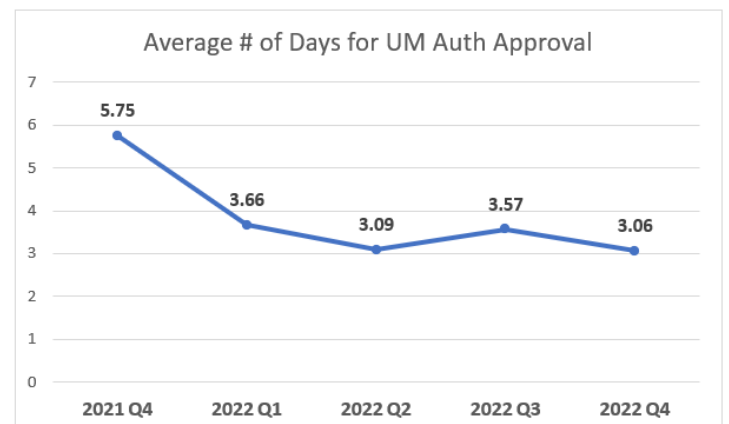
This is baseline data and overall percentages from FY22-Q1 to Q4 we are seeing a 17 percent improvement in the number of times amount, scope, and duration is being included in the intervention section of the IPOS.

Does the IPOS include amount, scope and duration for all authorized/requested services?	Q1	Q2	Q3	Q4
Yes	46%	52%	58%	63%
No	54%	48%	42%	37%



### LENGTH OF UM REVIEWS

A primary focus of the UM department in FY22 was to reduce the number of days for UM review and approval of authorizations upon receipt from clinical staff. In FY22, CMHCM's UM team went from 5.75 days on average to approve an authorization to 3.06 days on average. This metric will continue to be monitored; however, another improvement will be selected for FY23 as our targeted improvement was met.





**<5 Day  
Target**



**3.06  
Compliance  
Achieved**

# PROVIDER NETWORK MANAGEMENT

The CMHCM Provider Network Management Department is responsible for maintaining the Provider Network to assure it is adequate and meets the needs of the consumers. CMHCM holds regular provider meetings with contracted service providers to discuss system issues, regulatory changes, process changes, and to garner feedback from providers on quality improvements. Medicaid Event Verification (MEV) audits are conducted internally to ensure that requirements are being maintained by providers.

## PROVIDER SERVICE DOCUMENTATION

Upon review of compliance of service documentation requirements by providers, the overall goal of 92 percent was not met in FY22:

**Contracted Providers:** 81% (73 MEVs)

**Self-Determination Providers:** 93% (43 MEVs)

Continued action is being taken with providers to communicate strengths and weaknesses to ensure performance improvement in this area. Key findings include missing documentation elements as well as missing documentation in general. Onboarding meetings are taking place with new providers to review documentation, compliance, and staff training requirements.

## PROVIDER STAFF TRAINING REQUIREMENTS

Upon review of compliance of staff training requirements by providers, the goal of 92 percent was not met in FY22:

**Contracted Providers:** 66% (73 MEVs)

**Self-Determination Providers:** 96% (43 MEVs)

Key findings during MEV audits include missing Individual Plan of Service (IPOS) training records and missing trainer names/signatures or staff names/signatures on documents. Individual Corrective Action Plans (CAPs) are required upon findings. Provider Network staff meet with new providers proactively to train on staffing requirements, and ongoing training for current providers is also taking place.

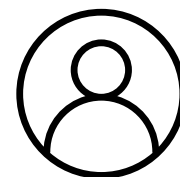
## MEDICAID EVENT VERIFICATION

Medicaid Event Verifications were completed for each contracted provider at least bi-annually. CMHCM was 100 percent compliant with this goal: continuation of this goal will occur into FY23 for completion by Provider Network Monitors.



## MDHHS REQUIREMENTS

MDHHS implemented code and modifier changes for FY22. CMHCM Provider Network and Finance teams met to review the MDHHS code chart changes prior to this implementation, as well as on a quarterly basis to understand any updates or changes to ensure accuracy and compliance on the CMHCM provider fee schedules. This process will remain in place for FY23 and ongoing fiscal years.

