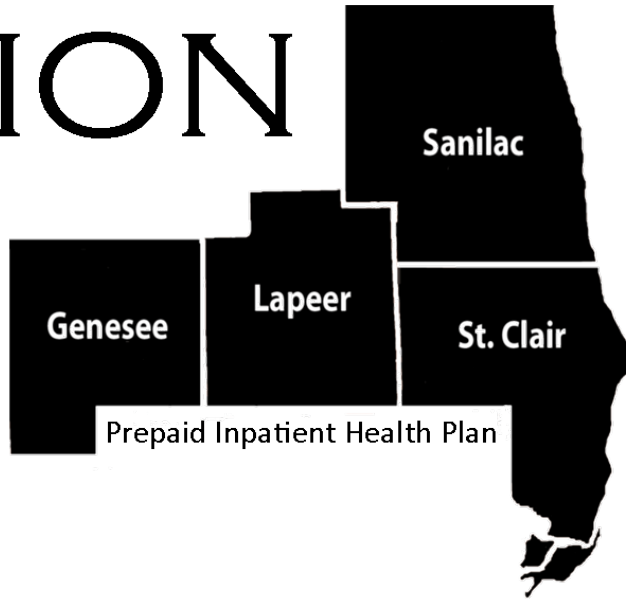


REGION

10



Michigan Mission-Based Performance Indicator System
JANUARY – MARCH
FY 2022 – 2ND QUARTER

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2022 – 2nd Quarter Summary Report

(January 1, 2022 – March 31, 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 second 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)											
	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	99.45%	99.62%	99.59%	100%	100%	100%	100%	100%	99.39%	100%	99.50%
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	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	100% N = 342	99.64% N = 279	100% N = 335	99.73% N=377

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	99.87%	99.75%	99.87%	100%	100%	99.86%	99.69%	99.56%	99.85%	99.69%	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%	99.51%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	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	99.91% N = 1080	99.81% N = 1029	100% N = 758	100% N=853

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	99.71%	100%	100%	97.91%	73.88%	71.70%	72.79%	63.65%	59.19%	62.94%	61.41%	51.46%
Lapeer CMH	100%	100%	99.34%	99.35%	66.10%	70.00%	66.88%	77.72%	66.16%	50.50%	40.41%	63.14%
Sanilac CMH	100%	100%	97.96%	100%	79.41%	80.00%	77.23%	80.15%	69.47%	73.98%	68.91%	75.89%
St. Clair CMH	99.34%	100%	100%	100%	86.13%	75.69%	79.77%	80.86%	79.90%	68.40%	58.94%	52.45%
Region 10 PIHP SUD	98.40%	98.19%	98.72%	99.09%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PIHP Totals	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	67.50% N = 1326	63.98% N = 1613	58.64% N = 1644	54.88% N=2008

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	100%	100%	97.98%	77.68%	68.91%	74.82%	60.00%	58.44%	65.06%	60.68%	47.95%
Lapeer CMH	100%	100%	97.92%	100%	76.19%	91.67%	80.49%	89.80%	89.47%	74.36%	64.18%	46.99%
Sanilac CMH	100%	100%	96.43%	100%	100%	82.86%	94.44%	82.22%	70.00%	78.38%	80.95%	83.87%
St. Clair CMH	98.26%	100%	100%	100%	93.44%	79.61%	80.65%	76.81%	83.18%	70.00%	72.57%	62.38%
PIHP Totals	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	72.13% N = 348	69.11% N = 382	66.80% N = 518	56.97% N=574

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	100%	100%	98.39%	70.63%	69.62%	70.56%	63.09%	56.46%	56.67%	58.62%	47.84%
Lapeer CMH	100%	100%	100%	98.81%	61.63%	59.05%	60.75%	71.54%	54.70%	41.04%	26.13%	74.42%
Sanilac CMH	100%	100%	98.11%	100%	69.05%	75.71%	65.00%	78.26%	69.81%	75.00%	59.38%	66.15%
St. Clair CMH	100%	100%	100%	100%	82.50%	71.37%	77.39%	82.11%	78.54%	64.29%	51.24%	46.94%
PIHP Totals	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	64.66% N = 764	58.34% N = 941	51.83% N = 874	51.73% N=1096

