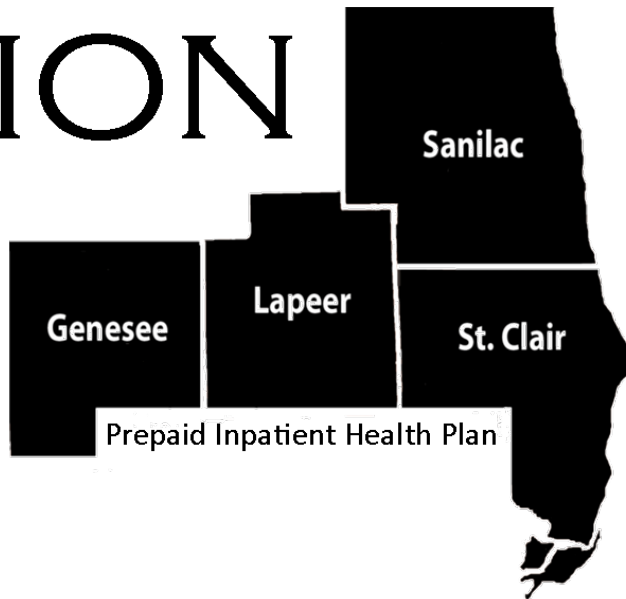


REGION

10



Michigan Mission-Based Performance Indicator System
JANUARY – MARCH
FY 2021 – 2ND QUARTER

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2021 –2nd Quarter Summary Report

(January 1, 2021 – March 31, 2021)

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 second quarter of fiscal year 2021 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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	99.52%	100%	99.63%	99.21%	100%	99.45%	99.62%	99.59%	100%	100%	100%	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%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	99.69% N=326	100% N=223	99.75% N=400	99.48% N=383	100% N=402	99.63% N=272	99.73% N = 370	99.71% N = 347	100% N = 174	100% N = 258	100% N = 344	100% N = 346

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	99.76%	99.87%	99.49%	99.87%	99.75%	99.87%	100%	100%	99.86%	99.69%	99.56%
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%	99.51%	100%	100%	100%
PIHP Totals	100% N=1206	99.83% N=1186	99.91% N=1165	99.65% N=1144	99.91% N=1097	99.83% N=1195	99.91% N = 1136	100% N = 1126	99.89% N = 930	99.91% N = 1104	99.81% N = 1027	99.71% N = 1036

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	99.58%	99.44%	100%	99.70%	99.71%	100%	100%	97.91%	73.88%	71.70%	72.79%	63.65%
Lapeer CMH	99.35%	98.66%	98.18%	97.54%	100%	100%	99.34%	99.35%	66.10%	70.00%	66.88%	77.72%
Sanilac CMH	100%	100%	100%	100%	100%	100%	97.96%	100%	79.41%	80.00%	77.23%	80.15%
St. Clair CMH	99.64%	100%	100%	100%	99.34%	100%	100%	100%	86.13%	75.69%	79.77%	80.86%
Region 10 PIHP SUD	98.79%	99.68%	98.59%	97.46%	98.40%	98.19%	98.72%	99.09%	N/A	N/A	N/A	N/A
PIHP Totals	99.23% N=1813	99.61% N=1773	99.20% N=1743	98.51% N=1679	98.99% N=1784	99.03% N=1856	99.18% N = 1838	99.04% N =1771	76.54% N = 891	73.41% N = 1335	74.79% N = 1297	72.43% N =1411

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	98.49%	98.97%	100%	98.51%	100%	100%	100%	97.98%	77.68%	68.91%	74.82%	60.00%
Lapeer CMH	100%	100%	100%	100%	100%	100%	97.92%	100%	76.19%	91.67%	80.49%	89.80%
Sanilac CMH	100%	100%	100%	100%	100%	100%	96.43%	100%	100%	82.86%	94.44%	82.22%
St. Clair CMH	98.67%	100%	100%	100%	98.26%	100%	100%	100%	93.44%	79.61%	80.65%	76.81%
PIHP Totals	98.92% N=279	99.59% N=243	100% N=291	99.48% N=193	99.15% N=236	100% N=192	99.25% N = 268	99.22% N = 258	83.96% N = 212	77.70% N = 305	79.71% N = 340	72.68% N = 377