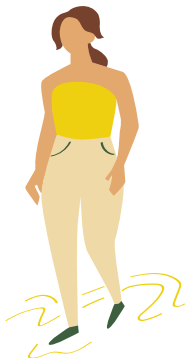


# QUALITY MANAGEMENT

## CUSTOMER SERVICE

Customer Service practices are guided by the CMHCM Customer Services Policy (5.300.002). Customer Service handles all calls where a consumer expresses dissatisfaction and helps individuals understand their options when filing a grievance, appeal, or second opinion.

**All Customer Service goals were achieved this year. The number of days it took to resolve a grievance, appeal, and second opinion(s) were all lower than MDHHS standards established.**



### Grievances

**# of Grievances: 2**  
Days to Resolve: 9.5  
MDHHS Standard: 90 days



### Appeals

**# of Appeals: 12**  
Days to Resolve: 5.5  
MDHHS Standard: 30 days

In FY22, CMHCM processed a total of 23 unique individual requests for grievances, appeals, second opinions, or State Fair Hearings



### Second Opinions (Hospitalization)

**# of Second Opinions: 7**  
Days to Resolve: 1.25  
MDHHS Standard: 3 days



### Second Opinions (Services)

**# of Second Opinions: 4**  
Days to Resolve: 3.75  
MDHHS Standard: 5 days



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# QUALITY MANAGEMENT

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## PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

CMHCM supports two PIPs selected by MSHN with data submission and intervention implementation. Project selection for PIPs occurs every three years: FY22 was the year in which new PIPs were being submitted for selection to the Michigan Department of Health and Human Services (MDHHS) in conjunction with their auditing body, the Health Services Advisory Group (HSAG). Two new PIPs have been selected and approved by MDHHS and review of baseline data and interventions will take place with MSHN in the calendar years of 2022-2024.



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### PIP #1:

Reducing or eliminating the racial or ethnic disparities between the rate of new persons who are black/African American and the rate of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment (will be submitted to HSAG).

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### PIP #2:

Penetration rates by race: reducing or eliminating the racial or ethnic disparities between the black/African American Medicaid recipients and the white Medicaid recipients penetration rates (internal MSHN improvement project).





# QUALITY MANAGEMENT

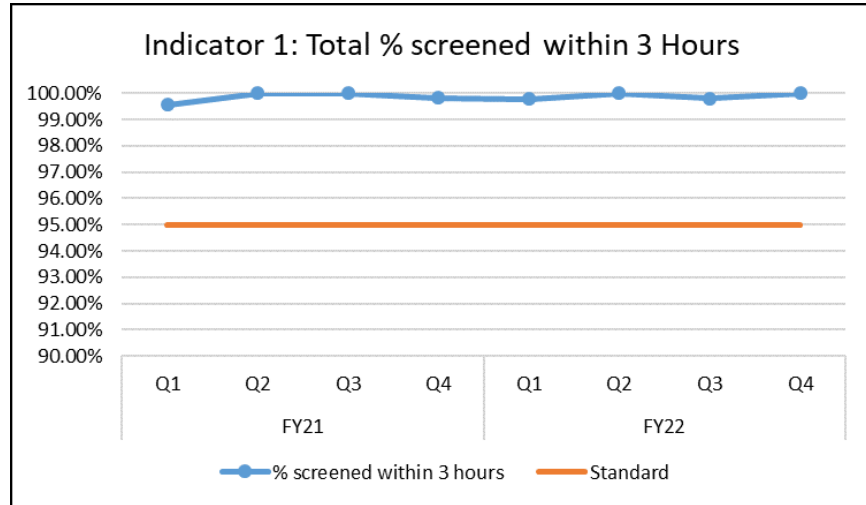
## PERFORMANCE MEASUREMENT

Five MDHHS performance measures addressing access to services and outcome metrics are submitted quarterly to MDHHS and MSHN. In FY22, CMHCM met the performance goals for all indicators where baselines were established. Of note, the indicator numbers reported are 1, 2, 3, 4, and 10 to MSHN and MDHHS, the other indicators are calculated directly by MDHHS and are not reported through the Performance Indicator process.

