

REGION

10



Michigan Mission-Based Performance Indicator System
JULY – SEPTEMBER
FY 2022 – 4TH QUARTER

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2022 –4th Quarter Summary Report
(July 1, 2022 – September 30, 2022)

This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the PIHP (data aggregated from CMH / SUD providers). The Michigan Mission-Based Performance Indicator System (MMBPIS) was implemented in fiscal year 1997. The indicators have been revised over time, with the current revision effective April 1, 2020.

The indicators measure the performance of the PIHP for Medicaid beneficiaries served through the CMH/SUD affiliates. Since the indicators are a measure of performance, deviations from standards and negative statistical outliers may be addressed through contract action. Information from these indicators will be published on the MDHHS website within 90 days of the close of the reporting period.

This report summarizes the PIHP's results from the fourth quarter of fiscal year 2022 as well as trending information for the past three years of Performance Indicator data.

Performance Indicator 1

Indicator 1.a. The percentage of children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	99.62%	99.59%	100%	100%	100%	100%	100%	99.39%	100%	99.50%	100%	99.09%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	99.73% N = 370	99.71% N = 347	100% N = 174	100% N = 258	100% N = 344	100% N = 346	100% N = 342	99.64% N = 279	100% N = 335	99.73% N=377	100% N = 380	99.57% N = 234

Indicator 1.b. The percentage of adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	99.87%	100%	100%	99.86%	99.69%	99.56%	99.85%	99.69%	100%	100%	99.45%	99.81%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.41%	100%
St. Clair CMH	100%	100%	99.51%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	99.91% N = 1136	100% N = 1126	99.89% N = 930	99.91% N = 1104	99.81% N = 1027	99.71% N = 1036	99.91% N = 1080	99.81% N = 1029	100% N = 758	100% N=853	99.57% N = 928	99.89% N= 901

Performance Indicator 2a

Indicator 2 (Discontinued) The percentage of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

Indicator 2.a. (New) The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	97.91%	73.88%	71.70%	72.79%	63.65%	59.19%	62.94%	61.41%	51.46%	35.76%	39.29%
Lapeer CMH	99.34%	99.35%	66.10%	70.00%	66.88%	77.72%	66.16%	50.50%	40.41%	63.14%	75.61%	74.40%
Sanilac CMH	97.96%	100%	79.41%	80.00%	77.23%	80.15%	69.47%	73.98%	68.91%	75.89%	71.09%	73.76%
St. Clair CMH	100%	100%	86.13%	75.69%	79.77%	80.86%	79.90%	68.40%	58.94%	52.45%	47.56%	62.96%
Region 10 PIHP SUD	98.72%	99.09%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PIHP Totals	99.18% N = 1838	99.04% N = 1771	76.54% N = 891	73.41% N = 1335	74.79% N = 1297	72.43% N = 1411	67.50% N = 1326	63.98% N = 1613	58.64% N = 1644	54.88% N=2008	46.86% N = 1818	54.25% N= 1849

Beginning the third quarter of fiscal year 2020, there were multiple changes which impact the rates for Indicator 2.a. Changes are as follows:

- No exceptions allowed.
- A separate indicator (2.b.) has been developed for the SUD population.

Indicator 2.a. (Discontinued) The percentage of new children with emotional disturbance receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

Indicator 2.a.1. (New) The percentage of new children with emotional disturbance receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	97.98%	77.68%	68.91%	74.82%	60.00%	58.44%	65.06%	60.68%	47.95%	34.80%	37.66%
Lapeer CMH	97.92%	100%	76.19%	91.67%	80.49%	89.80%	89.47%	74.36%	64.18%	46.99%	85.71%	76.00%
Sanilac CMH	96.43%	100%	100%	82.86%	94.44%	82.22%	70.00%	78.38%	80.95%	83.87%	78.85%	79.59%
St. Clair CMH	100%	100%	93.44%	79.61%	80.65%	76.81%	83.18%	70.00%	72.57%	62.38%	47.26%	75.17%
PIHP Totals	99.25% N = 268	99.22% N = 258	83.96% N = 212	77.70% N = 305	79.71% N = 340	72.68% N = 377	72.13% N = 348	69.11% N = 382	66.80% N = 518	56.97% N=574	50.80% N = 502	57.62% N= 479

Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

Indicator 2.b. (Discontinued) The percentage of new adults with mental illness receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

Indicator 2.a.2. (New) The percentage new adults with mental illness receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	98.39%	70.63%	69.62%	70.56%	63.09%	56.46%	56.67%	58.62%	47.84%	33.03%	40.94%
Lapeer CMH	100%	98.81%	61.63%	59.05%	60.75%	71.54%	54.70%	41.04%	26.13%	74.42%	66.67%	73.53%
Sanilac CMH	98.11%	100%	69.05%	75.71%	65.00%	78.26%	69.81%	75.00%	59.38%	66.15%	67.69%	69.44%
St. Clair CMH	100%	100%	82.50%	71.37%	77.39%	82.11%	78.54%	64.29%	51.24%	46.94%	46.94%	59.28%
PIHP Totals	99.79% N = 469	99.18% N = 487	72.42% N = 591	69.28% N = 804	71.07% N = 788	71.54% N = 801	64.66% N = 764	58.34% N = 941	51.83% N = 874	51.73% N=1096	44.46% N = 1001	54.39% N= 1048

Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

Indicator 2.c. (Discontinued) The percentage of new children with developmental disabilities receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

Indicator 2.a.3. (New) The percentage new children with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	97.18%	89.74%	80.00%	78.95%	69.37%	66.36%	73.94%	68.61%	65.64%	46.58%	37.33%
Lapeer CMH	100%	100%	100%	71.43%	83.33%	100%	92.31%	78.57%	100%	38.46%	83.33%	78.57%
Sanilac CMH	100%	100%	100%	90.00%	100%	75.00%	70.00%	62.50%	77.78%	85.71%	66.67%	72.73%
St. Clair CMH	100%	100%	88.89%	90.70%	86.67%	82.86%	71.88%	80.00%	58.70%	59.09%	48.28%	66.10%
PIHP Totals	100% N = 103	97.85% N = 93	91.07% N = 56	82.63% N = 167	81.90% N = 116	73.78% N = 164	69.70% N = 165	75.00% N = 204	67.68% N = 198	63.71% N=259	48.48% N = 231	48.72% N= 234

Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

Indicator 2.d. (Discontinued) The percentage of new adults with developmental disabilities receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

Indicator 2.a.4. (New) The percentage new adults with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	96.30%	69.23%	86.36%	75.00%	66.67%	72.22%	85.29%	73.68%	47.06%	24.14%	38.46%
Lapeer CMH	100%	100%	71.43%	76.92%	66.67%	83.33%	36.36%	46.67%	0%	81.82%	90.91%	71.43%
Sanilac CMH	100%	100%	75.00%	100%	100%	100%	50.00%	50.00%	75.00%	85.71%	40.00%	77.78%
St. Clair CMH	100%	100%	100%	73.68%	92.00%	88.00%	94.44%	87.10%	63.64%	44.44%	53.85%	48.48%
PIHP Totals	100% N = 57	98.08% N = 52	78.13% N = 32	81.36% N = 59	83.02% N = 53	78.26% N = 69	71.43% N = 49	76.74% N = 86	57.41% N = 54	54.43% N=79	47.62% N = 84	48.86% N= 88

Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

Performance Indicator 2b

Indicator 2.b. (Discontinued) The percentage of new persons with Substance Use Disorders receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

Indicator 2.b. (New) The percentage new persons receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders, effective 4/1/2020. **This indicator is calculated by MDHHS. If the MDHHS calculation is not yet received, Region 10 PIHP will provide an estimated rate. No standard for first year of implementation.**

	PIHP (Medicaid only through 2Q FY20)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Region 10 PIHP SUD	98.72%	99.09%	67.09%	70.42%	67.49%	68.74%	69.09%	68.48%	66.52%	66.87%	64.54%	69.22%
PIHP Totals	98.72% N = 941	99.09% N = 881	67.09% N = 1565	70.42% N = 2049	67.41% N = 2068	68.74% N = 1865	69.09% N = 1983	68.48% N = 2132	66.52% N = 2004	66.87% N=2107	64.54% N = 2214	69.22% N=2255

Beginning the third quarter of fiscal year 2020, there were multiple changes which impact the rates for Indicator 2.b. Changes are as follows:

- No exceptions allowed.
- Non-Medicaid consumers are now included in the indicator (previously was only Medicaid).
- Expired requests are now included in the calculation; expired requests are defined as approved requests for SUD services that do not result in an admission within 60 days of the request date.

