Quality Assurance and Performance Improvement Program (QAPIP) Fiscal Year 2026 Plan

All SWMBH Medicaid Business Lines

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I. Introduction

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) has a documented Quality Assurance and Performance Improvement Program (QAPIP) that meets the required federal regulations: the Medicaid Managed Care rules, 42 CFR § 438, and requirements outlined in the PIHP/MDHHS contract.

Southwest Michigan Behavioral Health (SWMBH) uses the QAPIP Plan and Evaluation to assure all contractual and regulatory standards required of the Regional Entity, including its PIHP responsibilities and oversight of the eight Community Mental Health Service Partners (CMHSPs) in the region, are met. The QAPIP Plan describes the organizational structure for the SWMBH's administration and evaluation of the QAPIP, the elements, components, and activities of the QAPIP, the role of recipients of service in the QAPIP, the mechanisms used for adopting and communicating process and outcome improvement, and to implement improvement strategies to meet and exceed best practice performance levels.

For SWMBH purposes, "beneficiary" includes all Medicaid eligible individuals (or their families) located in the defined service area who are receiving, or may potentially receive, covered services and supports. The following terms may be used interchangeably within this definition: member, customer, recipient, enrollee, individual, and person served.

II. Purpose

The QAPIP Plan delineates the features of the SWMBH Quality Management program. The QAPIP promotes high quality health care services and outcomes for beneficiaries through systematic monitoring of key performance elements, integrated with system-wide approaches to continuous quality improvement.

The SWMBH QAPIP spans across clinical and non-clinical service delivery within the network as well as the benefit management processes within SWMBH. Populations served by SWMBH and the CMHSPs within the region include eligible individuals and their families who experience mental illnesses, developmental disabilities, and substance use disorders.

Additional purposes of the QAPIP are to:

- Monitor, evaluate, and drive process improvement throughout the system and the region.
- Develop and implement efficient and effective processes to monitor and evaluate service delivery, quality, integration of care, beneficiary satisfaction, and data integrity, while promoting the timely identification and resolution of quality-of-care issues.
- Promote and support best practices that guide optimal benefits in service areas of accessibility, acceptability, value, impact, and risk-management for all beneficiaries.
- Monitor and report the results of ongoing performance monitoring to ensure performance standards and other requirements are met.
- Meet the needs of internal and external stakeholders and provide performance improvement leadership to other departments and throughout the region. Stakeholders are defined as a person, group, or organization that has an interest in the organization, including beneficiaries, family members, guardians, staff, community members, advocates, etc.

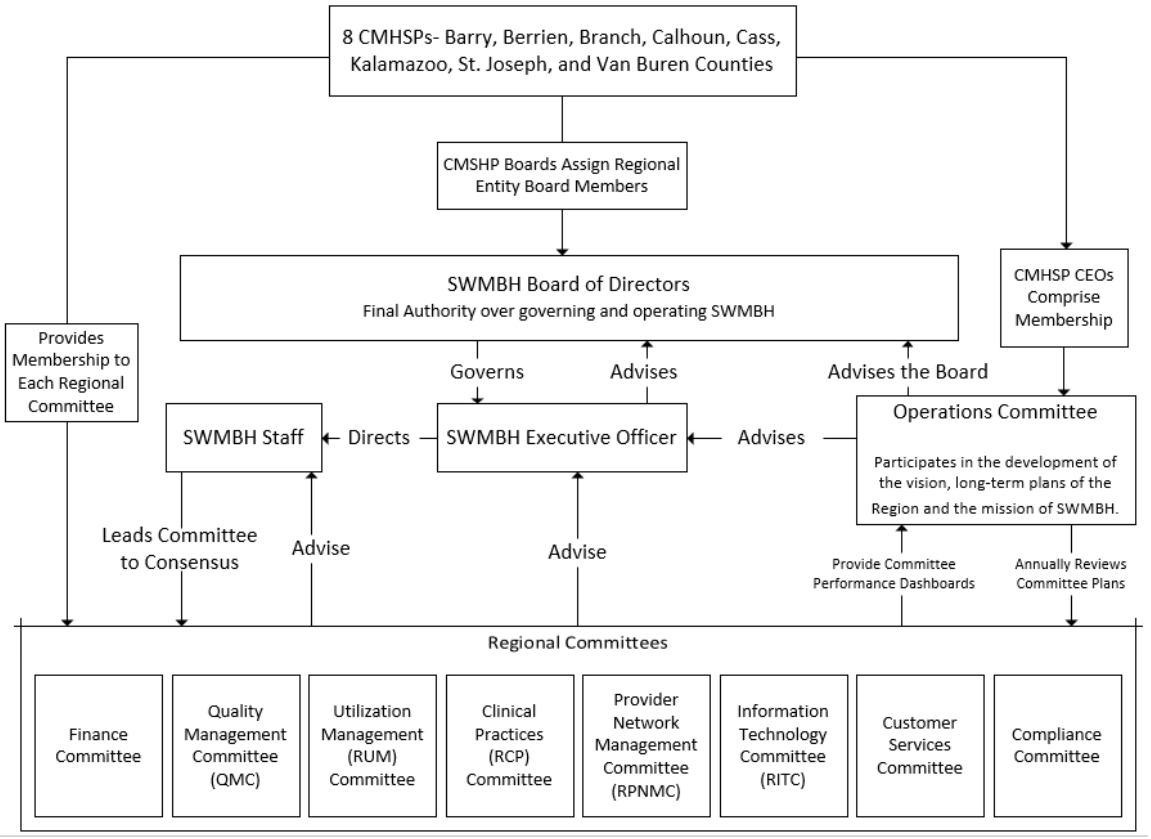
III. QAPIP Authority

The QAPIP is accountable to the SWMBH Board of Directors which acts as the governing body and is a PIHP Regional Entity (see Attachment B – SWMBH Board Roster). Responsibilities of the Board for monitoring, evaluating, and making improvements to care include:

- Oversight of the QAPIP- the Board must approve the overall QAPIP and Plan annually.

- QAPIP Progress Reports- the Board receives written reports related to performance improvement projects undertaken, the actions taken, and the results of those actions.
- Annual QAPIP Review- the Board formally reviews a written report on the operation of the QAPIP no less than annually.
- Submission of the QAPIP Plan and Evaluation to MDHHS by the contractually defined due date each year. The report includes a list of the Board Members.

In addition to the review by the SWMBH Board and SWMBH EO, the QAPIP Plan and Evaluation are taken to the SWMBH Operations Committee to facilitate the development and management of quality assurance and improvement initiatives throughout the Region. The SWMBH Operations Committee consists of the CEO, or their designee, for each of the eight CMHSPs in the region and advises the SWMBH Board.



IV. Guiding Principles

The Board Ends serve as the guiding principles for the development of annual Board Ends Metrics, SWMBH Agency Metrics, Regional Committee Goals, SWMBH Department Goals, and Regional Strategic Objectives set forth by the SWMBH Board. In October 2024, the SWMBH Board adopted a revised set of Board Ends, which directs SWMBH towards the benefits to be produced, for whom, and at what cost reflecting the organization's vision and reason for being. Developing revised Board Ends included multiple contacts with each of the eight CMHSP Boards to ensure their values are expressed through the Board Ends.

> **Board Global End:** As a benefits manager of state and federal funds, SWMBH exists to assure that member agencies and providers create sustainable programs and provide specialty services so that persons in the SWMBH region have access to appropriate resources and experience improvements in their health status and quality of life, optimizing self-sufficiency, recovery, and family preservation.

Quality services are provided while minimizing costs through efficient stewardship of human, financial, and technology resources available and use of shared knowledge.