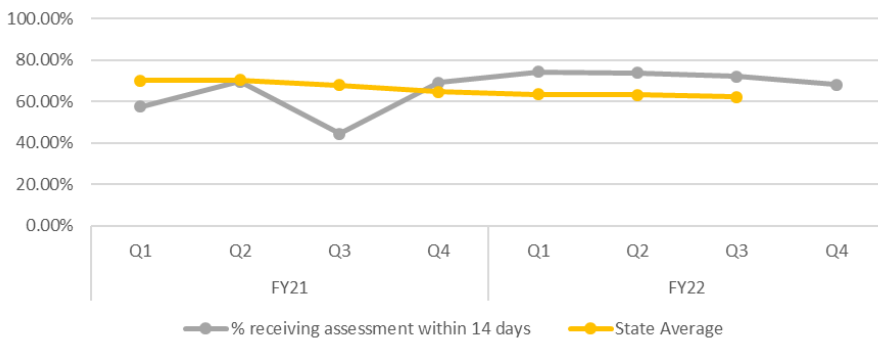
**Indicator #1:** The percentage of consumers receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.

**FY22 Performance:** 99.9%

**MDHHS Performance Target:** 95%



Indicator 2: % of Total Assessments Completed within 14 Days of Request for Service



**Indicator #2:** Individuals complete an intake assessment within 14 days of their request for CMHCM services.

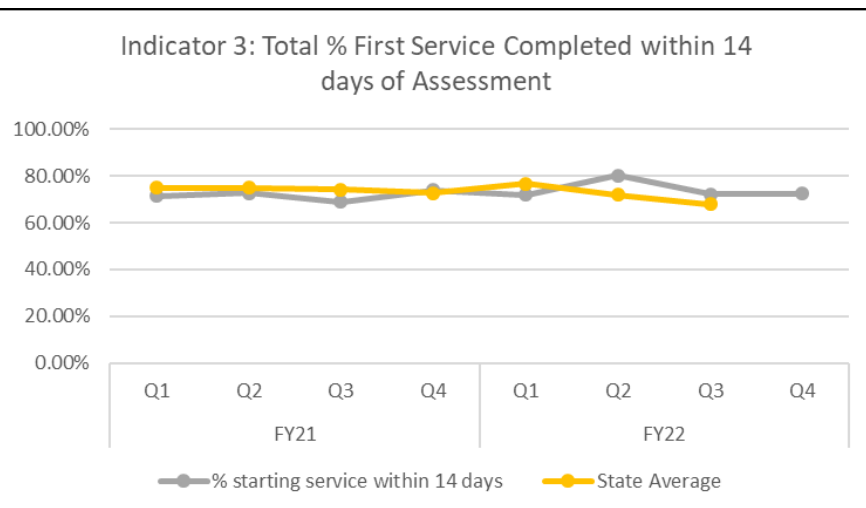
**FY22 Performance:** 72.15%

**MDHHS Performance Target:** N/A (baseline collection year)

**Indicator #3:** Individuals receive a first service within 14 days of initial assessment.