Performance Indicator 3

Indicator 3 (Discontinued) The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

Indicator 3 (New) The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	100%	99.49%	99.34%	99.36%	99.59%	99.57%	98.91%	99.83%	99.84%	99.70%	98.90%
Lapeer CMH	96.94%	97.14%	87.50%	84.09%	73.73%	81.29%	75.89%	56.92%	48.78%	50.94%	58.27%	77.22%
Sanilac CMH	98.77%	100%	81.40%	75.56%	79.52%	78.05%	76.56%	81.25%	79.73%	76.54%	73.53%	77.65%
St. Clair CMH	98.33%	98.35%	85.10%	78.78%	82.44%	84.33%	82.04%	79.79%	93.41%	76.75%	71.84%	74.70%
Region 10 PIHP SUD	97.84%	96.87%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PIHP Totals	98.51% N = 1808	98.14% N = 1723	92.93% N = 735	88.63% N = 985	88.92% N = 1020	90.45% N = 1058	88.98% N = 1007	86.45% N = 1144	91.25% N = 1211	84.79% N=1341	84.14% N = 1349	86.26% N=1383

Beginning the third quarter of fiscal year 2020, there were multiple changes which impact the rates for Indicator 3. Changes are as follows:

- No exceptions allowed.
- A separate indicator (2.b.) has been developed for the SUD population.

Indicator 3.a. (Discontinued) The percent of new children with emotional disturbance starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

Indicator 3.a. (New) The percent of new children with emotional disturbance starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	100%	100%	97.85%	99.07%	100%	99.16%	98.43%	99.49%	100%	100%	98.18%
Lapeer CMH	100%	100%	89.47%	94.12%	80.56%	92.11%	80.00%	73.33%	77.14%	81.40%	77.08%	79.49%
Sanilac CMH	94.44% (17/18)	100%	80.00%	75.86%	73.33%	65.52%	77.27%	90.48%	90.00%	78.57%	80.00%	85.71%
St. Clair CMH	96.25%	100%	88.00%	86.90%	87.88%	83.67%	84.88%	88.78%	94.87%	80.77%	81.54%	76.38%
PIHP Totals	98.40% N = 250	100% N = 240	94.19% N = 172	90.83% N = 240	89.71% N = 272	89.18% N = 268	89.89% N = 267	91.67% N = 276	95.19% N = 416	88.27% N=375	89.82% N = 393	87.47% N= 359

Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3 which impacts the rates.

Indicator 3.b. (Discontinued) The percentage of new adults with mental illness starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

Indicator 3.b. (New) The percent of new adults with mental illness starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	100%	99.19%	99.63%	99.63%	99.63%	100%	99.64%	100%	99.67%	99.68%	98.71%
Lapeer CMH	95.00%	96.36%	86.89%	76.62%	70.00%	76.67%	71.25%	48.72%	36.11%	36.89%	42.86%	75.96%
Sanilac CMH	100%	100%	81.48%	75.00%	82.61%	82.93%	81.25%	78.00%	71.88%	75.56%	65.71%	72.09%
St. Clair CMH	99.12%	98.05%	82.39%	72.47%	78.79%	83.25%	81.91%	75.77%	94.61%	72.15%	68.48%	72.09%
PIHP Totals	99.20% N = 503	99.05% N = 525	91.61% N = 477	86.06% N = 574	87.61% N = 581	89.53% N = 602	87.90% N = 537	83.07% N = 632	88.60% N = 579	79.25% N=689	79.43% N = 700	83.51% N= 758

Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3 which impacts the rates.