1. Member CMHSP boards, EOs, and staff value the partnership with SWMBH, and experience the relationship as collaborative, transparent, responsive, and reciprocal.
2. Member CMHSPs are aware of environmental disruptors and trends and benefit from SWMBH's regional and statewide regulatory and public relations advocacy impacting the Mental Health Community.
3. Member CMHSPs have the resources needed to address their communities' individualized needs, successfully access appropriate resources and successfully meet contractual obligations *(including managed care functions)*.
4. Member CMHSPs and other providers assure and monitor ready access to appropriate programs and services for their consumers and contribute accurate data so SWMBH can create aggregated, comprehensive, and comparative regional results which supports access to maximum funding available.
5. The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefiting from lessons learned.

V. Quality Organizational Structure

The general oversight of the development and implementation of the QAPIP is given to SWMBH's Quality Management and Clinical Outcomes Department. The Chief Clinical Officer is the designated senior official responsible for overseeing the department and QAPIP implementation. The Quality Management and Clinical Outcomes Department is additionally staffed with a Quality Assurance and Performance Improvement Manager, Data Analytics and Strategy Lead, Clinical Quality Specialists, Health Care Data Analyst, a Health Equity Project Coordinator, Integrated Healthcare Specialist, and Clinical Operations Specialist. Together, the department monitors and evaluates the overall effectiveness of the QAPIP, assesses its outcomes, provides periodic reporting on the program (including Performance Improvement Projects), and chairs and facilitates the Quality Management Committee (QMC) and Regional Clinical Practices (RCP) Committee. Additionally, the Chief Clinical Officer collaborates on many of the QAPIP goals and objectives with the SWMBH Senior Leadership team and with SWMBH Regional Committees including QMC, RCP, Regional Information Technology (RIT) Committee, Regional Utilization Management (RUM) Committee, Regional Provider Network Management Committee (RPNMC), and the Regional Compliance Committee.

SWMBH also has access to the Medical Director to support and advise the department in meeting the QAPIP deliverables. The Medical Director provides supervision and oversight of all SWMBH clinical functions to include Utilization Management, Customer Services, Integrated Care, Provider Network, Substance Use Prevention and Treatment, and other clinical initiatives. The Medical Director also provides clinical expertise and programmatic consultation to the Chief Clinical Officer to ensure complete, accurate, and timely submission of clinical quality program data.

VI. Communication

To effectively adopt and communicate process and outcome improvements, SWMBH utilizes a structured approach that ensures continuous evaluation, transparency, and collaboration across all levels of the organization and region. By using this structured approach, SWMBH ensures that improvements are adopted effectively, and the results are communicated transparently to everyone involved, fostering a culture of continuous improvement. Key mechanisms include:

- **Data Monitoring and Analysis:** SWMBH places a strong emphasis on the use of data to guide treatment

and decision-making. By leveraging both quantitative and qualitative data, SWMBH continuously monitors the information, identifies trends, and tailors interventions to meet individual, organizational, and regional needs. This data-driven approach allows SWMBH to improve the effectiveness of services, ensure that improvement efforts are targeted, and provide measurable outcomes that inform decisions. SWMBH is committed to integrating research, beneficiary feedback, and clinical insights to ensure that every aspect of care is grounded in the best available information.

- **Stakeholder Involvement:** Input from beneficiaries, families, and other internal and external stakeholders is integral to the process. SWMBH engages those groups through surveys, committee meetings, and other collaborative discussions to ensure that improvements align with regional needs and goals.
- **Transparent Communication Channels:** SWMBH provides ongoing education and training for the region to ensure there is understanding of any new or updated processes and the rationale behind changes. SWMBH also uses various communication tools (member and provider newsletters, meetings, and SWMBH's website) to share progress and outcomes with all stakeholders. This ensures that everyone is aware of the improvements, their rationale, and the impact on service delivery and care.
- **Regular Feedback Loops:** After implementing improvements, SWMBH establishes continuous feedback loops to monitor progress. This includes regular check-ins, meetings, and ongoing monitoring to track outcomes, ensure understanding, and gather input from those directly involved in the process.
- **Performance Metrics:** Clear and measurable performance indicators are used to measure and assess the effectiveness, efficiency, and outcomes of specific processes, initiatives, or interventions. These metrics are communicated regularly to all stakeholders to demonstrate progress and inform future strategies.

The Quality Management and Clinical Outcomes Department interacts with all other departments within SWMBH as well as with the CMHSPs, which is a critical component to the success of the QAPIP. At least annually, the Quality Management and Clinical Outcomes Department shares the QAPIP Plan and Evaluation, beneficiary satisfaction survey results, and other relevant information in newsletter articles and on the SWMBH website for stakeholders to review.

VII. Participation of Providers and Individuals in the QAPIP Processes

Providers and beneficiaries serve as members of SWMBH's Regional committees, sub-groups, and workgroups as appropriate. Committee and group members are expected to attend all meetings virtually, by phone, or in person. If members cannot attend a meeting, they are expected to send an alternative in their place. Members hold the responsibility of communicating all relevant information discussed during the meetings (and included in meeting materials and minutes) to the appropriate individuals and/or departments within their organizations. Members who cannot attend meetings are made aware of process and outcome improvements discussed through meeting recordings, meeting minutes, and/or other materials (PowerPoint presentations, etc.) that are made available to the full committee following the meeting.

SWMBH additionally hosts a Customer Advisory Committee (CAC) which is made up of beneficiaries actively receiving services, with representation from all CMHSPs. During CAC meetings information is shared and feedback and discussion are requested and encouraged. CAC members also attend various regional committees which affords SWMBH the opportunity to involve beneficiaries in quality management and improvement efforts.

FY 2026 Quality Assurance and Performance Improvement Program Descriptions & Work Plan

A. Performance Measures

a) Behavioral Health Quality Program (BHQP) and Michigan Mission Based Performance Indicator System (MMBPIS)

Description

In October 2023, the Bureau of Specialty Behavioral Health Services began a comprehensive review of the existing quality assessment and performance improvement program toward the goal of developing and implementing a new program. The updated program is designed to be clearer, more comprehensive, and aligned with state and national standards, with a phased rollout from 2025–2027. The first year (2025) focused on aligning reporting requirements for PIHPs with CMS Core Set Reporting. In 2026, PIHPs are responsible for reporting the last remaining MMBPIS indicator, with a fiscal year measurement period, while MDHHS is responsible for year one and two measures in the BHQP. It is recommended that all BHQP measures in the table below are stratified by race/ethnicity, also, with a calendar year measurement period.

SWMBH is responsible for ensuring that its CMHSPs and SUD Providers measure performance through MMBPIS via the contract with MDHHS. SWMBH maintains a dashboard tracking system to monitor individual CMHSP and regional progress indicators throughout the year. Each CMHSP is responsible for the review and submission of valid and reliable performance indicator data to SWMBH via the SWMBH Commons every month for analysis. SWMBH promotes data integrity by using electronic controls within the MMBIP data reporting spreadsheets. SWMBH has a staff dedicated to reviewing the data to ensure it is complete and accurate based on the MMBPIS PIHP Code Book, prior to submission to MDHHS. SWMBH submits regional outcomes to MDHHS quarterly as

established in the contract schedule. When State-indicated benchmarks are missed or other issues are identified, SWMBH requests the CMHSPs complete a Corrective Action Plan (CAP). SWMBH Subject Matter Experts (SMEs) also review performance indicator compliance and are incorporated in approval of MMBPIS-related CAPs. The PIHP ensures the action plans are achieved and improvements are recognized. Status updates are given, and regional trends are identified and discussed at relevant committees such as the Quality Management Committee (QMC), Regional Utilization Management (RUM), Regional Clinical Practices (RCP), and the Operations Committee for further planning and coordination. SWMBH also participates in the MDHHS Quality Improvement Council (QIC) and associated sub-work groups and communicates any changes with indicator measurements or reporting requirements to stakeholders.