**FY22 Performance:** 74.24%

**MDHHS Performance Target:** N/A (baseline collection year)

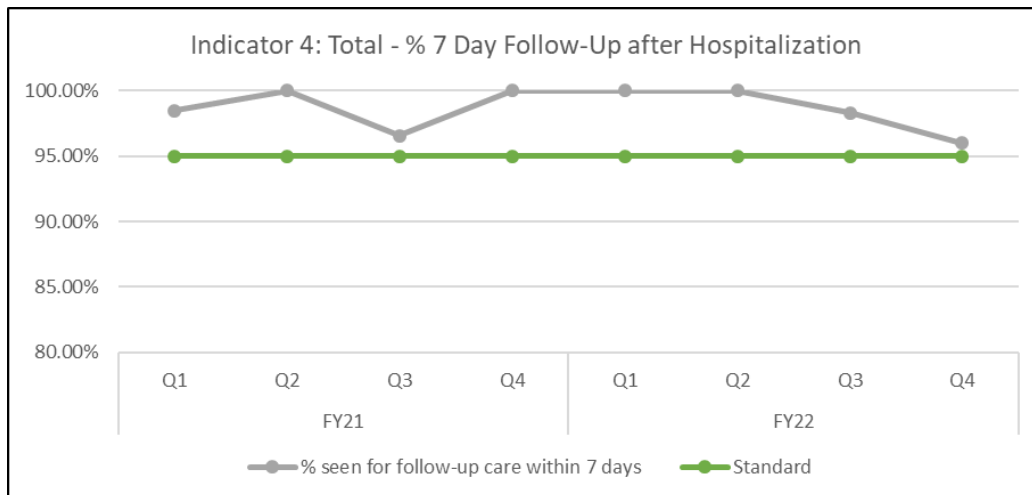


# QUALITY MANAGEMENT

## PERFORMANCE MEASUREMENT CONTINUED

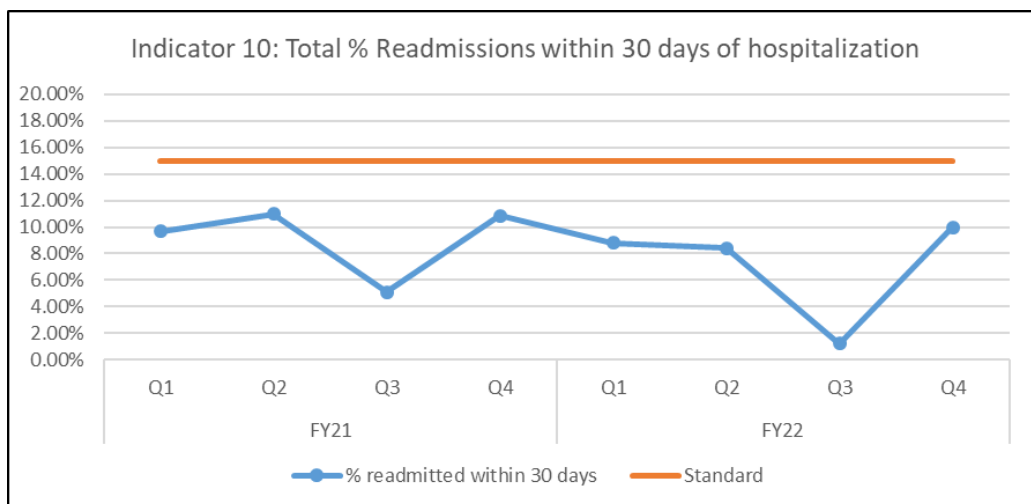
**Indicator #4:** Consumers discharged from the hospital are provided follow-up within seven days.

**FY22 Performance:** 98.57%  
**MDHHS Performance Target:** 95%



**Indicator #10:** Fifteen (15) percent or less of consumers will be re-admitted to the inpatient unit within 30 days of discharge from the hospital.

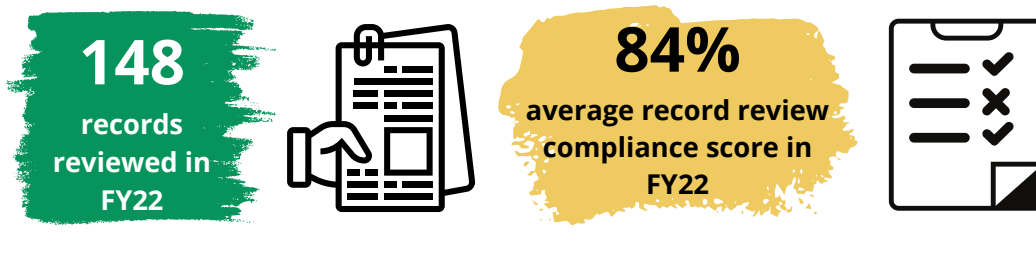
**FY22 Performance:** 7.11%  
**MDHHS Performance Target:** Less than or equal to 15%