Indicator 3.c. (Discontinued) The percentage of new children with developmental disabilities starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

Indicator 3.c. (New) The percent of new children with developmental disabilities starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	100%	100%	100%	100%	98.86%	99.02%	97.41%	100%	100%	99.28%	100%
Lapeer CMH	100%	100%	100%	100%	88.89%	100%	84.62%	75.00%	66.67%	100%	80.00%	81.82%
Sanilac CMH	100%	100%	75.00%	62.50%	83.33%	100%	55.56%	80.00%	62.50%	75.00%	83.33%	70.00%
St. Clair CMH	100%	92.86% (13/14)	100%	86.11%	84.38%	82.14%	75.00%	69.70%	79.41%	84.62%	69.57%	79.25%
PIHP Totals	100% N = 117	99.07% N = 107	98.18% N = 55	93.65% N = 126	94.12% N = 119	95.35% N = 129	90.38% N = 156	89.76% N = 166	92.73% N = 165	96.79% N=218	91.28% N = 195	91.96% N= 199

Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3 which impacts the rates.

Indicator 3.d. (Discontinued) The percentage of new adults with developmental disabilities starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

Indicator 3.d. (New) The percent of new adults with developmental disabilities starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	100%	100%	100%	100%	95.00%	100%	100%	100%	100%	100%	100%	100%
Lapeer CMH	100%	88.89% (8/9)	80.00%	90.00%	33.33%	66.67%	87.50%	50.00%	30.00%	37.50%	77.78%	75.00%
Sanilac CMH	100%	100%	100%	100%	100%	75.00%	100%	75.00%	100%	75.00%	100%	100%
St. Clair CMH	100%	100%	100%	92.31%	87.50%	100%	82.35%	92.86%	93.75%	83.33%	64.52%	88.00%
PIHP Totals	100% N = 58	98.08% N = 52	96.77% N = 31	95.56% N = 45	87.50% N = 48	94.92% N = 59	91.49% N = 47	88.57% N = 70	84.31% N = 51	83.05% N=59	78.69% N = 61	94.03% N= 67

Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3 which impacts the rates.

Performance Indicator 4

Indicator 4.a.1. The percentage of children discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days.
95% is the standard.

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	95.56%	95.65%	100%	97.30%	100%	100%	97.06%	100%	95.24%	95.00%	96.55%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	83.33% (5/6)
St. Clair CMH	100%	100%	100%	81.25% (13/16)	95.65%	100%	100%	94.12% (16/17)	94.12% (16/17)	100%	100%	100%
PIHP Totals	97.53% N = 81	97.37% N = 76	100% N = 53	93.65% N = 63	98.88% N = 89	100% N = 76	98.70% N = 77	98.39% N = 62	95.77% N = 71	97.30% N=74	97.73% N = 88	98.53% N=68

Indicator 4.a.2. The percentage of adults discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days.
95% is the standard.

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	96.27%	94.76% (235/248)	97.88%	96.77%	99.59%	97.18%	96.10%	98.51%	98.54%	97.90%	97.19%	95.60%
Lapeer CMH	100%	100%	100%	79.17% (19/24)	90.91% (20/22)	100%	87.88% (29/33)	70.83% (17/24)	62.86% (22/35)	95.65%	100%	100%
Sanilac CMH	100%	100%	91.67% (11/12)	100%	93.33% (14/15)	100%	100%	100%	88.89% (8/9)	100%	100%	100%
St. Clair CMH	96.23%	95.24%	96.43%	97.06%	97.53%	96.15%	97.22%	99.00%	96.88%	90.67% (68/75)	97.70%	93.90% (77/82)
PIHP Totals	96.67% N = 360	95.42% N = 349	97.54% N = 284	95.90% N = 390	98.33% N = 360	97.29% N = 332	95.75% N = 353	96.69% N = 332	92.65% N = 245	95.67% N=254	97.75% N = 311	95.71% N = 280

Indicator 4.b. The percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven days.
95% is the standard.