SWMBH utilizes the QAPIP to ensure it achieves minimum performance levels on performance measures as established by MDHHS and defined in the contract and analyzes the causes of statistical outliers when they occur. Oversight and monitoring are conducted by SWMBH through the monthly review of MMBPIS reports and analysis by QMC. The administrative and delegated function CMHSP site reviews occur annually. The SWMBH Quality Management and Clinical Outcomes (QMCO) Department completes a review of MMBPIS Performance Indicator (PI) data, primary source verification documentation, and protocols during this annual site audit, CAPs may be requested from any CMHSPs with a site review score of two or less for each PI-related standard.

FY26 Goals

In FY26, SWMBH will meet or exceed the MDHHS-indicated benchmark for MMBPIS Indicator 2a-d (Access-Timeliness/First Request). Benchmarks outlined for year one measures in the BHQP are informational only for FY26. While MDHHS is responsible for reporting year one and two measures included in the BH Quality Program, SWMBH will monitor measured outcomes internally and with relevant stakeholders. The tables below indicate measure benchmarks as made available by MDHHS.

Measure	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
MMBPIS Indicator 2a - Percentage of new persons during the quarter receiving a completed bio psychosocial assessment within 14 calendar days of a non-emergency request for service by four sub-populations: MI-adults, MI-children, I/DD-adults, I/DD-children **(>=62%).**	QMCO	QMC	Quarterly
Behavioral Health Quality Measures Year One (2025) Benchmarks published by MDHHS 10/31/25, Benchmarks are 'Informational Only' for FY26.			
ADD - Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase **(>=52.6%)**	QMCO	QMC	Quarterly
ADD - Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Continuation Phase **(>=61.2%)**			
FUH-30CH - Follow-Up After Hospitalization for Mental Illness - Within 30 Days After Discharge, Between the Ages of 6 and 17 Years Old **(>=79%, assigned benchmark)**	QMCO	QMC	Quarterly

FUH-30AD **-** Follow-Up After Hospitalization for Mental Illness - Within 30 Days After Discharge, Between the Ages of 18 and 64 Years Old **(>=62%, assigned benchmark)**	QMCO	QMC	Quarterly
FUH-30 **-** Follow-up After Hospitalization for Mental Illness - Within 30 Days After Discharge, Age 6 Years or Older			
APM **-** Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing **(>=27.6%)**	QMCO	QMC	Quarterly
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics **(>=65.6)**	QMCO	QMC	Quarterly
FUA- 30CH - Follow-Up After Emergency Department Visit for Substance Use - Within 30 Days, Between the Ages of 13 and 17 Years Old **(>=35.6%, CMS average)**	QMCO	QMC	Quarterly
FUA- 30AD - Follow-Up After Emergency Department Visit for Substance Use - Within 30 Days, Age 18 Years or Older **(>=36.3%)**			
FUA-30 - Follow-Up After Emergency Department Visit for Substance Use - Within 30 Days, Age 13 Years or Older			
FUM - Follow-Up After Emergency Department Visit for Mental Illness - Within 30 Days, Age 6 Years or Older (NCQA) or Age 18 and Older **(CMS) (>=60.80%)**	QMCO	QMC	Quarterly
IET14- TOT - Initiation and Engagement Into Substance Use Disorder Treatment - Initiation Total Within 14 Days of Diagnosis **(>=40%, assigned benchmark)**	QMCO	QMC	Quarterly
IET34-TOT - Initiation and Engagement Into Substance Use Disorder Treatment - Engagement Total Within 34 Days, Age 13 Years or Older (NCQA) or Age 18 Years or Older **(CMS) (>=15%, assigned benchmark)**			
Behavioral Health Quality Measures Year Two (2026) Benchmarks not yet published.			
SDD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	QMCO	QMC	Quarterly
HPCMI - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	QMCO	QMC	Quarterly
OUD - Use of Pharmacotherapy for Opioid Use Disorder	QMCO	QMC	Quarterly
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia	QMCO	QMC	Quarterly

*Red indicates that this benchmark is the median calculated using 2023 PIHP data.

*Blue indicates CY2023 statewide average.

b) Performance Bonus Incentive Program (PBIP)

Description

Contract quality withholds are established by MDHHS to support initiatives as identified in the MDHHS Comprehensive Quality Strategy. The quality withhold program is called the Performance Bonus Incentive Program (PBIP). The Criteria for the PBIP payments will include, but is not limited to, assessment of performance in quality of care, access to care, and administrative functions. PBIP withhold monies will be distributed as follows:

- Contractor-only Pay for Performance Measures: 45% of withhold
- Contractor Narrative Report: 25% of withhold
- MHP/Contractor Joint Metrics: 30% of withhold

FY26 Measures

Contractor-only Pay for Performance (P4P) Measures

Measure	Description	Deliverable
Implement data driven outcomes measurement to address social determinants of health. (18% of the P4P Measures)	Analyze and monitor BHTEDS records to improve housing and employment outcomes for persons served. Measurement period is prior fiscal year. Use most recent update or discharge BHTEDS record during the measurement period, look back to most recent prior update or admission record.	SWMBH will conduct an analysis and submit a narrative report of findings and project plans aimed at improving outcomes, no longer than two pages, by July 31, 2026. Narrative must address beneficiary changes in employment and housing and actions taken to improve housing and employment outcomes.
Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD). (9% of the P4P Measures)	Percentage of adults aged 18 and older with Schizophrenia or Schizoaffective Disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	Region 4 will be measured against a minimum standard of 62%. Measurement period will be calendar year (CY) 2025.
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). (18% of the P4P Measures)	The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.	Region 4 will be measured against a minimum of 40% at initiation and 15% at engagement. Points will be divided evenly between Initiation and Engagement measures. Measurement period will be CY25.
PA 107 of 2013 Sec. 105d (18): Increased participation in patient	Narrative report summarizing participation in patient-centered medical homes (or characteristics	SWMBH must submit a narrative report of no more than 10 pages by November 15th, 2026, summarizing prior FY efforts, activities, and

centered medical homes. (25% of total withhold)	thereof). Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.	achievements of SWMBH and CMHSPs to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below: 1. Comprehensive Care 2. Patient-Centered 3. Coordinated Care 4. Accessible Services 5. Quality & Safety

MHP/Contractor Joint Metrics

Measure	Description	Deliverable
Implementation of Joint Care Management Processes. (10% of the Joint Measures)	Collaboration between entities for the ongoing coordination and integration of services.	Each Medicaid Health Plan and SWMBH will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the SWMBH-MHP Collaboration Work Group in consultation with the State. SWMBH must demonstrate joint care planning specific to child and adult populations. SWMBH must document joint care plans in CC360 for at least 25% of qualified adult Enrollees.
Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS (Healthcare Effectiveness Data and Information Set) descriptions. (10% of the Joint Measures)	The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 days.	1. Region 4 must meet set standards for follow-up within 30 days for each rate (ages 6-17 and ages 18 and older). Region 4 will be measured against an adult minimum standard of 62% and a child minimum standard of 79%. Measurement period will be CY24. The points will be awarded based on MHP/SWMBH combination performance measure rates. 2. Data will be stratified by race/ethnicity and provided to plans. Region 4 will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of CY24 with CY25. The points will be awarded based on Region 4 performance measure rates. The points for overall standard (item 1 above) will be awarded based on MHP/ Region 4