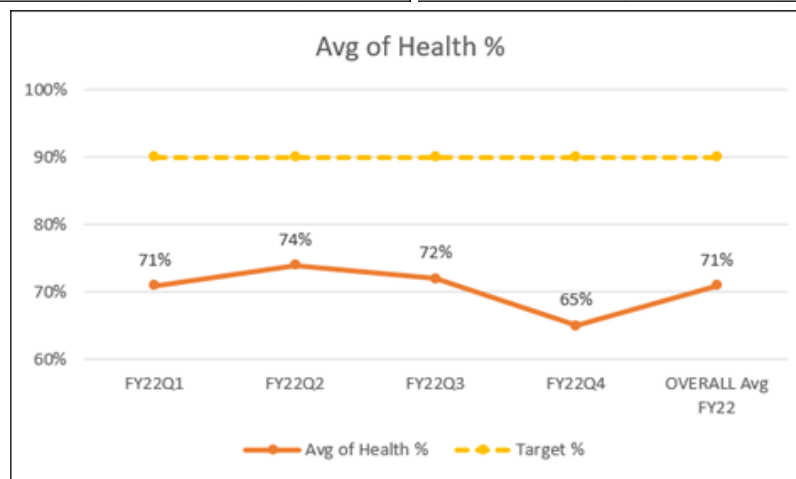
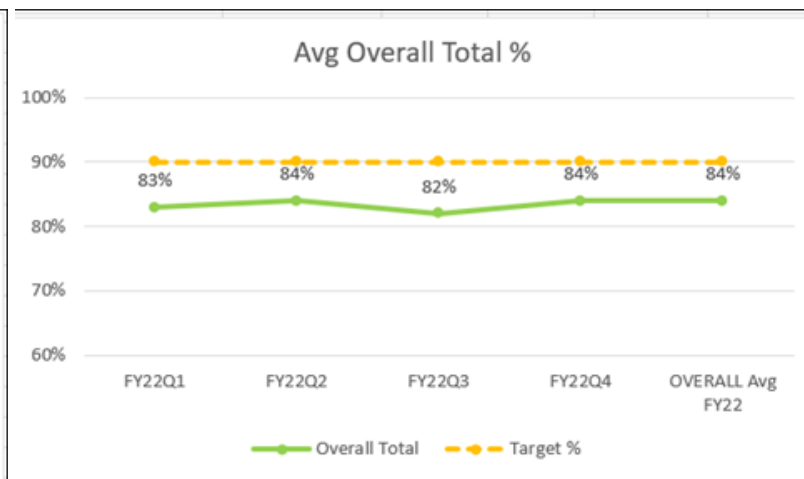
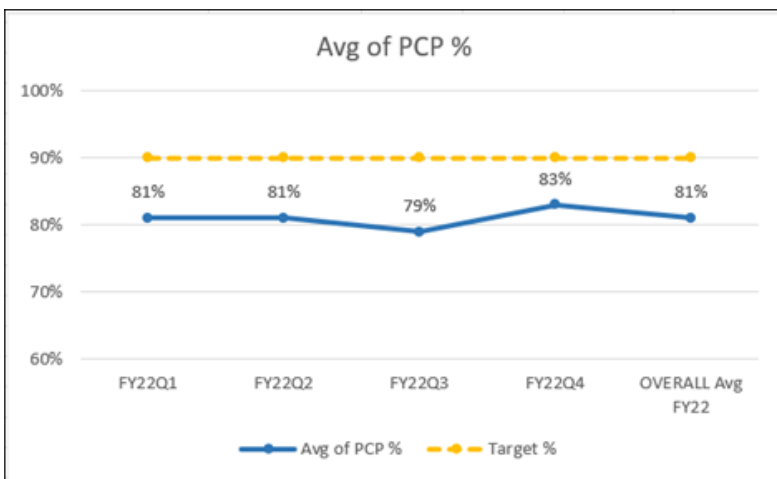
# QUALITY MANAGEMENT

## QUALITY RECORD REVIEW

The CMHCM record review process involves a stratified, random selection for review of staff's clinical charts to ensure clinical documentation compliance with required elements established by MDHHS, The Joint Commission, and Mid-State Health Network delegated requirements. In FY22, the Quality Record Review process was improved to focus on alignment with the agency's Team-Based Care model. The improved process included increased direct support and training to individual case holders and teams to assist them with improving the quality of their clinical documentation, completing record reviews by Team-Based Care (TBC) teams on a fiscal year schedule and six additional staff training opportunities throughout the year.

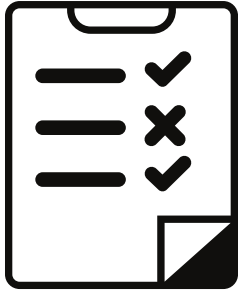


Internal benchmarks of 90 percent were established for the different sections of the record review tool. For scores in FY22, the PCP section average was 81 percent, the Health section average was 71 percent, and the Overall Total Score average was 84 percent. These internally developed targets will help the Quality Department measure improvements for these sections throughout FY23 and target improvement efforts based on each county and team.