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Region 10 PIHP SUD	93.68% (89/95)	92.13% (82/89)	100%	86.96% (40/46)	95.12%	87.76% (43/49)	74.16% (66/89)	95.31%	91.49% (43/47)	85.71% (60/70)	98.46%	90.67% (68/75)
PIHP Totals	93.68% N = 95	92.13% N = 89	100% N = 20	86.96% N = 46	95.12% N = 41	87.76% N = 49	74.16% N = 89	95.31% N = 64	91.49% N = 47	85.71% N=70	98.46% N = 65	90.67% N= 75

Performance Indicator 5

Indicator 5. The percentage of area Medicaid recipients having received PIHP Managed services. **This indicator is calculated by MDHHS.**

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Total Medicaid Beneficiaries Served	15,002	15,075	13,945	14,984	15,178	15,703	15,735	15,808	15,649	16,384	16,834	16,797
Number of Area Medicaid Recipients	203,378	206,462	208,330	213,800	219,968	224,811	227,887	231,717	235,056	238,625	242,291	245,445
PIHP Totals	7.38%	7.30%	6.69%	7.01%	6.90%	6.98%	6.90%	6.82%	6.66%	6.87%	6.95%	6.84%

Performance Indicator 6

Indicator 6. The Percent of Habilitation Supports Waiver (HSW) Enrollees in the quarter who received at least one HSW Service each month other than Supports Coordination. **This indicator is calculated by MDHHS.**

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	637	642	628	627	635	634	610	603	566	569	572	574
Total Number of HSW Enrollees	645	653	648	639	643	654	620	633	625	608	603	603
PIHP Totals	98.76%	98.32%	96.91%	98.12%	95.98%	96.94%	98.39%	95.26%	90.56%	93.59%	94.86%	95.19%

Performance Indicator 8

Indicator 8.a. The percent of adults with mental illness served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	8919	1229	13.78%

Indicator 8.b. The percent of adults with developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	1658	105	6.33%

Indicator 8.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	1201	91	7.58%

Performance Indicator 9

Indicator 9.a. The percent of adults with mental illness served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	1234	1232	99.84%

Indicator 9.b. The percent of adults with developmental disabilities, served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	140	131	93.57%

Indicator 9.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
PIHP Totals	108	100	92.59%

Performance Indicator 10

Indicator 10.a. The percentage of children readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	10.84%	9.21%	4.65%	8.62%	13.10%	4.55%	4.35%	4.08%	13.11%	1.92%	9.20%	6.25%
Lapeer CMH	0%	0%	21.43% (3/14)	11.11%	0%	0%	10.00%	12.50%	0%	0%	13.64%	14.29%
Sanilac CMH	0%	0%	0%	33.33% (1/3)	0%	25.00% (1/4)	25.00% (1/4)	14.29%	14.29%	23.08% (3/13)	0%	0.00%
St. Clair CMH	4.00%	4.76%	9.09%	18.18% (4/22)	11.54%	21.05% (4/19)	12.90%	8.70%	5.26%	5.88%	10.00%	23.08% (3/13)
PIHP Totals	7.69% N = 130	7.21% N = 111	8.45% N = 71	11.96% N = 92	11.67% N = 120	8.08% N = 99	8.79% N = 91	6.90% N = 87	10.53% N = 95	5.26% N=95	9.45% N = 127	8.51% N=94

Indicator 10.b. The percentage of adults readmitted to inpatient psychiatric units within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.

	PIHP (Medicaid only)											
	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22
Genesee Health System	13.71%	11.60%	18.75% (69/368)	14.79%	11.03%	13.67%	11.55%	10.58%	8.30%	9.51%	9.61%	7.79%
Lapeer CMH	11.11%	12.50%	7.14%	5.56%	5.56%	3.03%	16.67% (7/42)	8.82%	17.65% (9/51)	6.25%	10.20%	20.00% (8/40)
Sanilac CMH	10.00%	13.04%	26.67% (4/15)	5.00%	4.76%	8.00%	8.33%	8.33%	0%	13.33%	9.52%	0.00%
St. Clair CMH	18.82% (16/85)	11.30%	7.32%	19.23% (25/130)	13.51%	14.41%	15.09% (16/106)	14.79%	11.11%	17.43% (19/109)	10.00%	9.02%
PIHP Totals	14.15% N = 615	11.66% N = 609	16.17% N = 507	14.87% N = 612	10.94% N = 585	12.94% N = 564	12.44% N = 579	11.45% N = 585	9.86% N = 416	11.46% N=419	9.75% N = 523	8.87% N= 485

Performance Indicator 11

Indicator 11. The annual number of substantiated recipient rights complaints in the categories of Abuse I and II and Neglect I and II per 1,000 persons served by CMHSPs and by PIHPs. This represents FY2022 results.