		combination performance measure rates. The points for reducing racial/ethnic disparities (item 2 above) will be awarded based on individual MHP or Region 4 performance over time. The total potential points will be the same regardless of the number of MHP/PIHP combinations for a given entity or number of racial/ethnic comparisons.
Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment. (5% of the Joint Measures)	Adult beneficiaries who had new SUD episodes that result in treatment initiation and engagement. 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 calendar days of the initiation visit	1. Region 4 will be measured against an initiation (IET 14) minimum standard of 40% and an engagement (IET 34) minimum standard of 15%. Measurement period will be calendar year 2025. 2. Data will be stratified by race/ethnicity and provided to plans. Region 4 will be incentivized to reduce the disparity between the index population and at least on minority group (if necessary, minority groups will be combined to achieve a sufficient numerator/denominator). Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2024 with calendar year 2025. The points for the overall standard (item 1 above) will be awarded based on MHP/PIHP combination performance measure rates. The points for reducing racial/ethnic disparities (item 2 above) will be awarded based on individual MHP or Region 4 performance over time. The total potential points will be the same regardless of the number of MHP/PIHP combinations for a given entity or number of racial/ethnic comparisons.
Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence. (5% of the Joint Measures)	Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence (AOD) that had a follow-up visit within 30 days.	Data will be stratified by the State by race/ethnicity and provided to SWMBH. Region 4 will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of CY24 with CY25. The points will be awarded based on Region 4 performance measure rates. The total potential points will be the same regardless of the number of MHP/PIHP combinations for Region 4.

B. Performance Improvement Projects (PIPs)

Description

MDHHS requires SWMBH to conduct and submit performance improvement projects (PIPs) annually to meet the requirements of the Medicaid Managed Care rules, 42 CFR Part 438. According to the managed care rules, the quality of health care delivered to Medicaid beneficiaries in PIHPs must be tracked, analyzed, and reported annually. SWMBH's QAPIP includes affiliation-wide performance improvement projects that achieve thorough ongoing measurement and intervention, and demonstratable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and individual satisfaction. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that SWMBH serves.

Each year, one PIP is reviewed by the Health Services Advisory Group (HSAG). The goal of HSAG's PIP validation is to ensure that MDHHS and key stakeholders can have confidence that the PIHP executed a methodologically sound improvement project, and any reported improvement is related to and can be reasonably linked to the Quality Improvement (QI) strategies and activities conducted by the PIHP during the PIP.

The following are steps used to identify, implement, and evaluate the progress of a PIP.

Protocol Steps	
Step Number	**Description**
1	Review the Selected PIP Topic
2	Review the PIP Aim Statement
3	Review the Identified PIP Population
4	Review the Sampling Method
5	Review the Selected Performance Indicator(s)
6	Review the Data Collection Procedures
7	Review the Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

There are currently two primary Performance Improvement Projects that SWMBH has targeted for FY25:

1. Reducing Racial Disparities in Follow-Up After Emergency Department Visits (ED) for Alcohol and Other Drug Use (AOD). This is a high-risk service area, where improved continuity and coordination of care is needed; this project serves as the clinical PIP.
2. Improve the timeliness of service authorization decisions by reducing the percentage of untimely authorization decisions, both approvals and denials (expedited and standard) and improve the utilization of extensions, when applicable. Timely decisions ensure members do not experience delays in service delivery and are not denied member rights or the opportunity for appeals; this project serves as the non-clinical PIP.

The details of each of the two identified PIPs can be found below.

FY26 PIPs

PIP	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Performance Improvement Project #1 (Clinical) Reducing Racial Disparities in Follow-Up After Emergency Department Visits (ED) for Alcohol and Other Drug Use (AOD). Goal: "To eliminate the statistically significant disparity between African American/Black and White rates of follow up after Emergency Department (ED) visits for alcohol and other drug use, from baseline (2021) to remeasurement 1 (2023), 2 (2024), and 3 (2025), without a corresponding decrease in White follow up rates." Monitoring: Remeasurement 3 (2025) results will be available in June 2026. SWMBH will assess performance on the following measures to determine whether the region met the PIP goal for 2025: 1. The percentage of African American/Black beneficiaries with a 30-day follow-up after an ED visit for alcohol or other drug abuse or dependence. 2. The percentage of White beneficiaries with a 30-day follow-up after an ED visit for alcohol or other drug abuse or dependence. In FY26, SWMBH will collaborate with the Project ASSERT teams in the three largest counties to increase referrals from EDs and to follow-up on referrals when individuals present to the ED for substance use needs, with specific attention to the Black/African American population.	Quality Management and Clinical Outcomes (QMCO)	Regional Clinical Practices (RCP) Committee and Regional Quality Management Committee (QMC)	Bi-Annual
Performance Improvement Project #2 (Non-Clinical) Improve the timeliness of service authorization decisions within the region. Goal: "Reduce the percentage of untimely authorization decisions according to federal standards	QMCO	Regional Clinical Practices (RCP) and Regional Utilization Management (RUM)	Quarterly

and increase CMH utilization of extensions, where applicable." Monitoring: Service authorizations (approvals and denials) will be reviewed quarterly to evaluate decision timeliness against federal requirements. Denials will be evaluated by the existing quarterly reporting process with trends identified for length of standard and expedited denials and utilization of extensions, as applicable. In anticipation of the reduction in allowed days for (standard) authorization decisions from 14 to 7 days on 10/1/2026, this monitoring will assist the region in ensuring process improvement initiatives can occur. SWMBH will request CMHSPs also submit a quarterly report of service authorization approvals for review and analysis. During the first two quarters of FY26, SWMBH will review 2025 service authorization decision data and complete a causal barrier analysis to evaluate factors contributing to untimely denials, and approvals, as appropriate. FY26 data will also be collected quarterly for analysis. By the end of FY26 Q3, SWMBH will develop and implement interventions to address the barriers in timeliness of service authorization decisions, and therefore access to services. The interventions will be utilized to decrease the percentage of untimely authorization decisions. 2025 service auth data was utilized to establish benchmarks and indicates 2.07% (standard) and 7.11% (expedited) denial decisions were made untimely. Remeasurement will occur in 2027.			

C. Critical Incident, Sentinel Event, and Risk Event Management

Description

SWMBH's process for identifying, reporting, and following up on incidents and events that put individuals at risk of harm is outlined in SWMBH policy - Incident Event Reporting and Monitoring. The five reportable critical incidents for beneficiaries as defined by MDHHS are suicide, non-suicide death, hospitalization due to injury or

medication error, emergency medical treatment (EMT) due to injury or medication error, and arrest. Hospitalization and EMT due to an injury are further classified to include whether the injury resulted from physical management or due to a fall.

CMHSP Process

Specialized residential treatment providers prepare and file incident reports to the contracted CMHSP when incidents occur. The CMHSPs are responsible for reviewing and classifying the incident reports and submitting the reportable incidents to SWMBH as outlined in policy. SWMBH is then responsible for reporting qualifying incidents to MDHHS in a timely manner, as defined in the contract language, via the MDHHS Behavioral Health Customer Relationship Management System (BH CRM). SWMBH is also responsible for ensuring that MDHHS requests for further information, details related to the remediation of an incident, and any other requests are responded to timely. Risk Event data is made available to MDHHS upon request. SWMBH delegates the responsibility of the process for identification, review, and follow-up of immediate events, sentinel events (SEs), critical incidents (CIs), and risk events (REs) to its eight contracted CMHSPs.

SWMBH requires that CMHSPs notify SWMBH within 36 hours of any immediate event that is “newsworthy” and/or subject of a recipient right, licensing, and/or police investigation. SWMBH reports those events to MDHHS within 48 hours of PIHP notification via the BH CRM. Following an immediate event notification, SWMBH additionally submits to the MDHHS, within 60 days after the month in which the death occurred, a written report of its review/analysis of the death of every Medicaid beneficiary whose death occurred within 1 year of the individual’s discharge from a State-operated service.