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	98.73%	100%	100%	97.18%	89.74%	80.00%	78.95%	69.37%	66.36%	73.94%	68.61%	65.64%
Lapeer CMH	100%	100%	100%	100%	100%	71.43%	83.33%	100%	92.31%	78.57%	100%	38.46%
Sanilac CMH	100%	100%	100%	100%	100%	90.00%	100%	75.00%	70.00%	62.50%	77.78%	85.71%
St. Clair CMH	100%	100%	100%	100%	88.89%	90.70%	86.67%	82.86%	71.88%	80.00%	58.70%	59.09%
PIHP Totals	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	69.70% N = 165	75.00% N = 204	67.68% N = 198	63.71% N=259

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	100%	100%	96.30%	69.23%	86.36%	75.00%	66.67%	72.22%	85.29%	73.68%	47.06%
Lapeer CMH	100%	100%	100%	100%	71.43%	76.92%	66.67%	83.33%	36.36%	46.67%	0%	81.82%
Sanilac CMH	100%	100%	100%	100%	75.00%	100%	100%	100%	50.00%	50.00%	75.00%	85.71%
St. Clair CMH	100%	100%	100%	100%	100%	73.68%	92.00%	88.00%	94.44%	87.10%	63.64%	44.44%
PIHP Totals	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	71.43% N = 49	76.74% N = 86	57.41% N = 54	54.43% N=79

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Region 10 PIHP SUD	98.40%	98.19%	98.72%	99.09%	67.09%	70.42%	67.49%	68.74%	69.09%	68.48%	66.52%	66.87% (R10 Est.)
PIHP Totals	98.40% N = 939	98.19% N = 996	98.72% N = 941	99.09% N = 881	67.09% N = 1565	70.42% N = 2049	67.41% N = 2068	68.74% N = 1865	69.09% N = 1983	68.48% N = 2132	66.52% N = 2004	66.87% N=2107 (R10 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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	100%	100%	100%	99.49%	99.34%	99.36%	99.59%	99.57%	98.91%	99.83%	99.84%
Lapeer CMH	100%	100%	96.94%	97.14%	87.50%	84.09%	73.73%	81.29%	75.89%	56.92%	48.78%	50.94%
Sanilac CMH	100%	97.50%	98.77%	100%	81.40%	75.56%	79.52%	78.05%	76.56%	81.25%	79.73%	76.54%
St. Clair CMH	97.54%	98.58%	98.33%	98.35%	85.10%	78.78%	82.44%	84.33%	82.04%	79.79%	93.41%	76.75%
Region 10 PIHP SUD	98.61%	96.90%	97.84%	96.87%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PIHP Totals	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	88.98% N = 1007	86.45% N = 1144	91.25% N = 1211	84.79% N=1341

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	100%	100%	100%	100%	97.85%	99.07%	100%	99.16%	98.43%	99.49%	100%
Lapeer CMH	100%	100%	100%	100%	89.47%	94.12%	80.56%	92.11%	80.00%	73.33%	77.14%	81.40%
Sanilac CMH	100%	100%	94.44% (17/18)	100%	80.00%	75.86%	73.33%	65.52%	77.27%	90.48%	90.00%	78.57%
St. Clair CMH	95.56%	98.08%	96.25%	100%	88.00%	86.90%	87.88%	83.67%	84.88%	88.78%	94.87%	80.77%
PIHP Totals	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	89.89% N = 267	91.67% N = 276	95.19% N = 416	88.27% N=375

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	100%	100%	100%	99.19%	99.63%	99.63%	99.63%	100%	99.64%	100%	99.67%
Lapeer CMH	100%	100%	95.00%	96.36%	86.89%	76.62%	70.00%	76.67%	71.25%	48.72%	36.11%	36.89%
Sanilac CMH	100%	98.18%	100%	100%	81.48%	75.00%	82.61%	82.93%	81.25%	78.00%	71.88%	75.56%
St. Clair CMH	97.96%	99.33%	99.12%	98.05%	82.39%	72.47%	78.79%	83.25%	81.91%	75.77%	94.61%	72.15%
PIHP Totals	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	87.90% N = 537	83.07% N = 632	88.60% N = 579	79.25% N=689

