2027

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN

QAPIP

Prepared by :

RENEE RAUSHI,
CHIEF OPERATING OFFICER

Community Mental Health
FOR CENTRAL MICHIGAN

Reviewed and Approved By Services Committee – 9/10/2026
Reviewed and Approved By CMHCM Board – 9/29/2026

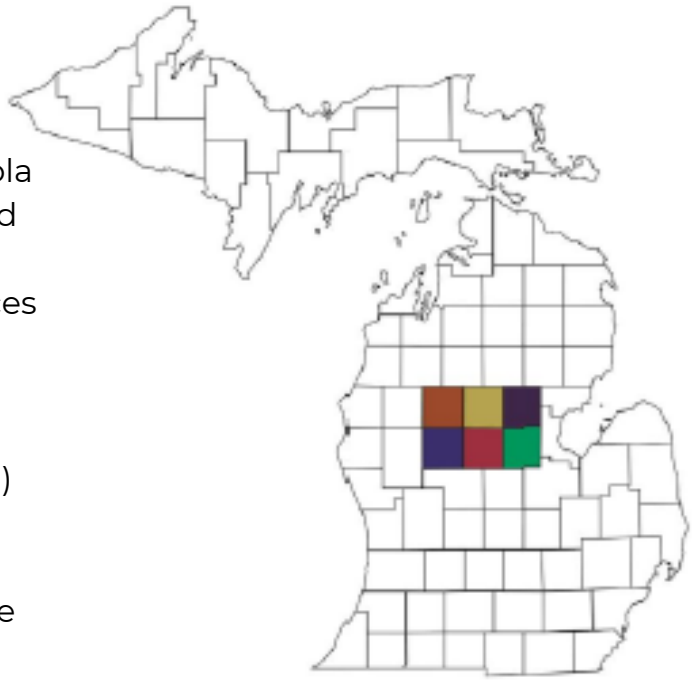
Who We Are


Our Mission
To promote whole-person wellness through community inclusion and a comprehensive system of quality integrated mental health services and supports.
Our Vision
Communities where all individuals experience healthy and meaningful lives.
Our Values
We put **people first.** We do this by supporting the people we serve, the people who care for them, and our employees.
We believe **everyone matters here.** We demonstrate this by honoring the dignity, worth, and choices of every individual.
We **make a difference** in our communities. We achieve this by stewarding resources responsibly to provide accessible, affordable, high-quality care that meets local needs.
We uphold **excellence.** We evidence this through continuous improvement, innovation, and the use of evidence-based practices to achieve positive outcomes.
PEOPLE · BELONGING · COMMUNITY · EXCELLENCE

PURPOSE & SCOPE

Introduction

Community Mental Health for Central Michigan (CMHCM) provides an array of behavioral health and co-occurring substance use disorder services and supports to individuals in the Michigan counties of Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola through a network of directly operated programs and contracted service providers. CMHCM continues its efforts to integrate physical and mental health services with the goal of improving overall consumer health outcomes. 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 CMHCM Quality Assessment and Performance Improvement Program (QAPIP) Policy (5.300.004) and QAPIP Plan support the mission, vision, and values of the agency through various quality improvement initiatives along with meeting the standards in the following documents:

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

The CMHCM QAPIP Plan objectively and systematically monitors and evaluates the quality and appropriateness of care and services to its consumers through quality assessment and performance improvement projects in conjunction with related QI activities. In addition, the agency collects, compiles, and analyzes data through the QAPIP to improve organizational and service performance.

The QAPIP defines how processes, systems, functions, and outcomes related to all consumers, staff, and service delivery provided by the agency directly or by contract through the CMHCM Provider Network are monitored and evaluated. The CMHCM QAPIP includes delegated functions of the Pre-Paid Inpatient Health Plan (PIHP), MSHN, in support of the MSHN QAPIP. The term of the FY27 QAPIP begins 10/01/2026 and ends 9/30/2027. Upon expiration of the term, the QAPIP shall remain in effect until CMHCM's Board of Directors approves a new QAPIP.

GOVERNANCE

The agency encourages active involvement in the quality improvement process from all levels within the agency in addition to the involvement of consumers, families, advocacy groups, the community, the CMHCM Provider Network, and coordinated efforts through MSHN. The Board of Directors are responsible for approving the QAPIP Plan and the QAPIP Policy; the Executive Director carries out the annual QAPIP Plan; the Chief Operating Officer is responsible for the implementation of the QAPIP; the Medical Director advises on the QAPIP Plan regarding clinical standards/practice guidelines; the Management Team implements performance improvement principles in all programs; and direct service staff and providers provide first-hand perspectives on improvement effectiveness and make suggestions for improvement. Subcontracting agencies carry out quality improvement efforts and performance activities within their own organizations.

The Quality Review Committee (QRC) and the agency's Management Team provide oversight to the QAPIP. Agency standing committees and performance improvement teams provide reports on a regular basis to the assigned oversight committee.