A sentinel event is an unexpected occurrence involving death (not due to the natural course of a health condition) or serious physical or psychological injury, or risk thereof. Serious injury specifically includes permanent loss of limb or function. The phrase “or risk thereof” includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome (JCAHO, 1998). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event. A root cause analysis (RCA) (JCAHO) or investigation (per the Centers for Medicare and Medicaid Services (CMS) approval and MDHHS contractual requirements) is "a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance." (JCAHO, 1998). The CMHSPs have 3 business days after an incident occurs to determine if it is a sentinel event, and if so, two subsequent business days to commence the RCA. The CMHSPs work with the residential treatment provider, when applicable, to complete the root cause analysis. All unexpected deaths (UDs) are classified as SEs and are defined as deaths resulting from suicide, homicide, undiagnosed conditions, accidents, or suspected possible abuse or neglect, for beneficiaries who at the time of their deaths were receiving specialty supports and services. SWMBH reviews a random sample of SEs during the annual administrative and delegated function CMHSP site reviews to ensure that all events that meet the criteria outlined above are reviewed and the review includes:

- Screens of individual deaths with standard information (e.g., coroner’s report, death certificate).
- Involvement of medical personnel in the mortality reviews. SWMBH ensures that individuals involved in the review of SEs have the appropriate credentials to review the scope of care (e.g. deaths or serious medical conditions involve a review by a physician or nurse).
- Documentation of the mortality review process, findings, and recommendations.
- Following completion of a RCA, or investigation, the CMHSP or SUD Provider developed and implemented either a plan of correction or an intervention to prevent further occurrence or recurrence of the adverse event or documented the rationale of why corrective actions were not needed.
- Use of mortality information to address quality of care.

SWMBH analyzes CIs, SEs, and REs at least quarterly during the regional Quality Management Committee (QMC) meetings. The REs reviewed minimally include those that put individuals at risk of harm including actions taken by individuals who receive services that cause harm to themselves, actions taken by individuals who receive services that cause harm to others, and two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period. The quantitative data and the qualitative details of specific incidents or patterns of events are reviewed and discussed to remediate the problem or situation and prevent the occurrence of similar incidents or events in the region. Documentation of the review and discussion is maintained the meeting PowerPoint presentation and minutes which are saved on the SWMBH Commons and available to all QMC members. It is the expectation that members that cannot attend the meetings will review the presentations and minutes, and that all members communicate information from the meetings to the appropriate people within their organizations.

SUD Residential Treatment Provider Process

SWMBH holds contracts with SUD residential treatment providers for the region. SWMBH delegates the responsibility of the process for the identification, review, and follow-up of SUD SEs to those providers. If an SUD SE occurs, the provider is required to notify SWMBH of the incident immediately. SWMBH then reports those events to MDHHS within 24 hours via email to mdhhs-bhdda-contracts-mgmt@michigan.gov and additionally reports the SE in the BH CRM.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will report any SUD Sentinel Event that occurs at a contracted residential treatment provider via email to MDHHS and in the BH CRM within 24 hours.	Quality Management and Clinical Outcomes (QMCO)	Through submission to MDHHS via email and in the BH CRM	As SUD SEs Occur
The rate for the region, per 1000 persons served, of suicide deaths will demonstrate a decrease from the previous year.	QMCO	QMC	Quarterly
SWMBH will demonstrate a decrease in unresolved unknown cause of death critical incidents for FY26, compared to FY25.	QMCO	QMC	Quarterly

D. Behavioral Treatment Review

Description

MDHHS requires data to be collected based on the definitions and requirements within the MDHHS Technical Requirement Behavioral Treatment Plans policy and the MDHHS Quality Assessment and Performance Improvement Programs for Specialty Prepaid Inpatient Health Plans policy. Only techniques that are permitted by the Technical Requirement and have been approved during person-centered planning may be used. SWMBH delegates the responsibility for monitoring and collecting and analyzing data to each local CMHSP Behavior Treatment Review Committee (BTRC). Each BTRC reviews and approves or disapproves behavior treatment plans (BTPs) that propose the use of restrictive or intrusive interventions, as defined by the technical requirement. Each CMHSP is required to submit their BTRC data to SWMBH quarterly. SWMBH focuses on and analyzes data related to intrusive and restrictive techniques, physical management, and/or incidents resulting in 911 calls for

emergency behavioral crisis. The data submitted includes the numbers of interventions and length of time the interventions were used per person. Monitoring this data is important for the oversight and protection of vulnerable individuals, including those receiving long term supports and services (LTSS). The data is made available to MDHHS upon request. SWMBH provides oversight by analyzing the data on a quarterly basis to identify and address any trends or opportunities for improvement. Based on the analysis, SWMBH requests the behavior plans on an individual level as needed to review further. The criteria for further review may include, but are not limited to, those with restrictive and/or intrusive interventions, 911 calls, self-injurious behavior, hospitalizations, harm from physical management, etc. During the annual CMHSP Site Reviews SWMBH completes an audit of the data and a sample of behavior treatment plans to ensure accurate reporting and adherence to the Behavior Treatment Review Standards by each CMHSP.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
The region will achieve 90% or higher on the Behavior Treatment Plan section of the non-SUD clinical file review tool for the annual CMHSP Site Review.	Quality Management and Clinical Outcomes (QMCO)	CMHSP Administrative and Delegated Function Site Review, Clinical File Review Tool	Annually

E. Member Experience with Services

a) Customer Satisfaction Survey

Description

SWMBH's Quality Management and Clinical Outcomes (QMCO) Department administers an annual Customer Satisfaction Survey on behalf of the region. The primary objective of the survey is to identify opportunities for improvement at the CMHSP and PIHP levels, and to improve outcomes in comparison to the previous year's results. SWMBH ensures the incorporation of beneficiaries receiving long-term support or services (LTSS), case management services, and Medicaid services into the review and analysis of the survey results obtained from quantitative and qualitative methods. Respondents are requested to specify the services and support they, or the individual they are representing, currently receive. This information is used to identify beneficiaries receiving LTSS. CMHSPs are also required to identify target populations within their sample provided for the survey, and responses are tracked and analyzed based on that information.

SWMBH utilizes a hybrid Mental Health Statistics Improvement Program (MHSIP), Youth Surveillance Survey (YSS), and the Experience of Care and Health Outcomes (ECHO) Survey. All adopted survey methods and categories are certified as best practice survey tools to gauge beneficiary experience of care and were approved by MDHHS. Prior to implementation, survey tools are evaluated to ensure required data is collected from beneficiaries and their guardians/family where appropriate. SWMBH's Consumer Advisory Committee members also provide feedback on the survey process, questions and content, and the distribution plan during standing committee meetings. During 2026, the SWMBH Quality Management and Clinical Outcomes Department plans to collect beneficiary survey responses throughout the year with the goal of achieving at least 2,100 completed surveys. Surveys will be accessible electronically to beneficiaries via postings with quick-response (QR) codes and tablets in the CMHSP waiting/lobby areas, through the SWMBH website, by text message, and by email. Additionally, CMHSPs will offer the survey on paper as requested. CMHSPs are responsible for using a systematic process to enter any paper survey responses they receive into the electronic survey tool.

The survey includes space for respondents to comment on their services, allowing for deeper analysis and

qualitative assessment. Respondents can also request follow-up from their CMHSP within the survey. When they do, an automated notification is sent to the appropriate CMHSP in real-time, and CMHSP Customer Services staff are responsible for completing the follow-up.