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	98.86%	99.02%	97.41%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	88.89%	100%	84.62%	75.00%	66.67%	100%
Sanilac CMH	100%	100%	100%	100%	75.00%	62.50%	83.33%	100%	55.56%	80.00%	62.50%	75.00%
St. Clair CMH	100%	100%	100%	92.86% (13/14)	100%	86.11%	84.38%	82.14%	75.00%	69.70%	79.41%	84.62%
PIHP Totals	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	90.38% N = 156	89.76% N = 166	92.73% N = 165	96.79% N=218

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	100%	100%	100%	100%	100%	100%	95.00%	100%	100%	100%	100%	100%
Lapeer CMH	100%	100%	100%	88.89% (8/9)	80.00%	90.00%	33.33%	66.67%	87.50%	50.00%	30.00%	37.50%
Sanilac CMH	100%	50.00% (1/2)	100%	100%	100%	100%	100%	75.00%	100%	75.00%	100%	75.00%
St. Clair CMH	100%	100%	100%	100%	100%	92.31%	87.50%	100%	82.35%	92.86%	93.75%	83.33%
PIHP Totals	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	91.49% N = 47	88.57% N = 70	84.31% N = 51	83.05% 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)											
	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	96.61%	100%	95.56%	95.65%	100%	97.30%	100%	100%	97.06%	100%	95.24%	95.00%
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%	81.25% (13/16)	95.65%	100%	100%	94.12% (16/17)	94.12% (16/17)	100%
PIHP Totals	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	100% N = 76	98.70% N = 77	98.39% N = 62	95.77% N = 71	97.30% N=74

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	99.60%	98.41%	96.27%	94.76% (235/248)	97.88%	96.77%	99.59%	97.18%	96.10%	98.51%	98.54%	97.90%
Lapeer CMH	100%	100%	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%
Sanilac CMH	94.12% (16/17)	100%	100%	100%	91.67% (11/12)	100%	93.33% (14/15)	100%	100%	100%	88.89% (8/9)	100%
St. Clair CMH	100%	94.52% (69/73)	96.23%	95.24%	96.43%	97.06%	97.53%	96.15%	97.22%	99.00%	96.88%	90.67% (68/75)
PIHP Totals	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	95.75% N = 353	96.69% N = 332	92.65% N = 245	95.67% N=254

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Region 10 PIHP SUD	96.43%	98.88%	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)
PIHP Totals	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	74.16% N = 89	95.31% N = 64	91.49% N = 47	85.71% N=70

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Total Medicaid Beneficiaries Served	14,873	14,738	15,002	15,075	13,945	14,984	15,178	15,703	15,735	15,808	15,649	Not rec'd from MDHHS
Number of Area Medicaid Recipients	200,287	198,949	203,378	206,462	208,330	213,800	219,968	224,811	227,887	231,717	235,056	Not rec'd from MDHHS
PIHP Totals	7.43%	7.41%	7.38%	7.30%	6.69%	7.01%	6.90%	6.98%	6.90%	6.82%	6.66%	

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 FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	632	635	637	642	628	627	635	634	610	603	566	Not rec'd from MDHHS
Total Number of HSW Enrollees	648	646	645	653	648	639	643	654	620	633	625	Not rec'd from MDHHS
PIHP Totals	97.53%	98.30%	98.76%	98.32%	96.91%	98.12%	95.98%	96.94%	98.39%	95.26%	90.56%	

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)											
	3Q FY 19	4Q FY 19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	12.90%	8.06%	10.84%	9.21%	4.65%	8.62%	13.10%	4.55%	4.35%	4.08%	13.11%	1.92%
Lapeer CMH	0%	0%	0%	0%	21.43% (3/14)	11.11%	0%	0%	10.00%	12.50%	0%	0%
Sanilac CMH	0%	25.00% (1/4)	0%	0%	0%	33.33% (1/3)	0%	25.00% (1/4)	25.00% (1/4)	14.29%	14.29%	23.08% (3/13)
St. Clair CMH	8.82%	6.25%	4.00%	4.76%	9.09%	18.18% (4/22)	11.54%	21.05% (4/19)	12.90%	8.70%	5.26%	5.88%
PIHP Totals	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	8.79% N = 91	6.90% N = 87	10.53% N = 95	5.26% N=95