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	98.39%	70.63%	69.62%	70.56%	63.09%
Lapeer CMH	100%	100%	98.41%	97.40%	100%	100%	100%	98.81%	61.63%	59.05%	60.75%	71.54%
Sanilac CMH	100%	100%	100%	100%	100%	100%	98.11%	100%	69.05%	75.71%	65.00%	78.26%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	82.50%	71.37%	77.39%	82.11%
PIHP Totals	100% N=536	100% N=443	99.78% N=455	99.60% N=500	100% N=424	100% N=485	99.79% N = 469	99.18% N = 487	72.42% N = 591	69.28% N = 804	71.07% N = 788	71.54% N =801

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	98.31%	100%	100%	98.73%	100%	100%	97.18%	89.74%	80.00%	78.95%	69.37%
Lapeer CMH	100%	100%	87.50% (7/8)	100%	100%	100%	100%	100%	100%	71.43%	83.33%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	90.00%	100%	75.00%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	88.89%	90.70%	86.67%	82.86%
PIHP Totals	100% N=111	98.91% N=92	99.04% N=104	100% N=107	99.24% N=131	100% N=126	100% N = 103	97.85% N = 93	91.07% N = 56	82.63% N = 167	81.90% N = 116	73.78% N =164

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	96.30%	69.23%	86.36%	75.00%	66.67%
Lapeer CMH	90.00% (9/10)	66.67% (4/6)	100%	90.00% (9/10)	100%	100%	100%	100%	71.43%	76.92%	66.67%	83.33%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	75.00%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	73.68%	92.00%	88.00%
PIHP Totals	98.39% N=62	96.15% N=52	100% N=43	98.04% N=51	100% N=54	100% N=57	100% N = 57	98.08% N = 52	78.13% N = 32	81.36% N = 59	83.02% N = 53	78.26% N = 69

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Region 10 PIHP SUD	98.79%	99.68%	98.59%	97.46%	98.40%	98.19%	98.72%	99.09%	67.09%	70.42%	67.49%	68.76%
PIHP Totals	98.79% N=825	99.68% N=943	98.59% N=850	97.46% N=828	98.40% N=939	98.19% N=996	98.72% N = 941	99.09% N = 881	67.09% N=1565	70.42% N=2049	67.49% N= 2073 (PIHP Est.)	68.76% N= 1866 (PIHP Est.)

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	100%	99.49%	99.34%	99.36%	99.59%
Lapeer CMH	100%	99.01%	95.16%	97.47%	100%	100%	96.94%	97.14%	87.50%	84.09%	73.73%	81.29%
Sanilac CMH	96.77%	98.31%	100%	95.24%	100%	97.50%	98.77%	100%	81.40%	75.56%	79.52%	78.05%
St. Clair CMH	95.95%	95.15%	98.98%	98.67%	97.54%	98.58%	98.33%	98.35%	85.10%	78.78%	82.44%	84.33%
Region 10 PIHP SUD	99.80%	98.56%	98.20%	98.67%	98.61%	96.90%	97.84%	96.87%	N/A	N/A	N/A	N/A
PIHP Totals	99.30% N=1436	98.68% N=1663	98.85% N=1650	97.53% N=1662	99.00% N=1803	98.08% N=1772	98.51% N = 1808	98.14% N = 1723	92.93% N = 735	88.63% N = 985	88.92% N = 1020	90.45% N =1058

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.85%	99.07%	100%
Lapeer CMH	100%	100%	94.12% (16/17)	95.24%	100%	100%	100%	100%	89.47%	94.12%	80.56%	92.11%
Sanilac CMH	95.24%	100%	100%	76.92% (10/13)	100%	100%	94.44% (17/18)	100%	80.00%	75.86%	73.33%	65.52%
St. Clair CMH	95.83%	97.83%	100%	97.96%	95.56%	98.08%	96.25%	100%	88.00%	86.90%	87.88%	83.67%
PIHP Totals	98.80% N=249	99.55% N=224	99.58% N=239	97.44% N=195	98.39% N=248	99.44% N=180	98.40% N = 250	100% N = 240	94.19% N = 172	90.83% N = 240	89.71% N = 272	89.18% N =268