At the conclusion of the survey project, a full analysis report is produced, providing qualitative and quantitative analysis for each of the Adult and Youth survey categories measured. The quantitative analysis includes a review of the numerical data, and the qualitative analysis includes a review of the comments and additional information respondents provide. Starting in 2025, SWMBH provides further analysis of service delivery and health outcomes from year-to-year as anonymous IDs are optionally assigned to each participant to track respondents' answers over time. The results and survey analysis are shared with internal/external stakeholders which include SWMBH's Regional Clinical Practices (RCP) Committee, Regional Utilization Management (RUM) Committee, the Operations Committee, Customer Advisory Committee (CAC), Quality Workgroups, and the Board of Directors. The results are also shared via the SWMBH website, newsletter and within the annual QAPIP Evaluation.

The QAPIP Evaluation outlines the results of the survey project, identifies any barriers, and provides recommendations for improvement for the following years' survey project. The effects of activities implemented to improve satisfaction, from the previous year's recommendations, are evaluated and discussed during the Regional QMC meeting. The survey analysis addresses issues of quality and availability of services. Sources of beneficiary dissatisfaction are identified and each CMHSP is required to develop improvement plans, specific to the findings/results/analysis from their locations. Systemic steps will be outlined to follow up on the findings.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Achieve at least 1500 completed MHSIP surveys and 600 completed YSS surveys by making the survey more available/accessible, utilizing email, text, QR code, mobile device, tablet, and paper survey.	QMCO	QMC	Annually
The FY26 MHSIP (Adult) survey will reflect improvements in the region's overall Social Connectedness score—following its decline from FY24 to FY25—and in the previously lowest-scoring domain, Outcomes and Functioning.	QMCO	QMC, RCP, CAC	Annually
The FY26 YSS (youth) survey will see an improvement in the region's overall score within the previously lowest-scoring domain (Outcomes).	QMCO	QMC, RCP, CAC	Annually

b) Recovery Self-Assessment, Person in Recovery version (RSA-r) Survey

Description

SWMBH's Quality Management and Clinical Outcomes (QMCO) Department, in conjunction with the SUD Department, administers the Recovery Self-Assessment Survey, Person in Recovery version (RSA-r) to Medicaid and SUD Block Grant beneficiaries within the region. The primary objective of the survey is to identify areas of strength and opportunities for improvement in recovery-oriented care provided within Region 4 and improve scores in comparison to the previous year's results. At the conclusion of the survey project, a full analysis report is produced, providing qualitative and quantitative analysis for each of the six subcategories measured: Life Goals, Involvement, Diversity of Treatment, Choice, Individually Tailored Services, Inviting Space. Survey results and analysis are disseminated to both internal and external stakeholders, including the SWMBH Consumer Advisory Committee (CAC), Regional Clinical Practices (RCP), the Regional Operations Committee, the Quality

Management Committee (QMC), and the SUD Program Director's Workgroup. Feedback-informed strategies are implemented as appropriate. Findings are also shared through the SWMBH website, newsletters, the annual QAPIP Evaluation, and other SWMBH annual publications.

The Evaluation Report outlines the results of the survey project, identifies any barriers, and provides recommendations for improvement for the following year's survey project. The effects of activities implemented to improve satisfaction, from the previous year's recommendations, are evaluated and discussed during the Quality Management Committee and the SUD Director's Subgroup meetings. The survey analysis addresses issues of quality and availability of care. Sources of beneficiary dissatisfaction are identified. SWMBH requests that participating SUD and CMHSPs review results internally and develop improvement plans, specific to the findings/results/analysis from their locations. Systemic steps are outlined to follow up on the findings.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Increase survey participation compared to the previous year, as evidenced by more participating providers and/or more surveys completed.	QMCO, SUD	QMC, SUD Directors Subgroup	Annually
Achieve at least 90% consumer satisfaction with SUD services as indicated by survey results.	QMCO, SUD	QMC, SUD Directors Subgroup	Annually

F. Verification of Medicaid Services

Description

SWMBH's Program Integrity and Compliance department performs the Medicaid Services Verification review to verify whether services reimbursed by Medicaid were furnished to beneficiaries by its Participant CMHSPs, providers, and subcontractors. This review is performed pursuant to MDHHS-PIHP Master Contract Schedule A Section C.4 and in conformity with the MDHHS Medicaid Verification Process technical requirement. SWMBH performs this review after the end of each Fiscal Year Quarter, typically within 30 days depending on the accepted encounter volume, to have real time results and an opportunity to effectuate change quickly. SWMBH submits its findings from this process to MDHHS annually along with follow up actions that were taken as a result. SWMBH also presents the findings to the Board of Directors.

For completing the fiscal year verification of sampled Medicaid claims, SWMBH uses the random number function of the Office of Inspector General's (OIG) statistical software package, RAT-STAS, and conducts quarterly audits of claim encounters for each CMHSP, contracted substance use disorder (SUD) providers, and Participant CMHSPs' Network Providers. SWMBH utilizes a standardized verification tool, which includes the following elements against which all selected encounters and claims are evaluated:

1. Was the person eligible for Medicaid coverage on the date of service?
2. Is the code billed eligible for payment under Medicaid?
3. Was the service identified included in the beneficiary's individual plan of service/treatment plan?
4. Does the treatment plan contain a goal/objective/intervention for the service billed?
5. Is there documentation on file to support that the service was provided to the consumer?
6. Was the provider qualified to deliver the services provided?
7. Is the appropriate claim amount paid (contracted rate or less)?

FY26 Goal

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
The overall Medicaid claims verification compliance rate for Region 4 will be above 90%	Program Integrity/Compliance	SWMBH Corporate Compliance Coordinating Committee & SWMBH Board Regulatory Compliance Committee	Quarterly

G. Provider Network

a) Provider Network Adequacy Evaluation

Description

SWMBH completes an evaluation of the adequacy of its current fiscal year's provider network during the first quarter of each fiscal year, assessing provider network adequacy and accessibility according to the most current MDHHS Network Adequacy Standards. The areas that are assessed include enrollee-to-provider ratios, crisis residential beds-to-enrollee ratios, time and distance standards, SUD services based on American Society of Addiction Medicine Level of Care (ASAM LOC), timely appointments, languages spoken, cultural competence, and physical accessibility. Each section contains a regional analysis and identifies opportunities for improvement that will be addressed throughout the fiscal year. The data from SWMBH's internal network adequacy analysis and opportunities for improvement report is then added to the MDHHS Network Adequacy Reporting Template and submitted to MDHHS by the required due date specified in Schedule E of the MDHHS-PIHP contract.

MDHHS contracts with HSAG to conduct the annual performance measures and included network adequacy validation activities, ensuring all reported performance indicator rates are calculated following the state's measure specifications and reporting requirements, and that network standards, as defined by the state, were met.

SWMBH also maintains the Provider Directory on behalf of the region, which is located on SWMBH website. The CMHSPs submit new/update/delete request forms through SWMBH Commons when there has been a change to their network providers and SWMBH makes the change to the directory within 30 days.

FY26 Goal

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will complete an evaluation of provider network adequacy and accessibility according to the most current MDHHS Network Adequacy Standards. The report will be submitted to MDHHS by the MDHHS-required due date.	Provider Network	SWMBH Assessment of Medicaid Network Adequacy Report	Annually

b) Administrative and Delegated Function Site Reviews

Description

SWMBH either directly performs or ensures that its Participant CMHSPs perform annual monitoring of all providers in its network. This monitoring occurs through the annual site review process, during which standardized tools are used to evaluate Participant CMHSPs' and contracted providers' (both SUD and non-SUD) compliance with administrative requirements and clinical service quality.