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 19	4Q FY 19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22
Genesee Health System	11.90%	12.58%	13.71%	11.60%	18.75% (69/368)	14.79%	11.03%	13.67%	11.55%	10.58%	8.30%	9.51%
Lapeer CMH	3.23%	3.57%	11.11%	12.50%	7.14%	5.56%	5.56%	3.03%	16.67% (7/42)	8.82%	17.65% (9/51)	6.25%
Sanilac CMH	12.50%	6.25%	10.00%	13.04%	26.67% (4/15)	5.00%	4.76%	8.00%	8.33%	8.33%	0%	13.33%
St. Clair CMH	7.59%	14.02%	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)
PIHP Totals	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	12.44% N = 579	11.45% N = 585	9.86% N = 416	11.46% N=419

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 FY2021 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	22	2	3	1	10	5
Lapeer CMH	1	1	2	2	0	0	0	0
Sanilac CMH	1	1	16	6	1	1	4	3
St. Clair CMH	0	0	21	6	0	0	3	1
PIHP Totals	3	2	61	16	4	2	17	9

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 51.46% - 75.89%.

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 66.87%.

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 50.94% - 99.84%.

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%.** St. Clair CMH did not meet the standard for the population breakout of adults with 90.67%. The SUD system did not meet the standard for the SUD population with 85.71%

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 23.08%. St. Clair CMH did not meet the standard for the population breakout of adults with 17.43%.

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 indicators 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.

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

Sanilac CMH –

PI #10a Child – Inpatient Recidivism

Root cause analysis revealed that three children were readmitted to a psychiatric inpatient unit within 30 days of their discharge due to possible self-harm and thoughts of suicide.

The following plan was submitted by Sanilac CMH: Readmission cases that cannot be managed in an outpatient setting include suicide attempts. These three readmissions were needed due to the severity of symptoms and behaviors of the three children. Sanilac CMH will continue their current process in effect.

St. Clair CMH –

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

Root cause analysis revealed that seven 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 Adult – Inpatient Recidivism

Root cause analysis revealed that nineteen individuals were readmitted to a psychiatric inpatient unit within 30 days of their discharge due to needing crisis level services or being readmitted prior to being seen by CMH staff for follow up care.

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 ten 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 not showing for their appointments or individuals cancelling and rescheduling their appointments to a later date.

The following plan was submitted by GHS: Due to lack of time to fully implement and evaluate the effectiveness of FY2021 fourth quarter plan, we will continue with this plan in FY2022 second quarter. To eliminate barriers to care and to meet the needs of individuals, GHS will increase options for home and community visits, offer phone or videoconferencing services, increase ability to provide same-day services, and will utilize Navigators or Care Specialists to support individuals between Access and Intake.

Lapeer CMH –

PI #2a – Assessment within 14 days of request

Root cause analysis revealed that limited staffing led to unavailability of timely appointments for individuals.

The following plan was submitted by Lapeer CMH: Additional Intake staff were hired during the second quarter. Also, staff kept a list of consumers that were scheduled with an intake appointment outside of fourteen days of request, and when a cancellation occurred, support staff reached out to offer the earlier appointment.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed that limited staffing led to unavailability of timely appointments for individuals.

The following plan was submitted by Lapeer CMH: Continue recruitment for master level outpatient clinicians. Developed a new tele-therapy services policy and updated current telehealth consent form. Also, implemented telehealth therapy services with current therapist, starting at the end of March, for the outpatient location.

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 later date.

The following plan was submitted by Sanilac CMH: Individuals receive a text message or phone call the day before their scheduled appointment as a reminder of the appointment. Additionally, regarding cancelled and rescheduled appointments, CMH staff try to schedule these 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 an assessment within 14 days due to individuals not showing for their appointments, individuals cancelling and rescheduling their appointments to a later date, or individuals requesting services more than 14 days after the assessment.

The following plan was submitted by Sanilac CMH: Individuals receive a text message or phone call the day before their scheduled appointment as a reminder of the appointment. Additionally, individuals receive appointment cards during their assessment appointments to serve as a reminder of the date and time of the next scheduled appointment. Clinical staff continue to stress the importance of keeping appointments and encourage consumers to reschedule if a scheduling conflict should occur.

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 cancelling or rescheduling appointments. Additional barriers were noted such as 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 intake staff and/or screening staff collect accurate contact information necessary to engage individuals in scheduling service. Different levels of outreaches 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 cancelling or rescheduling appointments. Additional barriers were noted such as 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.

Region 10 SUD System –

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

There were 698 individuals not seen for their first service within 14 days of the original request. Outreach to ten 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.