Agency standing committees are responsible for performance improvement in their area of responsibility. Standing committees are listed in Appendix A along with their respective charges. Each committee publishes minutes documenting its activities, quality improvement suggestions, findings, recommendations, and actions. Process improvements and recommendations are reviewed and adopted through the QRC and Management Team. Changes made within these teams are then communicated to the agency through published minutes as well as agency communications. The flow of quality information throughout the agency is outlined in the Quality Improvement Process located in Appendix B.

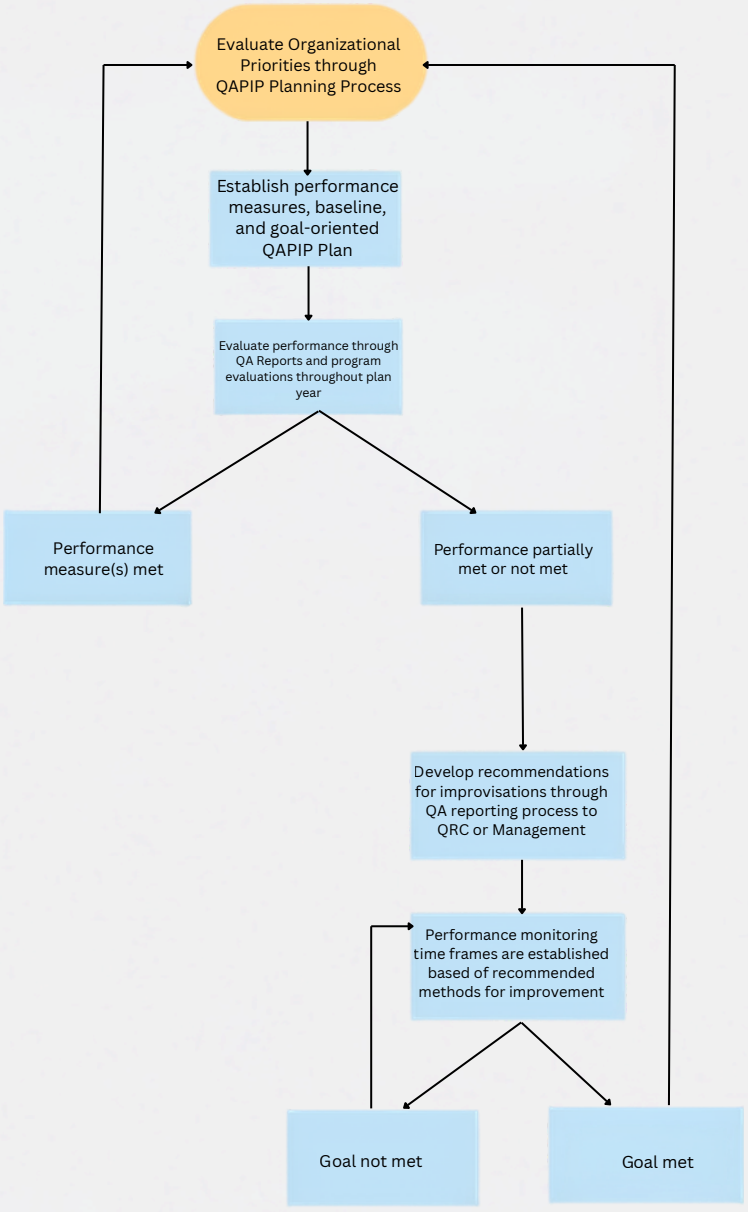


CMHCM'S PERFORMANCE IMPROVEMENT SYSTEM

Performance Improvement (PI) teams are initiated and operated under the direction of an agency standing committee and the Management Team. Teams meet on an ad-hoc basis to address an assigned issue, agency process, or to design a new process, and may form workgroups to address specific components of more complex processes.

The process and outcome improvements implemented by the PI teams are communicated at staff meetings, provider network updates, the agency website, the agency intranet, through virtual/in-person training, and/or all staff email communication, as appropriate. The improvement process is monitored, as designed, under the direction of an agency committee or team and reported to the applicable oversight committee.

Identified initiatives follow the various stages of the PI process through ongoing measurement and intervention based on a problem-solving model. The CMHCM QAPIP Policy (5,300,004) describes the model of Plan, Do, Study, Act and is depicted inAppendix B. This model is incorporated in scheduled progress reports for quality initiatives identified within the QAPIP Plan. The overarching QAPIP process is as follows:



CMHCM'S PERFORMANCE IMPROVEMENT SYSTEM

PI initiatives are identified through various means such as by contract with MDHHS or MSHN; external review entities; QI suggestions from consumers, providers, and staff; QAPIP goal progress report recommendations; or CMHCM Strategic Plan initiatives. All demographic groups, care settings, and types of service are included in PI initiatives. These opportunities for improvement are prioritized by the Management Team and/or QRC according to the priority of the issue, as well as the impact on services and supports for consumers and agency operations.