RR Complaints	Abuse I		Abuse II		Neglect I		Neglect II	
	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR
Genesee Health System	1	0	34	4	9	4	9	6
Lapeer CMH	0	0	10	2	0	0	0	0
Sanilac CMH	1	0	13	3	3	1	2	1
St. Clair CMH	0	0	22	6	0	0	1	1
PIHP Totals	2	0	79	15	12	5	12	8

Performance Indicator 13

Indicator 13.a The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees with a developmental disability who live in a private residence alone, with spouse or non-relatives	Private residence rate
Region 10 PIHP	1658	280	16.89%

Indicator 13.b The percent of adults dually diagnosed with mental illness/developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees with a developmental disability who live in a private residence alone, with spouse or non-relatives	Private residence rate
Region 10 PIHP	1201	293	24.40%

Performance Indicator 14

Indicator 14. The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2021.

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Region 10 PIHP	8919	4226	47.38%

NARRATIVE OF RESULTS

The following PIHP Performance Indicators for Medicaid consumers have performance standards that have been set by the Michigan Department of Health and Human Services, except for Indicators #2a, #2b, and #3.

Performance Indicator #1 states: *“The percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.”* **The set performance standard is 95%.** All CMHs met the standard for this indicator.

Performance Indicator #2a states: *“The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.”* There is no standard for this indicator. The total CMH compliance rates ranged from 39.29% - 74.40%.

Performance Indicator #2b states: *“The percentage new persons receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.”* There is no standard for this indicator. The SUD network had an estimated compliance rate of 69.22%?

Performance Indicator #3 states, *“The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.”* There is no standard for this indicator. The total CMH compliance rates ranged from 74.70% - 98.90%.

Performance Indicator #4 states, *“The percentage of persons discharged from a psychiatric inpatient unit (or SUD Detox Unit) who are seen for follow-up care within seven days.”* **The set performance standard is 95%.** Sanilac CMH did not meet the standard for the population breakout of children with 83.33%. St. Clair CMH did not meet the standard for the population breakout of adults with 93.90%. The SUD system did not meet the standard for the SUD population with 90.67%

Performance Indicator #10 states, *“The percentage of persons readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.”* **The set performance standard is 15% or less.** St. Clair CMH did not meet the standard for the population breakout of children with 23.08%. Lapeer CMH did not meet the standard for the population breakout of adults with 20.00%.

When a CMH reports that the MDHHS standard for a performance indicator has not been achieved during a quarter, a root cause analysis and plan of improvement are submitted to Region 10 PIHP along with the respective CMH data. The analysis is reviewed, and the plan of improvement is monitored over time by the PIHP along with the trend of scores on all the performance indicators.

If a set standard benchmark is not achieved for the region, the indicator is investigated further by various committees within the QAPIP structure such as Quality Improvement Committee, Quality Management Committee, and Improving Practices Leadership Team to increase input from CMH partners, identify contributing factors and systemic issues for the outliers, and review opportunities for improvement across the region.

Additionally, for indicators that do not have set performance standards, CMHs and SUD Providers submit written root cause analyses and plans of improvement to the PIHP. The Providers evaluate reasons for noncompliance to address barriers and improve individuals' access to care and services.

Root Cause Analyses / Corrective Action Plans

Lapeer CMH –

PI #10a Adult – Inpatient Recidivism

Root cause analysis revealed that eight adults were readmitted to a psychiatric inpatient unit within 30 days of their discharge, all of which were/are involved with co-occurring services.