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	100%	99.19%	99.63%	99.63%	99.63%
Lapeer CMH	100%	98.36%	97.14%	100%	100%	100%	95.00%	96.36%	86.89%	76.62%	70.00%	76.67%
Sanilac CMH	97.06%	100%	100%	100%	100%	98.18%	100%	100%	81.48%	75.00%	82.61%	82.93%
St. Clair CMH	94.32% (83/88)	94.19% (81/86)	98.06%	99.29%	97.96%	99.33%	99.12%	98.05%	82.39%	72.47%	78.79%	83.25%
PIHP Totals	98.81% N=505	98.66% N=448	99.37% N=476	99.80% N=505	99.58% N=476	99.36% N=469	99.20% N = 503	99.05% N = 525	91.61% N = 477	86.06% N = 574	87.61% N = 581	89.53% N =602

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.86%
Lapeer CMH	100%	100%	83.33% (5/6)	100%	100%	100%	100%	100%	100%	100%	88.89%	100%
Sanilac CMH	100%	50.00% (1/2)	100%	100%	100%	100%	100%	100%	75.00%	62.50%	83.33%	100%
St. Clair CMH	100%	90.00% (18/20)	100%	95.65%	100%	100%	100%	92.86% (13/14)	100%	86.11%	84.38%	82.14%
PIHP Totals	100% N=109	97.09% N=103	99.08% N=109	99.23% N=130	100% N=157	100% N=135	100% N = 117	99.07% N = 107	98.18% N = 55	93.65% N = 126	94.12% N = 119	95.35% N =129

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.00%	100%
Lapeer CMH	100%	100%	100%	87.50% (7/8)	100%	100%	100%	88.89% (8/9)	80.00%	90.00%	33.33%	66.67%
Sanilac CMH	100%	100%	100%	100%	100%	50.00% (1/2)	100%	100%	100%	100%	100%	75.00%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	92.31%	87.50%	100%
PIHP Totals	100% N=64	100% N=54	100% N=48	98.25% N=57	100% N=59	98.11% N=53	100% N = 58	98.08% N = 52	96.77% N = 31	95.56% N = 45	87.50% N = 48	94.92% N = 59

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	1Q FY21	2Q FY21
Genesee Health System	100%	100%	100%	96.61%	100%	95.56%	95.65%	100%	97.30%	100%	100%	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%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	81.25% (13/16)	95.65%	95.65%	100%
PIHP Totals	100% N=62	100% N=91	100% N=99	97.89% N=95	100% N=60	97.53% N = 81	97.37% N = 76	100% N = 53	93.65% N = 63	98.88% N = 89	98.88% N = 89	100% N =76

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	97.21%	98.28%	97.34%	99.21%	99.60%	98.41%	96.27%	94.76% (235/248)	97.88%	96.77%	99.59%	97.18%
Lapeer CMH	100%	100%	88.24% (30/34)	100%	100%	100%	100%	100%	100%	79.17% (19/24)	90.91% (20/22)	100%
Sanilac CMH	100%	100%	100%	94.44% (17/18)	94.12% (16/17)	100%	100%	100%	91.67% (11/12)	100%	93.33% (14/15)	100%
St. Clair CMH	100%	100%	98.36%	98.63%	100%	94.52% (69/73)	96.23%	95.24%	96.43%	97.06%	97.53%	96.15%
PIHP Totals	98.09% N=367	98.80% N=332	96.73% N=367	98.90% N=365	99.42% N=342	97.71% N=350	96.67% N = 360	95.42% N = 349	97.54% N = 284	95.90% N = 390	98.33% N = 360	97.29% N =332

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Region 10 PIHP SUD	100%	100%	100%	100%	96.43%	98.88%	93.68% (89/95)	92.13% (82/89)	100%	86.96% (40/46)	95.12%	87.76% (43/49)
PIHP Totals	100% N=22	100% N=29	100% N=39	100% N=48	96.43% N=112	98.88% N=89	93.68% N = 95	92.13% N = 89	100% N = 20	86.96% N = 46	95.12% N = 41	87.76% N = 49