Quality assessment and PI initiatives involve data analysis, as applicable, to support problem identification. Appropriate follow-up as related to either an individual case or systemic action includes communication with those involved - staff, Provider Network, and/or MSHN. Performance indicators are monitored and compared to available benchmark statistics and regional performance to identify additional opportunities for internal agency improvements.

In reviewing regional performance measurements, if progress falls below regulatory standards and/or established targets by CMHCM, additional quality improvement plans are required to be submitted to MSHN with corrective action plan interventions outlined. These improvement plans are monitored by MSHN for corrective action and follow-up to ensure regulatory standards are met upon establishment of interventions for improvement.

Data is used throughout the agency in decision-making as well as performance monitoring of treatment outcomes, programs, and processes. Performance improvement utilizing data is dynamic, system-wide, and integrated into most processes. CMHCM tracks multiple key performance indicators to manage risk, ensure consumer outcomes, and track achievement of organizational strategies and priorities. The measures established within this QAPIP Plan reflect the agency's priorities for FY27 and are designed to ensure accountability of the responsible parties identified for oversight and monitoring. These QAPIP priorities have been established in consideration of and alignment with CMHCM's key strategic priority areas outlined for FY2027-2028 as well as contractual requirements and accreditation standards.



FY27 OUTCOME MEASURES

CMHCM identifies and monitors meaningful outcome measures to evaluate effectiveness of services, identify opportunities for improvement and promote the health, safety, well-being, and quality of life of individuals served. The FY27 outcomes below are aligned with CMHCM's Strategic Plan priorities of Access to Services, Operational and Fiscal Sustainability, and Maintaining a Highly Specialized Workforce. Progress will be routinely reviewed to evaluate performance, guide improvement, and inform future quality priorities. Administrative team activities in support of services staff on these outcome measures and in support of agency mission, vision, values are outlined in Appendix C.

Improvement Activity	Assigned Team/Individual	Frequency of Review
1. Establish a baseline percentage of Reviews of Progress indicating that authorized services are being utilized as planned and use findings to establish a performance target for future performance.	Clinical Oversight Committee	Quarterly
2. Increase achievement of person-centered goals as measured by the percentage of IPOS goals with a status of "Met" at progress review by primary designation. Baseline: 1.65% FY27 Target: ≥2%	Clinical Oversight Committee	Quarterly
3. Increase the percentage of program closures resulting from successful completion of treatment goals. Baseline: 5% FY27 Target: ≥6%	Clinical Oversight Committee	Quarterly
4. Establish and analyze how efficiently staffing resources are being translated into service delivery across counties using data from the consumer services summary.	Management Team	Quarterly
5. Establish a baseline percentage of new consumers who remain engaged through the first 90 days after requesting services and use findings to establish a future performance target.	Clinical Oversight Committee	Quarterly
6. Establish a baseline percentage of individuals who successfully close to internal Supported Employment services and use baseline findings to establish a future performance target taking into consideration the benchmark set by MDHHS.	Clinical Oversight Committee	Quarterly

FY27 OUTCOME MEASURES

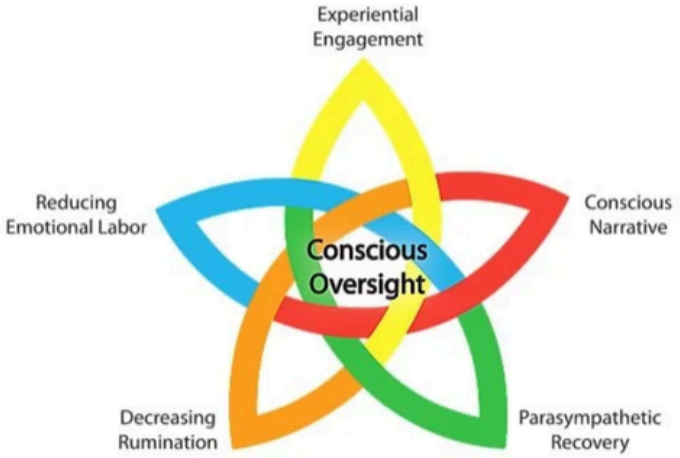
Improvement Activity	Assigned Team/Individual	Frequency of Review
7. Establish a baseline for the percentage of individuals who demonstrate an increase in identified strengths from initial MichiCANS assessment to reassessment.	Children's Committee/Clinical Oversight Committee	Quarterly
8. Achieve a target of ≥90% of youth discharged from Multisystemic Therapy (MST) who have no new arrests during the treatment episode in FY27.	MST Supervisor/Clinical Oversight Committee	Quarterly
9. Establish baseline performance for housing stability and employment outcomes for individuals enrolled in Assertive Community Treament (ACT) over FY27 and use the data to set performance targets for FY28.	ACT Supervisors/Clinical Oversight Committee	Quarterly
10. Complete WHODAS training and implementation in FY27 and establish a process for reviewing initial data to inform establishment of I/DD outcome measures.	Clinical Oversight Committee	Quarterly
11. Improve the quality of Behavioral Health Home (BHH) planning by increasing the percentage of audited BH plans with goals and objectives that meet SMART criteria. FY 26 Baseline: 74% FY 27 Target: ≥80%	BHH Leads/Clinical Oversight Committee	Quarterly
12. BTC will establish a baseline rate of behavior plans successfully discharged from BTC review based on no longer containing limiting/intrusive interventions due to a challenging behavior over FY27. Following establishment of baseline data, BTC will identify a performance target and monitor progress toward continued improvement.	BTC Chair/Clinical Oversight Committee	Quarterly

