



Michigan Mission-Based Performance Indicator System  
APRIL – JUNE  
FY 2021 – 3<sup>RD</sup> QUARTER

**Region 10 PIHP**  
**Michigan Mission-Based Performance Indicator System**

**FY2021 – 3<sup>rd</sup> Quarter Summary Report**

(April 1, 2021 – June 30, 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 third 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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
Genesee Health System	100%	99.63%	99.21%	100%	99.45%	99.62%	99.59%	100%	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	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	100% N = 342

**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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
Genesee Health System	99.76%	99.87%	99.49%	99.87%	99.75%	99.87%	100%	100%	99.86%	99.69%	99.56%	99.85%
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%	99.51%	100%	100%	100%	100%
PIHP Totals	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	99.91% N = 1080

## 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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
<b>Genesee Health System</b>	99.44%	100%	99.70%	99.71%	100%	100%	97.91%	73.88%	71.70%	72.79%	63.65%	59.19%
<b>Lapeer CMH</b>	98.66%	98.18%	97.54%	100%	100%	99.34%	99.35%	66.10%	70.00%	66.88%	77.72%	66.16%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	97.96%	100%	79.41%	80.00%	77.23%	80.15%	69.47%
<b>St. Clair CMH</b>	100%	100%	100%	99.34%	100%	100%	100%	86.13%	75.69%	79.77%	80.86%	79.90%
<b>Region 10 PIHP SUD</b>	99.68%	98.59%	97.46%	98.40%	98.19%	98.72%	99.09%	N/A	N/A	N/A	N/A	N/A
<b>PIHP Totals</b>	<b>99.61%</b> <b>N=1773</b>	<b>99.20%</b> <b>N=1743</b>	<b>98.51%</b> <b>N=1679</b>	<b>98.99%</b> <b>N=1784</b>	<b>99.03%</b> <b>N=1856</b>	<b>99.18%</b> <b>N = 1838</b>	<b>99.04%</b> <b>N = 1771</b>	<b>76.54%</b> <b>N = 891</b>	<b>73.41%</b> <b>N = 1335</b>	<b>74.79%</b> <b>N = 1297</b>	<b>72.43%</b> <b>N = 1411</b>	<b>67.50%</b> <b>N = 1326</b>

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
<b>Genesee Health System</b>	98.97%	100%	98.51%	100%	100%	100%	97.98%	77.68%	68.91%	74.82%	60.00%	58.44%
<b>Lapeer CMH</b>	100%	100%	100%	100%	100%	97.92%	100%	76.19%	91.67%	80.49%	89.80%	89.47%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	96.43%	100%	100%	82.86%	94.44%	82.22%	70.00%
<b>St. Clair CMH</b>	100%	100%	100%	98.26%	100%	100%	100%	93.44%	79.61%	80.65%	76.81%	83.18%
<b>PIHP Totals</b>	<b>99.59%</b> <b>N=243</b>	<b>100%</b> <b>N=291</b>	<b>99.48%</b> <b>N=193</b>	<b>99.15%</b> <b>N=236</b>	<b>100%</b> <b>N=192</b>	<b>99.25%</b> <b>N = 268</b>	<b>99.22%</b> <b>N = 258</b>	<b>83.96%</b> <b>N = 212</b>	<b>77.70%</b> <b>N = 305</b>	<b>79.71%</b> <b>N = 340</b>	<b>72.68%</b> <b>N = 377</b>	<b>72.13%</b> <b>N = 348</b>

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	98.39%	70.63%	69.62%	70.56%	63.09%	56.46%
<b>Lapeer CMH</b>	100%	98.41%	97.40%	100%	100%	100%	98.81%	61.63%	59.05%	60.75%	71.54%	54.70%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	98.11%	100%	69.05%	75.71%	65.00%	78.26%	69.81%
<b>St. Clair CMH</b>	100%	100%	100%	100%	100%	100%	100%	82.50%	71.37%	77.39%	82.11%	78.54%
<b>PIHP Totals</b>	<b>100% N=443</b>	<b>99.78% N=455</b>	<b>99.60% N=500</b>	<b>100% N=424</b>	<b>100% N=485</b>	<b>99.79% N = 469</b>	<b>99.18% N = 487</b>	<b>72.42% N = 591</b>	<b>69.28% N = 804</b>	<b>71.07% N = 788</b>	<b>71.54% N = 801</b>	<b>64.66% N = 764</b>