The following plan was submitted by Lapeer CMH: Staff will continue efforts to promote participation in Mobile Intensive Crisis Stabilization (MICS) services to reduce the probability of hospitalization, as well as continue to complete and report on Hospital Recidivism reports at the Clinical Case Review Committee monthly. Hospital Liaison participates in Teams meetings twice a week at McLaren Lapeer as well as daily communications via phone or email. Lapeer CMH has also scheduled an Assisted Outpatient Treatment training with Lapeer County Courts for December 2022.

Sanilac CMH –

PI #4a Child – Follow-up service within seven days of discharge

Root cause analysis revealed that one child did not receive a follow up service within seven days of hospital discharge due to lack of documentation. The Sanilac CMH Hospital Liaison scheduled a follow up appointment within seven days of discharge; however, the Home-Based Program Clinician did not document the visit in the agency's electronic medical record.

The following plan was submitted by Sanilac CMH: The Sanilac CMH Children's department will conduct training on proper documentation of visits and the timeliness associated with them.

St. Clair CMH –

PI #4a Adult – Follow-up service within seven days of discharge

Root cause analysis revealed that five individuals did not receive a follow up service within seven days of hospital discharge due to various reasons including, unsuccessful outreaches to engage individuals in services due to homelessness or lack of accurate contact information, cancelled appointments due to severe weather, scheduling outside of seven days with no qualifying reason, and readmission prior to being seen by the CMH.

The following plan was submitted by St. Clair CMH: CMH intake unit staff, Hospital Liaison staff, Adult/Family Services Supervisor, DHS staff, and related agencies will collaborate and work to ensure safety of consumers and to provide timely follow up care within seven days of discharge.

PI #10a Child – Inpatient Recidivism

Root cause analysis revealed that three individuals were readmitted to a psychiatric inpatient unit within 30 days of their discharge due to various reasons including, readmission prior to being seen by CMH staff, not being seen due to consumer missing, cancelling, or rescheduling their follow up appointment, or being readmitted due to needing crisis level services.

The following plan was submitted by St. Clair CMH: CMH intake unit staff, Hospital Liaison staff, Adult/Family Services Supervisor, DHS staff, and related agencies will collaborate and work to ensure safety of consumers and to provide timely follow up care to prevent hospital readmissions.

Region 10 SUD System –

PI #4b – Follow-up service within seven days of discharge

Further review revealed seven individuals were not seen for follow-up care within seven days of discharge from a detox unit. Outreach to three SUD Providers missing the follow-up care standard will occur via the PIHP's Provider Network Management department.

The SUD Providers not meeting the set performance standard are expected to submit root cause analyses and plans of correction. To address systemic issues, the PIHP will review SUD Provider discharge processes, root cause analyses, and plans of correction. Because the set standard benchmark was not achieved for the region, investigation and discussion will occur among PIHP Quality Management, Data Management, Clinical, and Provider Network Management department staff.

Additional oversight and follow up regarding corrective action items will occur through the contract monitoring process.

Root Cause Analyses / Plans of Improvement

Genesee Health System (GHS) –

PI #2a – Assessment within 14 days of request

Root cause analysis revealed that individuals did not receive an assessment within 14 days mostly due to individuals cancelling or not showing to their appointments or individuals rescheduling their appointments to a date outside of the 14-day window.

The following plan was submitted by GHS: GHS will continue to implement and revise their FY2021 plan. GHS is committed to increasing options for home or community visits, offering phone or videoconferencing, increasing ability to offer same-day services, and utilizing Navigators or Care Specialists from Access to support individuals between Access and Intake. In the third quarter, GHS filled several new intake positions to allow for more walk-in appointments, improve time to first services, and work to decrease no-shows and cancellations. Lastly, in October 2022, the intake department switched from appointments to walk-ins to make intakes more flexible and increase compliance with Biopsychosocial assessments.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed that seven individuals did not receive a service within 14 days of their assessment due to individuals not showing for their appointments, individuals cancelling appointments, individuals rescheduling appointments outside of the 14-day window, or individuals declining services.

The following plan was submitted by GHS: GHS will provide linking and/or coordinating for immediate needs. To address barriers and meet individuals' preferences, GHS will also make consumers, parents, and guardians aware of other service options including via phone, videoconferencing, home-based services, and services in the community.