FY27 OUTCOME MEASURES

Improvement Activity	Assigned Team/Individual	Frequency of Review
13. BTC will establish a baseline rate of limiting/intrusive interventions discontinued in behavior plans due to completion of fade plan targets over FY27. Following establishment of baseline data, BTC will identify a performance target and monitor progress toward continued improvement.	BTC Chair/Clinical Oversight Commitee	Quarterly
14. By the end of FY27, 100% of completed residential HCBS site visits will include assessment of whether community outings occur at the planned minimum frequency and align with the individual's documented preferences and choices in the IPOS, as evidenced by outing logs, to establish baseline performance.	Waiver Services Team/Provider Network Manager	Quarterly
15. CMHCM will have improvement in at least three individual item scores from baseline in the follow-up administration of the STSI-OA in FY27.	Management Team/Ce-CERT Coalition	Annual

CE-CERT MODEL

Skills for Sustaining a Career in the Helping Professions



FY27 QUALITY MANAGEMENT ACTIVITIES

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 requesting to file a grievance, appeal, or second opinion. Customer Service data is submitted to MSHN on a quarterly basis for grievance, appeals, and denials for benchmark analysis and aggregation to MDHHS. CMHCM Quality Review Committee monitors the following data points as evidence that the Customer Service system within the organization is moving efficiently and that any grievance, appeal, or second opinion is addressed in a timely manner:

- The number of days to resolve a grievance is at or below than the MDHHS standard of 90 days.
- The number of days to resolve a local appeal is at or below the MDHHS standard of 30 days.
- The number of days to resolve a second opinion is at or below the MDHHS standard of five days for service access requests.
- The number of days to resolve a second opinion is at or below the MDHHS standard of three days for hospitalization requests.

Behavior Treatment

The CMHCM Behavior Treatment Policy (2.200.001) and the MDHHS Technical Requirements for Behavior Treatment Plans guide the administration of the Behavior Treatment Committee (BTC). BTC submits quarterly data reports to the QRC on the number of individuals with approved behavior treatment plans, the number of incidents where physical management techniques were utilized, and the number of incidents where 911 calls to law enforcement for assistance with a behavioral challenge were made. BTC also tracks patterns of incidents or interventions that suggest opportunities for improvement, planning, or training, and arrange for follow-up and this information is discussed with QRC during reports. Data is submitted to MSHN on a quarterly basis for benchmark analysis and discuss regionally on improvement opportunities.

Recipient Rights

CMHCM is committed to ensuring that all consumers are treated with respect, dignity, and consideration that acknowledges all of a consumer's rights and responsibilities. The CMHCM Recipient Rights, General Administration, General Rights Policy (7.100.006) monitors and ensures that recipients of mental health services have all of the rights guaranteed by state and federal law in addition to those guaranteed by the Mental Health Code. Procedures have been established to address complaints and appeals through the CMHCM Recipient Rights office. The Recipient Rights Department monitors and evaluates substantiated Recipient Rights complaints to identify trends or patterns to ensure that additional staff training is completed as necessary. Recipient Rights data is submitted to MDHHS annually as required.

Adverse Event Management

Critical events, sentinel events, and other events that put people at risk of harm will be identified, reported, analyzed, and managed in an effort to understand root causes and identify opportunities for risk reduction. The Consumer Safety Committee (CoSC) will review critical incidents, sentinel events, and develop action plans that minimize future occurrences on a quarterly basis. As necessary, root cause analysis are completed and risk reduction strategies are recommended to reduce the likelihood of recurrence. Event data will be submitted to MSHN for benchmark analysis and to MDHHS in fulfillment of critical incident reporting requirements. Timeframes for reporting are identified within the CMHCM Sentinel Event Policy (5.300.001).

FY27 QUALITY MANAGEMENT PRIORITIES

Quality Performance Improvement Projects (PIPs)

MDHHS requires PIHPs to complete a minimum of two performance improvement projects (PIP) per waiver renewal period. CMHCM will support the two PIPs that are either mandated by MDHHS or selected by MSHN and its partner CMHSP's. CMHCM supports the two PIPs selected with data submission and intervention implementation as requested and determined by the MSHN Quality Improvement (QI) Council. Data and opportunities for improvement are also discussed at the CMHCM Quality Review Committee (QRC).