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
<b>Genesee Health System</b>	98.31%	100%	100%	98.73%	100%	100%	97.18%	89.74%	80.00%	78.95%	69.37%	66.36%
<b>Lapeer CMH</b>	100%	<b>87.50%</b> (7/8)	100%	100%	100%	100%	100%	100%	71.43%	83.33%	100%	92.31%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	90.00%	100%	75.00%	70.00%
<b>St. Clair CMH</b>	100%	100%	100%	100%	100%	100%	100%	88.89%	90.70%	86.67%	82.86%	71.88%
<b>PIHP Totals</b>	<b>98.91%</b> N=92	<b>99.04%</b> N=104	<b>100%</b> N=107	<b>99.24%</b> N=131	<b>100%</b> N=126	<b>100%</b> N = 103	<b>97.85%</b> N = 93	<b>91.07%</b> N = 56	<b>82.63%</b> N = 167	<b>81.90%</b> N = 116	<b>73.78%</b> N = 164	<b>69.70%</b> N = 165

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	96.30%	69.23%	86.36%	75.00%	66.67%	72.22%
<b>Lapeer CMH</b>	<b>66.67%</b> (4/6)	100%	<b>90.00%</b> (9/10)	100%	100%	100%	100%	71.43%	76.92%	66.67%	83.33%	36.36%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	75.00%	100%	100%	100%	50.00%
<b>St. Clair CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	73.68%	92.00%	88.00%	94.44%
<b>PIHP Totals</b>	<b>96.15%</b> N=52	<b>100%</b> N=43	<b>98.04%</b> N=51	<b>100%</b> N=54	<b>100%</b> N=57	<b>100%</b> N = 57	<b>98.08%</b> N = 52	<b>78.13%</b> N = 32	<b>81.36%</b> N = 59	<b>83.02%</b> N = 53	<b>78.26%</b> N = 69	<b>71.43%</b> N = 49

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
Region 10 PIHP SUD	99.68%	98.59%	97.46%	98.40%	98.19%	98.72%	99.09%	67.09%	70.42%	67.49%	68.74%	69.09%
PIHP Totals	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	67.41% N= 2068	68.74% N= 1865	69.09% N= 1983

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	99.49%	99.34%	99.36%	99.59%	99.57%
<b>Lapeer CMH</b>	99.01%	95.16%	97.47%	100%	100%	96.94%	97.14%	87.50%	84.09%	73.73%	81.29%	75.89%
<b>Sanilac CMH</b>	98.31%	100%	95.24%	100%	97.50%	98.77%	100%	81.40%	75.56%	79.52%	78.05%	76.56%
<b>St. Clair CMH</b>	95.15%	98.98%	98.67%	97.54%	98.58%	98.33%	98.35%	85.10%	78.78%	82.44%	84.33%	82.04%
<b>Region 10 PIHP SUD</b>	98.56%	98.20%	98.67%	98.61%	96.90%	97.84%	96.87%	N/A	N/A	N/A	N/A	N/A
<b>PIHP Totals</b>	<b>98.68%</b> <b>N=1663</b>	<b>98.85%</b> <b>N=1650</b>	<b>97.53%</b> <b>N=1662</b>	<b>99.00%</b> <b>N=1803</b>	<b>98.08%</b> <b>N=1772</b>	<b>98.51%</b> <b>N = 1808</b>	<b>98.14%</b> <b>N = 1723</b>	<b>92.93%</b> <b>N = 735</b>	<b>88.63%</b> <b>N = 985</b>	<b>88.92%</b> <b>N = 1020</b>	<b>90.45%</b> <b>N =1058</b>	<b>88.98%</b> <b>N = 1007</b>