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Total Medicaid Beneficiaries Served	14,539	14,543	14,593	14,560	14,873	14,738	15,002	15,075	13,945	14,984	15,178	Not rec'd from MDHHS
Number of Area Medicaid Recipients	202,212	200,843	198,973	199,186	200,287	198,949	203,378	206,462	208,330	213,800	219,968	Not rec'd from MDHHS
PIHP Totals	7.19%	7.24%	7.33%	7.31%	7.43%	7.41%	7.38%	7.30%	6.69%	7.01%	6.90%	

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	642	637	631	629	632	635	637	642	628	627	635	Not rec'd from MDHHS
Total Number of HSW Enrollees	646	650	642	637	648	646	645	653	648	639	643	Not rec'd from MDHHS
PIHP Totals	99.38%	98.00%	98.29%	98.74%	97.53%	98.30%	98.76%	98.32%	96.91%	98.12%	95.98%	

Performance Indicator 8

Indicator 8.a. The percent of adults with mental illness served by the CMHSPs and PIHPs that are employed competitively. This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	4907	405	8.25%
Lapeer CMH	799	181	22.65%
Sanilac CMH	672	116	17.26%
St. Clair CMH	1928	379	19.66%
PIHP Totals	8306	1081	13.01%

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 Region 10 PIHP. This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	792	22	2.78%
Lapeer CMH	189	14	7.41%
Sanilac CMH	73	2	2.74%
St. Clair CMH	424	48	11.32%
PIHP Totals	1478	86	5.82%

Indicator 8.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	488	21	4.30%
Lapeer CMH	118	17	14.41%
Sanilac CMH	145	10	6.90%
St. Clair CMH	271	24	8.86%
PIHP Totals	1022	72	7.05%

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). This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	423	405	95.74%
Lapeer CMH	197	188	95.43%
Sanilac CMH	118	116	98.31%
St. Clair CMH	384	379	98.70%
PIHP Totals	1122	1088	96.97%

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). This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	93	24	25.81%
Lapeer CMH	38	29	76.32%
Sanilac CMH	8	3	37.50%
St. Clair CMH	75	54	72.00%
PIHP Totals	214	110	51.40%

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). This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	54	22	40.74%
Lapeer CMH	28	24	85.71%
Sanilac CMH	14	11	78.57%
St. Clair CMH	32	26	81.25%
PIHP Totals	128	83	64.84%

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY 19	4Q FY 19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	17.97% (16/89)	11.94%	16.33% (16/98)	10.00%	12.90%	8.06%	10.84%	9.21%	4.65%	8.62%	13.10%	4.55%
Lapeer CMH	9.00%	12.50%	14.29%	15.38% (2/13)	0%	0%	0%	0%	21.43% (3/14)	11.11%	0%	0%
Sanilac CMH	25.00% (2/8)	20.00% (1/5)	14.29%	0%	0%	25.00% (1/4)	0%	0%	0%	33.33% (1/3)	0%	25.00% (1/4)
St. Clair CMH	4.16%	0%	11.11%	20.83% (5/24)	8.82%	6.25%	4.00%	4.76%	9.09%	18.18% (4/22)	11.54%	21.05% (4/19)
PIHP Totals	15.15% N=132	10.10% N=99	15.11% N=139	11.85% N=135	11.03% N=136	8.05% N=87	7.69% N = 130	7.21% N = 111	8.45% N = 71	11.96% N = 92	11.67% N = 120	8.08% N = 99