Quality Record Review

The CMHCM record review process is led by the Quality Department with the target of improving quality of care, positive consumer outcomes and improving standard compliance. The CMHCM Record Review process i strives to include case holders, and teams in on-going efforts to improve the clinical and technical quality of chart documentation. A random record review process is conducted by team and offers case holders various opportunities for guidance and training. QRC reviews aggregate data on clinical record reviews quarterly and this information drives discussion on potential policy changes, protocol updates, and informs organizational training initiatives.

Continuous Quality Improvement Projects

The CMHCM Quality Department strives to engage in continuous ongoing improvement projects that enhance agency operations, clinical services, and create efficiencies for staff. The Quality Department initiates, coordinates, and collaborates on performance improvement projects at CMHCM. Under the guidance of the Quality Manager, the team is responsible for:

- Audit preparation for annual MDHHS waiver review
- Developing audit plans of correction as required in consultation with clinical leadership and staff
- Review of clinical records
- Application for and renewal of Joint Commission accreditation and completion of all related Intracycle Monitoring activities
- Data collection and submission to MSHN/MDHHS
- Participating in CMHCM Committee meetings, regional quality workgroups, and statewide QIC meetings

Quality Performance Measurement

In FY27, CMHCM will submit data as requested by MDHHS on Access to Care Measure: *The percentage of persons during the quarter that receive a routine mental health or substance use service within 10 business days of the request for initial service*. This indicator will address CMS Final Rule *Appointment Wait Time Standards (§§ 438.68(e) and 457.1218)* ensuring timely access to services for persons served. For Year 1 of this measure MDHHS is collecting the data from this measure for informational purposes as no benchmark has been set. CMHCM will submit data as required and internally will review the data in QRC for any potential trends that may emerge so that performance improvement opportunities can be identified.

FY27 QUALITY MANAGEMENT PRIORITIES

MDHHS Behavioral Health Quality Program

As a subcontractor of MSHN, CMHCM will monitor, review, and improve performance on the national HEDIS/CMS Core Set behavioral health quality measures. MSHN will report to MDHHS regional aggregate performance against benchmarks established under the 3-year Behavioral Health Quality Rollout Strategy. In alignment with 2025 CMS Core Set Reporting, measures will be rolled out stratified by race and ethnicity, gender, and geography.

Measure	Start Date	Domain	State Standard
ADD INIT – Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication Initiation	CY25	MH	52.60%
ADD MAIN – Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication Maintenance	CY25	MH	61.20%
FUH 30AD – Follow-up within 30 Days After Hospitalization for Mental Illness - Adult	CY25	Access	58.00%
FUH 30CH – Follow-up within 30 Days After Hospitalization for Mental Illness - Child	CY25	Access	79.00%
FUH 30TOT – Follow-up within 30 Days After Hospitalization for Mental Illness - Total	CY25	Access	70.87%
APM TOTGC – Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose & Cholesterol Testing	CY25	MH	27.60%
APP TOT – Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	CY25	MH	65.59%
FUA 30AD – Follow-up After Emergency Department Visit for Substance Use	CY25	Access	36.30%
FUA 30CH – Follow-up After Emergency Department Visit for Substance Use	CY25	Access	35.60%
FUA 30TOT – Follow-up After Emergency Department Visit for Substance Use	CY25	Access	35.13%
FUM 30AD – Follow-up After Emergency Department Visit for Mental Illness - Adult	CY25	Access	54.87%
FUM 30CH – Follow-up After Emergency Department Visit for Mental Illness - Child	CY25	Access	78.24%
FUM 30TOT – Follow-up After Emergency Department Visit for Mental Illness - Total	CY25	Access	60.76%

Measure	Start Date	Domain	State Standard
SSD AD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications - Adult	CY26	Comorbid Conditions	79.21%
SAA AD – Adherence to Antipsychotic Medications for Individuals with Schizophrenia - Adult	CY26	MH	65.90%
OUD – Use of Pharmacotherapy for Opioid Use Disorder	CY26	SUD	70.81%

Measure	Start Date	Domain	State Standard
CDF AD – Screening for Depression and Follow-up Plan - Adult	CY27	MH	TBD
CDF CH – Screening for Depression and Follow-up Plan - Child	CY27	MH	TBD
HPCMI – Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CY27	Comorbid Conditions	TBD

CY27 will also focus on implementing patient experience and Home and Community Based Services (HCBS) measures through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. MDHHS has not yet determined if the CAHPS survey will replace the National Core Indicator (NCI) survey or if a CAHPS vendor will be utilized to administer surveys directly to individuals receiving services.

CMHCM will review regional data completed by MSHN to assess CMHCM performance against regional and statewide benchmarks in the regional Quality Improvement Committee (QIC). CMHCM will identify priority areas of improvement for measures where CMHCM is below the benchmark or will support recommendations as developed by the regional QIC meeting.