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	100%	97.85%	99.07%	100%	99.16%
<b>Lapeer CMH</b>	100%	<b>94.12%</b> (16/17)	95.24%	100%	100%	100%	100%	89.47%	94.12%	80.56%	92.11%	80.00%
<b>Sanilac CMH</b>	100%	100%	<b>76.92%</b> (10/13)	100%	100%	<b>94.44%</b> (17/18)	100%	80.00%	75.86%	73.33%	65.52%	77.27%
<b>St. Clair CMH</b>	97.83%	100%	97.96%	95.56%	98.08%	96.25%	100%	88.00%	86.90%	87.88%	83.67%	84.88%
<b>PIHP Totals</b>	<b>99.55%</b> N=224	<b>99.58%</b> N=239	<b>97.44%</b> N=195	<b>98.39%</b> N=248	<b>99.44%</b> N=180	<b>98.40%</b> N = 250	<b>100%</b> N = 240	<b>94.19%</b> N = 172	<b>90.83%</b> N = 240	<b>89.71%</b> N = 272	<b>89.18%</b> N = 268	<b>89.89%</b> N = 267

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	2Q FY21
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	99.19%	99.63%	99.63%	99.63%	100%
<b>Lapeer CMH</b>	98.36%	97.14%	100%	100%	100%	95.00%	96.36%	86.89%	76.62%	70.00%	76.67%	71.25%
<b>Sanilac CMH</b>	100%	100%	100%	100%	98.18%	100%	100%	81.48%	75.00%	82.61%	82.93%	81.25%
<b>St. Clair CMH</b>	<b>94.19%</b> (81/86)	98.06%	99.29%	97.96%	99.33%	99.12%	98.05%	82.39%	72.47%	78.79%	83.25%	81.91%
<b>PIHP Totals</b>	<b>98.66%</b> N=448	<b>99.37%</b> N=476	<b>99.80%</b> N=505	<b>99.58%</b> N=476	<b>99.36%</b> N=469	<b>99.20%</b> N = 503	<b>99.05%</b> N = 525	<b>91.61%</b> N = 477	<b>86.06%</b> N = 574	<b>87.61%</b> N = 581	<b>89.53%</b> N =602	<b>87.90%</b> N = 537

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.86%	99.02%
Lapeer CMH	100%	83.33% (5/6)	100%	100%	100%	100%	100%	100%	100%	88.89%	100%	84.62%
Sanilac CMH	50.00% (1/2)	100%	100%	100%	100%	100%	100%	75.00%	62.50%	83.33%	100%	55.56%
St. Clair CMH	90.00% (18/20)	100%	95.65%	100%	100%	100%	92.86% (13/14)	100%	86.11%	84.38%	82.14%	75.00%
PIHP Totals	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	90.38% N = 156

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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.00%	100%	100%
<b>Lapeer CMH</b>	100%	100%	<b>87.50%</b> (7/8)	100%	100%	100%	<b>88.89%</b> (8/9)	80.00%	90.00%	33.33%	66.67%	87.50%
<b>Sanilac CMH</b>	100%	100%	100%	100%	<b>50.00%</b> (1/2)	100%	100%	100%	100%	100%	75.00%	100%
<b>St. Clair CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	92.31%	87.50%	100%	82.35%
<b>PIHP Totals</b>	<b>100%</b> N=54	<b>100%</b> N=48	<b>98.25%</b> N=57	<b>100%</b> N=59	<b>98.11%</b> N=53	<b>100%</b> N = 58	<b>98.08%</b> N = 52	<b>96.77%</b> N = 31	<b>95.56%</b> N = 45	<b>87.50%</b> N = 48	<b>94.92%</b> N = 59	<b>91.49%</b> N = 47

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	2Q FY21	3Q FY21
Genesee Health System	100%	100%	100%	96.61%	100%	95.56%	95.65%	100%	97.30%	100%	100%	97.06%
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%	100%	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	100% N = 76	98.70% N = 77