Participant CMHSP Site Reviews

SWMBH performs annual Site Reviews of its Participant CMHSPs. These reviews consist of a review of each CMHSP's administrative processes and procedures in the following functional areas: Access and Utilization Management, Claims, Compliance, Credentialing, Customer Services, Grievances & Appeals, Provider Network, Quality, Staff Training, and SUD EBP Fidelity and Administration.

In addition to reviewing administrative processes, the annual site review process also includes file reviews for the following administrative functions:

- Denial File Review (performed quarterly)
- 2nd Opinion File Review
- Credentialing and Re-credentialing File Review
- Grievances File Review (performed quarterly)
- Appeals File Review (performed quarterly)
- MMBPIS and Critical Incident File Review
- Staff Training File Review

To monitor clinical service quality, SWMBH performs a Clinical Quality (non-SUD) clinical record review of CMHSP directly operated services that is focused on a specific population or service (consistent across all Participant CMHSPs). The population or service focus is determined annually by SWMBH's Quality Management and Clinical Outcomes Department based on several factors which may include State or PIHP-audit results, beneficiary complaints, or other identified concerns. SWMBH also performs an SUD Clinical Quality clinical record review of CMHSP directly operated SUD services.

SUD Providers

SWMBH does not allow for subcontracting of SUD services, and therefore directly holds each contract with its network SUD Providers. SWMBH directly performs annual site reviews for each of its contracted SUD providers. These reviews consist of a review of each SUD Provider's administrative operations and includes administrative file reviews of Credentialing and Re-credentialing, and Staff Training, to monitor SUD Provider completion of these activities in compliance with SWMBH Policies, and to ensure that staff are qualified to perform the services being delivered.

To monitor clinical service quality, SWMBH performs a clinical file review as part of the annual site review process.

Network Providers

For non-SUD network providers that are contracted with one or more of SWMBH's Participant CMHSPs, SWMBH ensures that monitoring is performed annually either directly by SWMBH or by a Participant CMHSP. SWMBH directly performs the annual site reviews for the following provider types:

- Autism Service Providers
- Crisis Residential Service Providers
- Inpatient Psychiatric Service Providers (utilizing the State Inpatient Reciprocity Tool and process)
- Financial Management Services (FMS) Providers

SWMBH's Participant CMHSPs perform annual monitoring of the remaining provider types. SWMBH's Regional Provider Network Management Committee (RPNMC) annually reviews standardized network provider review tools which are used for completion of network provider site reviews to ensure consistency and foster reciprocity. The RPNMC also maintains a spreadsheet of all "shared providers", network providers that are contracted with more than one Participant CMHSP and assigns a responsible Participant CMHSP to perform the annual site review each year to reduce the burden on shared providers. Completed reviews are uploaded to SWMBH's Portal so they are accessible to all Participant CMHSPs.

Network provider site reviews consist of a review of each provider's administrative operations and includes administrative file reviews of Credentialing and Re-credentialing, and Staff Training, to monitor provider completion of these activities in compliance with SWMBH Policies, and to ensure that staff are qualified to perform the services being delivered and/or perform their job functions (for unlicensed/direct-care staff).

FY26 Goal

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Ensure consistent use of regional monitoring tools.	Provider Network	Annual CMH Site Review process	Annually

H. Credentialing and Re-Credentialing

Description

SWMBH either directly performs or ensures that its Participant CMHSPs and network providers perform credentialing and re-credentialing in compliance with SWMBH's Credentialing and Re-credentialing Policies, which are annually approved by the SWMBH Board of Directors. The credentialing process (inclusive of re-credentialing) ensures that organizations, physicians, and other licensed health care professionals are qualified to perform their services. SWMBH utilizes the MDHHS Universal Credentialing application and CRM process throughout its Region to ensure consistent application of required standards. SWMBH also utilizes a regional checklist to assist in processing credentialing/re-credentialing applications in a consistent and compliant manner. The checklist includes, among other things, the following components for re-credentialing files:

- QI Data Check
  - Compliance fraud/waste/abuse (F/W/A) or other billing issues
  - Customer Services issues (in addition to formal Grievances/Appeals)
  - Utilization Management issues/concerns

SWMBH directly performs credentialing for the following in its network:

- Applicable SWMBH employees/contractors (individual credentialing)
- Participant CMHSPs (organizational credentialing)
- SUD Providers (organizational credentialing)
- Autism Service Providers (organizational credentialing on behalf of the Region)
- Financial Management Service Providers (organizational credentialing on behalf of the Region)
- Crisis Residential Providers (organizational credentialing on behalf of the Region)
- Inpatient Psychiatric Service Providers (organizational credentialing on behalf of the Region)
- Large Specialized Residential Providers – Beacon, Residential Opportunities Inc. (ROI), Turning Leaf, and Hope Network
    - SWMBH performs organizational credentialing of each Specialized Residential Site, on behalf of the Region.

SWMBH delegates, under Delegation memorandum of understanding (MOUs), credentialing activities to its Participant CMHSPs for the following:

- CMHSP network providers, other than those listed above.

SWMBH includes credentialing requirements consistent with its policies in its subcontracts with its Participant CMHSPs, SUD providers, and network providers via the CMH-provider subcontract boilerplate, for the following:

- Compliance with SWMBH or CMH organizational re-credentialing activities, including provider timely submission of credentialing applications and proofs; and
- Provider completion of individual practitioner credentialing of directly employed/contracted staff.

Monitoring Activities - Licensed/Credentialed Staff

SWMBH and its Participant CMHSPs monitor compliance with credentialing requirements through the annual site review process. Each site review includes a file review of a sample of the provider's credentialing files. See "Provider Network Monitoring" for additional information on the annual site review process. Additionally, SWMBH and its Participant CMHSPs require clinician information for any clinician to be listed as a "rendering provider" in the applicable agency's billing system. This is another way SWMBH and its Participant CMHSPs monitor to ensure licensed professionals are qualified to perform their services. While it is not "credentialing", when SWMBH receives a request from a provider to have a clinician added to the billing system as a rendering provider, SWMBH performs basic screening checks including exclusions screening and licensure verification to ensure that the clinician is only assigned billing rights to service codes they are qualified to deliver.

Monitoring Activities – Non-licensed Providers

SWMBH and its Participant CMHSPs monitor non-licensed provider staff qualifications through the annual site review process. Standardized site review tools for all provider types include a Staff Training file review, which evaluates whether a sample of the provider's staff completed all required trainings within required timeframes. Standardized site review tools that are specific to providers employing non-licensed staff (example - Ancillary and Community Services tool) include review elements that evaluate the provider's process for ensuring non-licensed direct care staff meet the minimum qualifications to perform their jobs as articulated in the Medicaid Provider Manual.

Through the annual site review process SWMBH ensures, regardless of funding mechanism:

- Staff (licensed or non-licensed) possess the appropriate qualification as outlined in their job descriptions, including the qualifications for all the following:
    - Education background

- Relevant work experience
- Cultural competence
- Certification, registration, and licensure as required by law (where applicable)

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
Continue monitoring of credentialing and recredentialing files to ensure quality and adherence to MDHHS requirements.	Provider Network	Monitoring will occur during site review process of CMHSPs, SUD, Inpatient hospitals, and ABA providers during annual site reviews.	Annually with potential implementation of quarterly monitoring to improve policy adherence.
Develop Technical assistance (TA) training for ongoing transition to MDHHS Universal Credentialing System for providers.	Provider Network	Monitoring reports in MDHHS CRM system to review and address status of Region 4 by (RCC) Responsible Credentialing Coordinator of credentialing files. PIHP credentialing leads/MDHHS meetings, and CMHSP credentialing leads/PIHP meetings.	Quarterly .