FY27 QUALITY MANAGEMENT PRIORITIES

Quality Consumer Satisfaction Measurement

CMHCM assesses quantitative and qualitative consumer satisfaction through an annual survey process, as well as from feedback obtained by the clinician during the course of a consumer's treatment. In addition, a post-service survey is sent to all discharged consumers to evaluate their satisfaction with the services and supports received. CMHCM, in conjunction with MDHHS, also participates in the National Core Indicators survey on an annual basis to provide additional satisfaction information for individuals receiving services for intellectual/developmental disabilities.

For the annual 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. Adult consumers are surveyed using the Mental Health Statistical Improvement Program (MHSIP) survey and families of youth receiving services are surveyed using the Youth Services Survey for Families (YSS-F). CMHCM analyzes the resulting data from all surveys administered to identify trends and opportunities for improvement.

Improvement Activity	Assigned Team/Individual	Frequency of Review
1. Meet or exceed 80 percent satisfaction during the annual survey as measured by consumer response to the question, "Overall, I am satisfied with the services I receive."	Quality Manager/Quality Review Committee	Annual

MDHHS Annual Submission

Each year, the Chief Operating Officer in collaboration with the Quality Department submits the required data to MDHHS, which includes estimates of workforce changes for the fiscal year, a summary of service requests, waiting list information, and community data. Every other year, this annual submission also includes a community needs assessment and planned actions.

Evaluation of the QAPIP

CMHCM evaluates implementation of the QAPIP throughout the entire year as part of the continuous quality improvement system built into the CMHCM culture. Progress updates are provided to agency committees as indicated. A written evaluation of the QAPIP is completed at the end of each fiscal year by the Chief Operating Officer and is submitted to the CMHCM Board of Directors. The evaluation summarizes progress made toward achieving the goals and objectives outlined in the QAPIP.

FY27 MENTAL HEALTH AWARENESS PLAN

CMHCM undertakes outreach activities to educate the community regarding its mission and to publicize the array of available mental health services to the overall community through the annual Mental Health Awareness (MHA) Plan. Each county location conducts community education and outreach activities as directed by their local Chief Clinical Officers in accordance with the annual MHA Plan. Outreach and education activity is guided by the Outreach and Education Policy (5.100.018).

Improvement Activity	Assigned Team/Individual	Frequency of Review
1. CMHCM will participate in a minimum of ten targeted outreach and mental health events across the six-county service area to expand awareness of CMHCM services and strengthen community connections.	Outreach and Education Coordinator/Quality Review Committee	Semi-annual
2. CMHCM will promote and participate in Walk & Roll and Walk a Mile events in partnership with community partners and individuals served to increase mental health awareness, community engagement, and visibility of CMHCM services during FY27.	Outreach and Education Coordinator/Quality Review Committee	Semi-annual
3. The number of active MoodFit users will increase by 10% over the number of users in FY26. Social media engagement across all platforms will increase by 5% over FY26.	Outreach and Education Coordinator/Quality Review Committee	Semi-annual
4. The Outreach and Education Coordinator will enhance existing online staff and provider training and develop additional curriculum based on identified organizational compliance and workforce training needs during FY27. Effectiveness will be evaluated through training participation and participant feedback.	Outreach and Education Coordinator/Quality Review Committee	Annual

APPENDIX A – AGENCY COMMITTEES

Behavior Treatment Committee

Charge: The Behavior Treatment Committee oversees the provision of behavior services at CMHCM and provides a forum for: 1) review and approval or disapproval of behavior treatment plans which include intrusive or restrictive behavioral interventions, 2) review of behavior treatment progress reports, including behavior and intervention data, to determine whether an approved plan should be continued, discontinued, or revised, and 3) review of all incident reports describing emergency use of physical management, and involvement of law enforcement to assist with a challenging behavior.

Children's Services Committee

Charge: To guide agency practices of services and supports for children and families that embodies the principles of a family-driven/youth-guided philosophy.

CIGMMO Committee

Charge: To oversee the ongoing updates and maintenance of the Electronic Medical Record (EMR) to fulfill contract and accreditation requirements and facilitate clinically and fiscally sound practice.

Clinical Oversight Committee

Charge: To evaluate current clinical practice for efficacy and sustainability agency wide and to provide oversight and guidance on quality of service delivery to improve outcomes.

Consumer Action Committee

Charge: The Consumer Action Committee will serve as a forum for consumers to exercise leadership and support advocacy endeavors on mental health issues.

Consumer Safety Committee

Charge: To identify and respond appropriately to all sentinel events occurring in the organization or associated with services that the organization provides or provides for.

Credentialing Committee

Charge: To provide for the development, implementation, and ongoing review of the CMHCM credentialing and privileging process and to make recommendations regarding provider applications for clinical privileges.