**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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
Genesee Health System	98.28%	97.34%	99.21%	99.60%	98.41%	96.27%	94.76% (235/248)	97.88%	96.77%	99.59%	97.18%	96.10%
Lapeer CMH	100%	88.24% (30/34)	100%	100%	100%	100%	100%	100%	79.17% (19/24)	90.91% (20/22)	100%	87.88% (29/33)
Sanilac CMH	100%	100%	94.44% (17/18)	94.12% (16/17)	100%	100%	100%	91.67% (11/12)	100%	93.33% (14/15)	100%	100%
St. Clair CMH	100%	98.36%	98.63%	100%	94.52% (69/73)	96.23%	95.24%	96.43%	97.06%	97.53%	96.15%	97.22%
PIHP Totals	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	95.75% N = 353

**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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
Region 10 PIHP SUD	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)	74.16% (66/89)
PIHP Totals	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	74.16% N = 89



## 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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
Total Medicaid Beneficiaries Served	14,543	14,593	14,560	14,873	14,738	15,002	15,075	13,945	14,984	15,178	15,703	Not rec'd from MDHHS
Number of Area Medicaid Recipients	200,843	198,973	199,186	200,287	198,949	203,378	206,462	208,330	213,800	219,968	224,811	Not rec'd from MDHHS
PIHP Totals	7.24%	7.33%	7.31%	7.43%	7.41%	7.38%	7.30%	6.69%	7.01%	6.90%	6.98%	

## 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)											
	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20	1Q FY21	2Q FY21	3Q FY21
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	637	631	629	632	635	637	642	628	627	635	634	Not rec'd from MDHHS
Total Number of HSW Enrollees	650	642	637	648	646	645	653	648	639	643	654	Not rec'd from MDHHS
PIHP Totals	98.00%	98.29%	98.74%	97.53%	98.30%	98.76%	98.32%	96.91%	98.12%	95.98%	96.94%	

## 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 FY2020.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	8459	995	11.76%

**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 FY2020.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	1687	106	6.28%

**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 FY2020.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	1120	75	6.70%

## 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 FY2020.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	1021	1001	98.04%

**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 FY2020.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	252	137	54.37

**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 FY2020.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
PIHP Totals	137	84	61.31%

## 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)											
	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	3Q FY21
Genesee Health System	11.94%	<b>16.33%</b> (16/98)	10.00%	12.90%	8.06%	10.84%	9.21%	4.65%	8.62%	13.10%	4.55%	4.35%
Lapeer CMH	12.50%	14.29%	<b>15.38%</b> (2/13)	0%	0%	0%	0%	<b>21.43%</b> (3/14)	11.11%	0%	0%	10.00%
Sanilac CMH	<b>20.00%</b> (1/5)	14.29%	0%	0%	<b>25.00%</b> (1/4)	0%	0%	0%	<b>33.33%</b> (1/3)	0%	<b>25.00%</b> (1/4)	<b>25.00%</b> (1/4)
St. Clair CMH	0%	11.11%	<b>20.83%</b> (5/24)	8.82%	6.25%	4.00%	4.76%	9.09%	<b>18.18%</b> (4/22)	11.54%	<b>21.05%</b> (4/19)	12.90%
PIHP Totals	<b>10.10%</b> N=99	<b>15.11%</b> N=139	<b>11.85%</b> N=135	<b>11.03%</b> N=136	<b>8.05%</b> N=87	<b>7.69%</b> N = 130	<b>7.21%</b> N = 111	<b>8.45%</b> N = 71	<b>11.96%</b> N = 92	<b>11.67%</b> N = 120	<b>8.08%</b> N = 99	<b>8.79%</b> N = 91