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)											
	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY 19	4Q FY 19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21
Genesee Health System	17.62% (77/437)	11.32%	8.71%	10.87%	11.90%	12.58%	13.71%	11.60%	18.75% (69/368)	14.79%	11.03%	13.67%
Lapeer CMH	12.00%	10.20%	8.70%	5.56%	3.23%	3.57%	11.11%	12.50%	7.14%	5.56%	5.56%	3.03%
Sanilac CMH	9.09%	15.79% (3/19)	0%	8.33%	12.50%	6.25%	10.00%	13.04%	26.67% (4/15)	5.00%	4.76%	8.00%
St. Clair CMH	10.00%	6.67%	14.68%	13.73%	7.59%	14.02%	18.82% (16/85)	11.30%	7.32%	19.23% (25/130)	13.51%	14.41%
PIHP Totals	15.51% N=619	10.66% N=591	9.58% N=626	10.94% N=631	10.91% N=596	12.26% N=636	14.15% N = 615	11.66% N = 609	16.17% N = 507	14.87% N = 612	10.94% N = 585	12.94% N =564

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 FY2020 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	2	0	48	8	4	0	11	9
Lapeer CMH	1	0	6	2	0	0	0	0
Sanilac CMH	2	1	8	5	1	1	0	0
St. Clair CMH	1	0	15	6	0	0	0	0
PIHP Totals	6	1	77	21	5	1	11	9

Performance Indicator 13

Indicator 13. The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). This represents the total for FY2020. (BH TEDS data - Report date 12/21/2020)

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
Genesee Health System	809	54	6.67%
Lapeer CMH	197	32	16.24%
Sanilac CMH	79	18	22.78%
St. Clair CMH	430	186	43.26%
PIHP Totals	1515	290	19.14%

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). This represents the total for FY2020. (BH TEDS data - Report date 12/21/2020)

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Genesee Health System	4933	2189	44.37%
Lapeer CMH	803	479	59.65%
Sanilac CMH	679	493	72.61%
St. Clair CMH	1958	1276	65.17%
PIHP Totals	8373	4437	52.99%

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.

At the PIHP level, all performance standards were met except for #4b.

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 first year of implementation. The total CMH compliance rates ranged from 63.65% - 80.86%.

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 first year of implementation. The SUD network had an estimated compliance rate of 68.76%. A significant change in the methodology that went into effect the third quarter of fiscal year 2020 is the inclusion of requests that have not resulted in admission within 60 days, or expired requests. This inclusion resulted in an 18.8 percent point decrease in compliance when compared to the percent of admissions within 14 days.

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 first year of implementation. The total CMH compliance rates ranged from 78.05% - 99.59%.

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%.** The SUD system did not meet the standard for the SUD population with 87.76%.

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.** Sanilac CMH did not meet the standard for the population breakout of children with 25.00%. St. Clair CMH did not meet the standard for the population breakout of children with 21.05%.

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. Sanilac CMH and St. Clair CMH submitted root cause analyses and corrective action plans for the indicator not met.

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.

Root Cause Analyses / Corrective Action Plans

Sanilac CMH –

PI #10a Child – Inpatient Recidivism

Root cause analysis revealed that one individual had suicidal ideation upon discharging from the hospital. The child was taken to the emergency department and was readmitted to a hospital shortly thereafter for psychiatric inpatient care.

The following plan was submitted by Sanilac CMH: There are discharge interventions and processes in place to ensure individuals are set up with services and provided resources following discharge from a psychiatric inpatient unit. Additionally, a committee reviews all recidivism cases to ensure that appropriate levels of care and service are put into place to reduce the number of inpatient psychiatric readmissions. The readmission case was reviewed by the committee and was deemed that the readmission was critical and essential.

St. Clair CMH –

PI #10a Child – Inpatient Recidivism

Root cause analysis revealed that two individuals received treatment since discharging from the hospital but were readmitted due to exhibiting behaviors that were threatening to themselves or others. Another individual exhibited assaultive behavior immediately upon returning home after discharging from the hospital. A fourth individual voiced suicidal ideation.

The following plan was submitted by St. Clair CMH: CMH will coordinate with the hospital to ensure individuals are not discharged before their behavior has been stabilized. The CMH Program Director will review treatment plans to ensure CMH staff evaluate clients to provide the level of care necessary to minimize readmissions. When a facility chooses to release an at-risk child prior to achieving successful discharge criteria, CMH will advocate for transfer to another location.

Region 10 SUD System –

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

Further review revealed six 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.