# QUALITY MANAGEMENT

## CONSUMER SATISFACTION



CMHCM assesses consumer satisfaction for individuals receiving services through an annual survey. For the annual consumer satisfaction survey, adults with a mental illness, families of youth receiving services, and consumers or guardians of consumers with an intellectual/developmental disability are offered a survey which assesses satisfaction with CMHCM staff and services, as well as how services have impacted the consumer.

CMHCM conducted these annual satisfaction surveys between **July 11th-August 12th, 2022**. Satisfaction scores with overall services for each survey population are found below.

91%



Adult consumers receiving Mental Illness (MI) services

83%



Adult consumers receiving Assertive Community Treatment (ACT) services

93%



Consumers receiving Intellectual/Developmental Disability (I/DD) services

91%



Total CMHCM Satisfaction Score

77%



Children/Families receiving Home-Based Services

85%



Children/Families receiving MI services



# QUALITY MANAGEMENT

## CORPORATE COMPLIANCE

The Corporate Compliance program within CMHCM demonstrates efforts to promote prevention, detection, and resolution of instances of conduct that do not conform to: Federal and State Law, Federal, State, private pay or health care program requirements, and agency ethical and business policies.

The Corporate Compliance Program (CCP) provides a system of reporting suspected fraud, waste, and abuse in health care delivery to assist in the provision of quality care to consumers. The CCP incorporates the seven areas of corporate compliance suggested by the Office of the Inspector General (OIG). The seven areas include:

### 1) Designation of a Corporate Compliance Officer and naming of a compliance committee



**CORPORATE COMPLIANCE OFFICER: CHIEF  
QUALITY AND COMPLIANCE OFFICER**



**COMPLIANCE COMMITTEE: STANDARDS  
COMPLIANCE COMMITTEE**

### 2) Implementation of written policies, procedures, and standards of conduct

The following key example policies in the CMHCM Administrative Manual are in support of the CCP:

#### Board Administration

- Bylaws (includes section on Conflict of Interest pertaining to CMHCM)
- Conflict of Interest Pertaining to Mid-State Health Network

#### Services Administration

- Concerns, Complaints, Disputes, Grievances, Appeals – Overview 2-100-001
- Utilization Management 2-400-001

#### Provider Network

- Corporate Compliance and Ethical Standards 3-100-005
- Provider Network, Clinical Credentialing and Privileging 3-300-001
- Provider Site Review 3-500-002
- Event Verification 3-500-003
- Ad Hoc Investigations Process – Guideline 3-500-004
- Disqualified Individuals/Organizations 3-400-002

#### Personnel Administration

- Employee Qualifications 4-200-002
- Credentialing and Recredentialing 4-200-003
- Ethical Behavior 4-200-007
- Progressive Discipline 4-200-013

#### General Administration

- Corporate Compliance 5-100-011
- Ethical Practices – Operations 5-100-012
- Quality Assessment and Performance Improvement 5-300-004
- Privacy and Security Incident Response 5-700-006

#### Financial Administration

- Annual Audit 6-400-004
- Internal Accounting Controls 6-400-006
- Worker Classification: Independent Contractor vs. Employee 6-400-016

#### Recipient Rights

- Recipient Rights, General Administration, General Rights 7-100-006



# QUALITY MANAGEMENT

## CORPORATE COMPLIANCE

### 3) Conducting effective training and education

Corporate Compliance training is provided during orientation for all newly hired staff. Ongoing corporate compliance training for staff occurs on an annual basis. Annual training on this topic is conducted via Relias online training service to assure completion of this mandatory training. Additional job specific instruction occurs in identified risk areas such as writing goals/objectives, compliance with Medicare/Medicaid participation requirements relevant to respective duties and responsibilities, appropriate and sufficient documentation standards (clinical, fiscal, etc.), annual recipient rights training, and ad hoc instruction as appropriate (e.g., procedure clarification emails, memos on coding reminders, etc.).

**417**  
number of staff  
trained in June of 2022  
on Corporate  
Compliance

### 4) Development of effective lines of communication

Employees received annual training as indicated above which includes information relating to how to directly access the Corporate Compliance Officer for issues addressed under the CCP. The Corporate Compliance Officer's contact information is also published on the agency Intranet under Administrative Contacts. Concerns may be reported on an anonymous basis (if desired) and can be verbal, in person, via telephone, or in writing (through US mail or via e-mail).