**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)											
	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	3Q FY21
Genesee Health System	11.32%	8.71%	10.87%	11.90%	12.58%	13.71%	11.60%	<b>18.75%</b> (69/368)	14.79%	11.03%	13.67%	11.55%
Lapeer CMH	10.20%	8.70%	5.56%	3.23%	3.57%	11.11%	12.50%	7.14%	5.56%	5.56%	3.03%	<b>16.67%</b> (7/42)
Sanilac CMH	<b>15.79%</b> (3/19)	0%	8.33%	12.50%	6.25%	10.00%	13.04%	<b>26.67%</b> (4/15)	5.00%	4.76%	8.00%	8.33%
St. Clair CMH	6.67%	14.68%	13.73%	7.59%	14.02%	<b>18.82%</b> (16/85)	11.30%	7.32%	<b>19.23%</b> (25/130)	13.51%	14.41%	<b>15.09%</b> (16/106)
PIHP Totals	<b>10.66%</b> N=591	<b>9.58%</b> N=626	<b>10.94%</b> N=631	<b>10.91%</b> N=596	<b>12.26%</b> N=636	<b>14.15%</b> N = 615	<b>11.66%</b> N = 609	<b>16.17%</b> N = 507	<b>14.87%</b> N = 612	<b>10.94%</b> N = 585	<b>12.94%</b> N = 564	<b>12.44%</b> N = 579

## 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.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 FY2020.

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	1687	285	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 FY2020.

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	1120	268	23.93%

## 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 FY2020.

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Region 10 PIHP	8459	4042	47.78%

## 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 this indicator. The total CMH compliance rates ranged from 59.19% - 79.90%.

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 69.09%. 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 a 20.4 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 this indicator. The total CMH compliance rates ranged from 75.89% - 99.57%.

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%.** Lapeer CMH did not meet the standard for the population breakout of adults with 87.88%. The SUD system did not meet the standard for the SUD population with 74.16%.

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%. Lapeer CMH and St. Clair CMH did not meet the standard for the population breakout of adults with 16.67% and 15.09%, respectively.

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. Lapeer CMH, 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.

### **Root Cause Analyses / Corrective Action Plans**

Lapeer CMH –

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

Root cause analysis revealed that staffing shortages lead to unavailability of timely appointments for two individuals. Additionally, due to staff turnover, Lapeer CMH was unable to produce documentation to prove that two individuals were scheduled for follow-up appointments within 7 days.

The following plan was submitted by Lapeer CMH: The Interim supervisor discussed issues with staff and provided information about Indicator 4 to the new triage supervisor.

PI #10a Adult – Inpatient Recidivism

Root cause analysis revealed that seven individuals were either not at baseline at the time of discharge or the individuals were discharged to environments not conducive to ongoing treatment.

The following plan was submitted by Lapeer CMH: Triage staff will use the SAFE-T protocol tool for hospital admissions or individuals presenting with suicidal or homicidal ideation. Additional training on this safety plan will be provided to clinical staff. Supervisors have also instructed staff to bring cases to the Clinical Case Review Committee to address recidivism. Additionally, the hospital liaison will continue attending team meetings and will assist with discharge coordination.

Sanilac CMH –

PI #10a Child – Inpatient Recidivism

Root cause analysis revealed that one individual had suicidal ideation upon discharging from the hospital with serious concerns noted regarding being sent home.

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 Adult – Inpatient Recidivism

Root cause analysis revealed 16 individuals were readmitted for various reasons including unsuccessful outreach to engage individuals in services, refusal of CMH services, suicidal ideation, and substance use. Many of these individuals also were homeless, experiencing delusions, involved in criminal activity, or had interactions with law enforcement prior to readmission.

The following plan was submitted by St. Clair CMH: CMH will provide the most intensive level of service available and will also address any substance use disorders. The CMH Program Director will review treatment plans to ensure CMH staff evaluate clients to provide the level of care necessary to minimize readmissions. CMH will also ensure there is adequate communication between hospital providers and CMH staff responsible for providing follow-up care prior to discharge. Additionally, CMH staff will coordinate with the hospital to ensure individuals are not discharged before their behavior has been stabilized.

Region 10 SUD System –

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



Further review revealed twenty-three 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.

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