APPENDIX A – AGENCY COMMITTEES

Employee Safety Committee
Charge: To ensure a safe and healthful work environment consistent with MDHHS, The Joint Commission, and other regulatory standards

I/DD Services Committee
Charge: To guide agency practices of services and supports for individuals with an Intellectual and Developmental Disability that embodies the principles of Person-Centered Services, dignity, choice, community inclusion, self-determination, meaningful like outcomes and health and safety of all individuals served.

Office Managers Committee
Charge: To share information and to review and coordinate implementation of agency policies and procedures to assure efficient and consistent office operations in the six county offices of the agency.

Quality Review Committee
Charge: To advance and improve services for consumers through the philosophy and process of Quality Improvement.

Residential Review Committee
Charge: The Residential Review Committee (RRC) is intended to provide support to individuals served, providers and CMHCM staff in ensuring access to a continuum of comprehensive and quality residential service options that meet the needs of individuals served. The RRC will work to guide CMHCM residential services to assist providers and staff in implementing practices that support individuals with residential needs served by CMHCM. The CMHCM RRC strives to ensure individuals served have access to high quality residential services options that support them in pursuing whole person-centered wellness and community inclusive lives in the least restrictive and utilizing the most cost-effective option available. The RRC is charged with providing and ensuring staff education, monitoring compliance with state, federal laws, Medicaid standards and AFCH Licensing rules and regulations. The RRC is also charged with monitoring costs, ensuring appropriate utilization, remain abreast of residential placement best practice standards and work to operationalize the mission of CMHCM as it relates to CMHCM residential services.

Standards Compliance Committee
Charge: To identify, interpret, and ensure compliance of external regulations, rules, and standards.

APPENDIX B – QUALITY IMPROVEMENT PROCESS

Community Mental Health
FOR CENTRAL MICHIGAN

Strategic Plan

The Strategic Plan guides the agency's long-term direction and is developed every three years and outlines long-term strategic initiatives and priorities of the agency

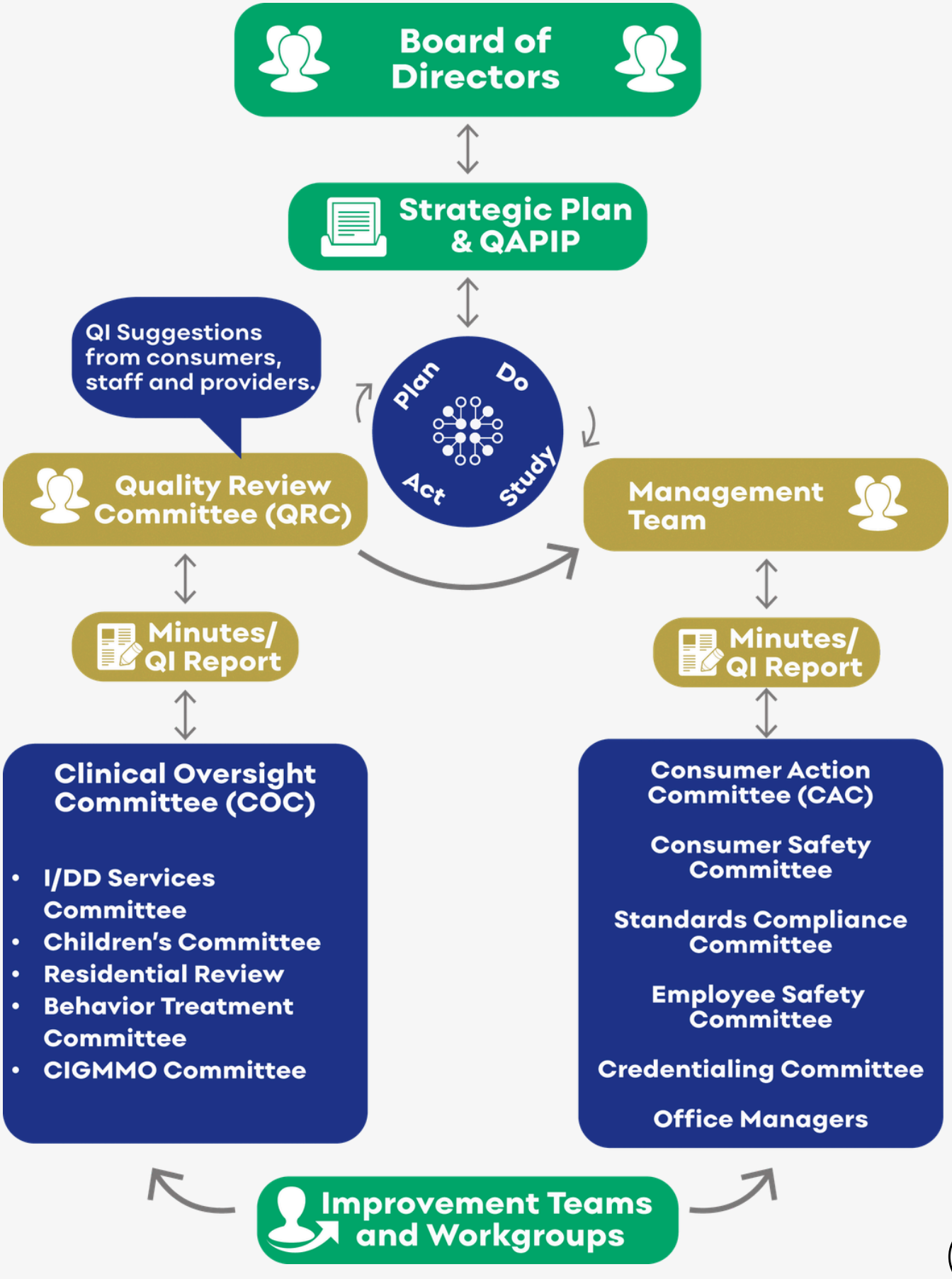
Quality Assessment and Performance Improvement Plan (QAPIP)