Lapeer CMH –

PI #2a – Assessment within 14 days of request

Root cause analysis revealed that individuals did not receive an assessment within 14 days due to individuals not showing for their appointments, individuals cancelling appointments, or individuals rescheduling appointments outside of the 14-day window.

The following plan was submitted by Lapeer CMH: Staff will continue to attempt outreach by phone, letter, or adverse benefit determination to attempt timely rescheduled appointment dates.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed that individuals did not receive a service within 14 days of their assessment due to individuals not showing for their appointments, individuals cancelling appointments, or individuals rescheduling appointments outside of the 14-day window. Additionally, limited staffing led to the unavailability of timely appointments for individuals.

The following plan was submitted by Lapeer CMH: Staff will continue to attempt outreach via phone, letter, and adverse benefit determinations for prompt rescheduling of appointments. Additionally, intake clinicians will notify their supervisor if there are no available appointments on the department's Individual Plan of Service (IPOS) calendar within 14 days and will continue to provide IPOS appointment date and time prior to leaving their initial intake appointment.

Sanilac CMH –

PI #2a – Assessment within 14 days of request

Root cause analysis revealed individuals did not receive an assessment within 14 days mostly due to individuals not showing for their appointments or individuals cancelling and rescheduling their appointments to a date outside of the 14-day window.

The following plan was submitted by Sanilac CMH: Individuals receive a reminder text message or phone call the day before their scheduled appointment. Sanilac CMH staff attempt to reschedule missed or cancelled appointments within 14 days of the original request.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed individuals did not receive a service within 14 days of their assessment due to individuals not showing for their appointments or individuals cancelling and rescheduling their appointments to a later date. Additionally, two appointments were rescheduled by staff.

The following plan was submitted by Sanilac CMH: Appointments are confirmed one day in advance via text or phone call. Individuals receive appointment cards which include appointment date and time, crisis line contact information, and contact information for the primary worker that their appointment is scheduled with. Clinicians stress the importance of keeping appointments. Additionally, clinical staff at Sanilac County CMH fill in for staff absences as often as possible.

St. Clair CMH –

PI #2a – Assessment within 14 days of request

Root cause analysis revealed individuals did not receive an assessment within 14 days for various reasons including unsuccessful outreaches to engage individuals in services, refusal of CMH services, not showing for scheduled appointments, or canceling or rescheduling appointments. Additional barriers were noted such as transportation, scheduling conflicts, and inaccurate contact information provided by the individuals.

The following plan was submitted by St. Clair CMH: St. Clair CMH will offer the appropriate level of service available. The CMH Program Director will review cases to ensure intake staff and/or screening staff collect accurate contact information necessary to engage individuals in scheduling service. Different levels of outreach will be assessed and provided as medically necessary.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed individuals did not receive a service within 14 days of their assessment for various reasons including unsuccessful outreaches to engage individuals in services, refusal of CMH services, not showing for scheduled appointments, or canceling or rescheduling appointments. Additional barriers were noted such as homelessness, transportation, scheduling conflicts, and inaccurate contact information being provided by consumers.

The following plan was submitted by St. Clair CMH: St. Clair CMH will offer the appropriate level of service available. The CMH Program Director will review cases to ensure Program Supervisors and staff collect accurate contact information necessary to engage individuals in scheduling service, as well as addressing the importance of following through with the recommended level of care that is offered. Additionally, the Electronic Health Record programming

issue that was generating zero days between Biopsychosocial and follow up due to T1040 code has been addressed and should not be an issue in future reports.

Region 10 SUD System –

PI #2b – First service within 14 days of request

There were 694 individuals not seen for their first service within 14 days of the original request. Outreach to 13 SUD Providers will occur via the PIHP's Provider Network Management department.

The SUD Providers with one or more cases out of compliance are expected to submit root cause analyses and plans of improvement. SUD Providers will analyze reasons for noncompliance for PI #2b then submit a plan to the PIHP to report on the evaluated and prioritized reasons for noncompliant events. The plan shall indicate how the Provider will improve individuals' access to care and services.

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