Any provider with knowledge or concern about an ethical violation or compliance issue is encouraged to report that concern to the CMHCM Provider Network Manager or Corporate Compliance Officer who shall review available information and take appropriate steps. There shall be no retaliation against any employee or contractor who submits a compliance report/complaint for what the employee reasonably believes to be a violation of CCP standards.

### 5) Enforcement of standards through well-publicized disciplinary guidelines

Employees violating the agency standards of conduct, policies, and/or procedures are subject to disciplinary action up to, and including, termination from employment. Disciplinary guidelines are documented in the Ethical Behavior policy (4.200.007) and Progressive Discipline policy (4.200.013) and are accessible electronically to all staff for review. Violation of the Code of Ethics by contractors may be considered a material breach of contract and may result in contract termination.



### 6) Conducting internal monitoring and auditing

The internal monitoring and auditing component of the Corporate Compliance Program is conducted by several departments and also includes efforts of external review entities to enhance internal processes. The Standards Compliance Committee reviews the effectiveness of the Corporate Compliance Program during its regularly scheduled meetings.

# QUALITY MANAGEMENT

## CORPORATE COMPLIANCE

The internal monitoring and auditing component of the Corporate Compliance Program is conducted by several departments and also includes efforts of external review entities to enhance internal processes.

### Finance

- The annual CPA audit received an unqualified report indicating no material findings.
- 240 explanation of benefits statements were sent to a randomized sample of 5 percent of consumers served to assist in fraud detection during the month of June.
- Internal process audits were conducted in the areas of Payroll, Cash Disbursements, Accounts Receivables, and Petty Cash/Imprest Checking/Gift Cards. Each internal audit was presented to the CMHCM Board Finance Committee including a review of auditor findings and recommendations. Out of eleven audit objectives for the internal payroll audit, all but one were 100 percent in compliance. The one objective out of compliance was found to be 98 percent in compliance. One-hundred (100) percent of the Cash Disbursement's internal audit objectives were in compliance. For the Accounts Receivable internal audit, three of the four objectives were 100 percent in compliance and the fourth was 90 percent in compliance. The Petty Cash/Imprest Checking/Gift Cards internal audit found 100 percent of the objectives to be in compliance.

### Human Resources/Provider Credentialing

- Education and licensure requirements for employees and service contractors were completed using primary source verification. Background checks occurred 100 percent of the time including criminal history and motor vehicle records as required.
- Review of the business relationships for possible sanctioned individuals using the Office of Inspector General disciplinary actions database occurred 100 percent of the time upon hire, initial contract, or appointment and then on a scheduled basis thereafter for staff, contractors, and Board members.

### Provider Network

- 108 CMHCM Provider Network compliance site reviews in the six-county catchment area were completed. One plan of correction was required and is requiring additional monitoring by the Provider Network department..
- 65 out of catchment area reciprocity reviews were sought; 43 were received. Twenty-two (22) reviews were requested and still have not been received and resolved.
- Provider Network Monitors conducted 73 event verification reviews of provider organizations and 43 event verification reviews of self-determination arrangements. Recoupments of claims occurred for instances of non-compliance with standards for valid claims submissions that totaled \$8,610.65.
- Mid-State Health Network conducted two Medicaid event verification studies comprising of a review of the previous six-month billing samples for providers and compared billing and clinical documentation with the following results:

<i>Claims Tested</i>	
<i>Attributes tested</i>	<i>CMHCM Compliance Score</i>
Code is an allowable service code under the contract	100%
Beneficiary is eligible on the date of service	100%
Service is included in the beneficiary's authorization/treatment plan	99.64%
Documentation of service agrees to the claim date and time of service	99.37%
Documentation of service provided falls within the scope of the service code	94.09%
Amount billed does not exceed contractually agreed upon amount	100%
Modifiers are used in accordance with the HCPCS guidelines	97.89%

# QUALITY MANAGEMENT

## CORPORATE COMPLIANCE

### Quality

- A multi-tiered Clinical Record Review process includes an ongoing utilization review of medical necessity as well as clinical and technical quality of chart documentation. Additional information for this process and FY22 findings can be located on page 14.
- An annual Quality Assessment and Performance Improvement Program (QAPIP) is in place to meet the standards required by state and federal laws as well as Mid-State Health Network (MSHN) delegated requirements. Ongoing monitoring techniques for variation in performance are in place with reporting to the Executive Leadership Team, Management Team, and the Performance Improvement Committee.
- Ongoing monitoring occurs to ensure all individuals applying for or receiving services from CMHCM have a right to a fair and efficient process for resolving their concerns, complaints, grievances, and appeals. Additional information for FY22 grievances, second opinions, appeals, and state fair hearings can be found on page 10.