The QAPIP guides the agency's short-term goals and objectives to meet the agency's overarching Strategic Plan initiatives and priorities

Quality Improvement (QI) Reports

QI reports are completed to identify activity completed, data and analysis, and recommended next steps to meet the QAPIP goals and objectives within the annual QAPIP

APPENDIX B – QUALITY IMPROVEMENT PROCESS



APPENDIX C: ADMINISTRATIVE SUPPORT ACTIVITIES

Information Systems

The CMHCM Information Systems Department is responsible for supporting clinical services by providing high quality technical support and equipment to direct clinical staff and administrators. FY27 initiatives focus on ensuring that staff are provided guidance on technology platforms, ensuring efficiencies, and providing communication to staff on the use of technology within the agency.

Human Resources Department

The Human Resource (HR) Department within CMHCM is committed to attracting, developing, motivating and retaining a talented workforce. They assist all employees in working toward the highest job satisfaction possible by focusing on what matters to them - their job, benefits, and overall well-being.

Provider Network Management

The CMHCM Provider Network Department is responsible for maintaining the Provider Network to assure it is adequate and meets the needs of the consumers. The CMHCM Provider Network Development General Guidelines Policy (3.100.001) guides the department in its work with the agency provider network. CMHCM conducts regular provider meetings and sends frequent communication to contracted service providers to discuss system issues, regulatory changes, process changes, and elicit feedback on quality improvements. CMHCM assures appropriate access and choice of provider in alignment with MSHN Provider Network adequacy efforts. The Provider Network is responsible for assuring that federal, state, and local regulations and requirements are met. When a deficiency is identified, providers complete a corrective action plan. The Provider Network is guided by the CMHCM Event Verification Policy (3.500.003) for event verification. CMHCM performs event verification on a sampling of all services provided according to this policy. MSHN performs Medicaid Event Verification (MEV) reviews to verify that Medicaid services claimed by providers were authorized by CMHCM, delivered as described in the Individual Plan of Service (IPOS), and billed at the correct rate. CMHCM provides data and support as requested by MSHN to verify internal/external Medicaid claims/events.

Finance Department

The Finance Department within CMHCM is responsible for supporting all aspects of financial sustainability and operations within the agency. FY27 initiatives include increasing training opportunities, developing financial metrics for operational review, and expanding understanding of agency budgeting, revenue, payroll, and benefits.

Waiver Services

The Waiver Services team provides education and support services regarding all MDHHS waivers which includes: Habilitation Support Waiver (HSW), Children's Waiver (CWP), Serious Emotional Disturbance (SEDW) and 1915i State Plan Amendment. The team also provides education, training, and support for the Home and Community Based Services final rule (HCBS) compliance for staff and providers as well as assistance to individuals served and families.

Utilization Management

Utilization Management (UM) practices are guided by the CMHCM Utilization Management Policy (2.400.001) to ensure medically necessary services are delivered in the least restrictive, most equitable, and cost-effective manner. The UM Department completes prospective, concurrent, and retrospective reviews of service utilization to monitor services authorizations for consistency with MSHN and MDHHS policies, standards, and protocols. High cost, high risk services are centralized and reviewed using the Utilization Review Specialist (URS) review tool, developed to ensure all EMR documentation is included for determining the medical necessity of all requested services.

Community Mental Health
FOR CENTRAL MICHIGAN











CMHCM Locations:

Clare County
789 North Clare Avenue
Harrison, MI 48625

Gladwin County
655 East Cedar Avenue
Gladwin, MI 48624

Isabella County
301 South Crapo Street
Mt. Pleasant, MI 48858

Mecosta County
500 South Third Avenue
Big Rapids, MI 49307

Midland County
218 Fast Ice Drive
Midland, MI 48642

Osceola County
4473 220th Avenue
Reed City, MI 49677

CMHCM Crisis Hotline (24/7)
1-800-317-0708

CMHCM Main Line
1-989-772-5938

Website:
www.cmhcm.org

Facebook:
https://www.facebook.com/CMHforCentralMichigan

Instagram:
@cmhforcentralmichigan