### Recipient Rights

- Adherence to state requirements for consumer rights, reviewing consumer incidents, complaints, and confidentiality issues.
- The CMHCM Office of Recipient Rights reviewed its annual report with the CMHCM Recipient Rights Committee of the Board at its November 18, 2021, meeting. The MDHHS Office of Recipient Rights Annual Monitoring Form was submitted to MDHHS on December 16, 2021, ahead of the January 31, 2021, deadline. The monitoring form identifies any changes in recipient rights staffing, new or changed policies, certain complaints, and appeals information.



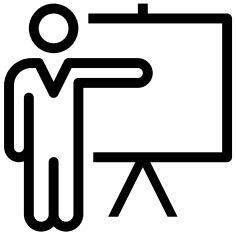
### 7) Responding promptly to detected offenses and developing corrective action

Upon becoming informed of a complaint, the Corporate Compliance Officer (or designee) determines whether the alleged wrongdoing suggests a material violation of an applicable law or whether the requirements of the Corporate Compliance Program have occurred. If so, immediate action is taken to preserve potential evidence and an immediate investigation occurs. If the complaint is substantiated, immediate steps for corrective action occurs. The total number of ad hoc compliance investigations completed by CMHCM in FY22 was 16, this included three reviews for self-determination arrangements and 13 reviews of provider organizations. The approximate related recoupment amount equals \$13,953.44.



# MENTAL HEALTH AWARENESS PLAN

## MENTAL HEALTH FIRST AID



**258**  
INDIVIDUALS  
TRAINED

A total of eleven Adult MHFA and six youth MHFA trainings were held across our six counties in FY22.

## COLLABORATIONS WITH SCHOOLS



Ongoing collaboration with schools remains vital to ensure successful coordination for early intervention of mental illness amongst children and youth. CMHCM has Youth Intervention Specialist (YIS) staff placed directly within Harrison, Farwell, and Beaverton schools; this allows for regular and consistent communication. For schools outside of these districts, outreach occurs with school social workers through clinical teams. Program Directors over all six CMHCM counties attend collaboration meetings with the schools as well as have regular contact with school administrators. They review programs, share our referral process, and collaborate with the schools on a regular (monthly to quarterly) basis.

## MOODFIT



The myStrength app was discontinued in May of 2022 and a switch was made to Moodfit, a more user friendly app which includes a greater array of features. There are currently 121 active users in MoodFit.

## RECOVERY VIDEO



In July 2022, Motivity Pictures was selected to produce a video on what recovery is and what services CMHCM offers. This video features consumers and staff and will be utilized as an outreach and educational video for social media and CMHCM website use. The finished video is expected in November 2022.

## SOCIAL MEDIA



CMHCM added Instagram to their social media presence in July 2022. CMHCM currently has 61 followers on Instagram and 1,533 followers on Facebook. In FY22, Facebook posts reached 27,389 people, this is an increase of 69.2 percent from the previous fiscal year. There were 4,521 CMHCM Facebook page visits, which is an increase of 198.4 percent from the previous fiscal year.

## LIBRARIES AS MENTAL HEALTH HUBS



In partnership with iMPROve Health, the Libraries as Mental Health Hubs initiative kicked off in November 2021. This program addresses barriers to mental health care access in rural communities (e.g., availability of providers, cost, lack of anonymity, and stigma) by making mental health services more accessible to the public. CMHCM has provided baskets for each library with Same Day Access (SDA) cards, brochures on YIS services, brochures with general information for CMHCM, and green ribbons signifying Mental Health Month. The link to brief anonymous mental health screenings on the home page of CMHCM website was provided for the libraries to publish. In September 2022, CMHCM facilitated a training through the organization, beNice, and coordinated with the Mental Health Foundation of West Michigan to facilitate an action plan for mental health and discussion on suicide prevention in the community.