I. Clinical Practice Guidelines

Description

SWMBH reviews, disseminates, and implements clinical practice guidelines that are consistent with the regulatory requirements of the MDHHS Specialty Services Contract and Medicaid Managed Care rules. SWMBH and its Medicaid subcontracted provider network have adopted these guidelines. SWMBH ensures that information related to the guidelines is made available to beneficiaries and providers.

It is policy that the employees of SWMBH, the CMHSPs, and the provider network must ensure that decisions with respect to utilization management, beneficiary education, coverage of services, and other areas are consistent with the guidelines found here: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines

SWMBH's Clinical Protocols and Practice Guidelines meet the following requirements:

- Are based upon valid and reliable clinical evidence or a consensus of healthcare professionals in the field.
- Consider the needs of SWMBH beneficiaries.
- Are adopted in consultation with contracting providers and staff who utilize the protocols and

guidelines.
- Are reviewed and updated periodically as needed, with final approval by the Medical Director and/or the Chief Clinical Officer.
- Guidelines are disseminated to all applicable providers through provider orientation/the provider manual and to beneficiaries upon request.
- Guidelines are posted on the SWMBH website and are referenced in the provider and member handbooks.
- Implementation of new guidelines and/or review of existing guidelines is published in the provider and member newsletters.
- Any decisions with respect to utilization management, beneficiary education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines.

SWMBH's adopted practice guidelines include:
- Inclusion Practice Guideline
- Person-Centered planning Practice Guideline
- Housing Practice Guideline
- Consumerism Practice Guideline
- Personal Care in Non-Specialized Residential Settings Practice Guideline
- Family-Driven and Youth-Guided Policy and Practice Guideline
- Employment Works! Policy

Practices Guidelines are adopted, developed, and implemented by the Regional Clinical Practices (RCP) Committee, which consists of representatives from SWMBH and the eight CMHSPs in Region 4. The group works together to decide which guidelines are most relevantly matched to the individuals in the region by eliciting responses from CMHSP representatives who are close to the issues. The group ensures that the essence and intention of these guidelines are filtered through the behavioral health system via meaningful discussion, policy, procedure, training, and auditing/monitoring. Practice guidelines are monitored and evaluated through SWMBH's Administrative and Delegated Function Site Review process to ensure Participant CMHSPs and SUD providers, at a minimum, are incorporating mutually agreed upon practice guidelines within the organization via measures agreed upon by leadership across the region.

Audits are conducted and reviewed as part of SWMBH's annual clinical audit process, or delegated to the CMHSPs, as required by SWMBH. Practice Guidelines and the expectation of their use are included in provider contracts. Practice guidelines are reviewed and updated annually or as needed and are disseminated to appropriate providers through relevant committees/councils/workgroups.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH, with the CMHSPs, will develop improvement strategies to address any deficiencies and identify goals to improve the Person-Centered Planning Process in FY26.	Quality Management & Clinical Outcomes (QMCO)	RCP	Quarterly
SWMBH will formalize its process for obtaining SUD provider feedback when reviewing and adopting SUD Practice Guidelines.	QMCO, SUD	RCP, SUD Directors Subgroup	Annually

J. Care Management Program

Description

SWMBH provides a robust care management program to all Medicaid beneficiaries with behavioral health needs who require intensive care management, including but not limited to, child and adult beneficiaries who have significant behavioral health issues and complex physical comorbidities.

The purpose of SWMBH's care management program is to help beneficiaries gain optimal health outcomes, improve functional capacity, and support whole-person recovery. Care management includes but is not limited to care planning, preventative health education, patient communication, medication management, risk stratification, and population management. Care coordination between behavioral and physical health providers is an essential competent of care management involving the organization, coordination, and communication of healthcare services for beneficiaries.

SWMBH works with the Medicaid Health Plans (MHPs) to own joint care management responsibilities with shared MHP beneficiaries, consistent with MDHHS policy and contractual direction. Monthly integrated care team (ICT) meetings are held with the MHPs represented in Region 4 to address the needs of beneficiaries with multiple or complex conditions as well as high ED use and inpatient (IP) admissions. Mutually shared beneficiaries are identified through risk stratification conducted in CareConnect 360 (CC360). An Integrated Healthcare Specialist provides comprehensive assessment of the beneficiary's condition, determination of available benefits and resources, and development and implementation of a care management plan with patient-centered goals, monitoring, and follow-up in conjunction with the MHP care management teams. An integrated care plan is created in CC360 to monitor care coordination activities and health outcomes.

Transition of care monitoring is a key component of care management that focuses on closely monitoring and supporting beneficiaries as they move between different care settings, such as moving from an inpatient admission to the community, ensuring a smooth transition and minimizing potential complications by providing coordinated care during a critical period in a beneficiary's care. Discharge planning is an integral part of treatment. Consideration of the continuum of care and long-term recovery needs of the member should direct transition planning. Transition of care monitoring intends to improve quality of care, improve outcomes and control costs by assuring plan coordination in which primary and specialty mental health, SUD, and healthcare providers inform each other regarding their treatment of an individual and collaboration regarding the needs of the beneficiary.

To further bolster performance measures including FUH and FUA, SWMBH employs grant funded Transition Navigators. The SWMBH UM department identifies beneficiaries not actively engaged in services with a CMHSP, Certified Community Behavioral Health Clinic (CCBHC), or SUD treatment program that, if not otherwise engaged in aftercare, would have a high risk of readmission following an IP admit or ED visit. Transition Navigators conduct outreach to promote treatment engagement, eliminate barriers to engagement, link beneficiaries to resources as needed, and provide health education.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will meet or exceed the Joint Care Management expectation for adult enrollees, that 25% of complex beneficiaries identified through risk stratification will have a joint care plan created or updated in CC360. Additional assessment of integrated	Quality Management & Clinical Outcomes (QMCO)	ICT meetings, SWMBH Departmental Meetings	Quarterly

care plans activity will be conducted by producing a monthly CC360 ICP Analysis report that generates the status of all care plans and provides MHP case stratification findings.			
SWMBH will follow the Joint Care Management process for child enrollees and produce a monthly member report. SWMBH will assess members with open/closed ICP's and delineate by MHP cases that will be recommended for integrated health care coordination based on CC360 Child Easy Tab Risk Stratification criteria. Additional assessment of integrated care plans activity will be conducted by producing a monthly CC360 ICP Analysis report that generates the status of all care plans and provides MHP case stratification findings.	QMCO	ICT meetings, SWMBH Departmental Meetings	Quarterly

K. Long-Term Services and Supports (LTSS)

Description

LTSS refers to services and supports provided to beneficiaries of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the beneficiary to live or work in the setting of their choice, which may include the individual's home, a worksite, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting (42 CFR 438.2).

LTSS are provided to persons with disabilities who need additional support due to: (42 CFR §438.208(c)(1)(2)):

- Advancing age; or
- Physical, cognitive, developmental, or chronic health conditions; or
- Other functional limitations that restrict their abilities to care for themselves; and
- Receive care in home and community-based settings or facilities such as nursing homes.

MDHHS identifies Medicare and Medicaid participants in its HCBS Waivers as recipients of LTSS. HCBS is defined as Home and Community Based Services which provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. SWMBH manages funding for Michigan's specialty behavioral health Medicaid population through delegation and contracting with the eight CMHSPs and their provider networks in Region 4. SWMBH and its network serves beneficiaries receiving LTSS through the following HCBS Waivers:

- Children's Waiver Program (CWP)
- Waiver for Children with Serious Emotional Disturbances (SED)
- Habilitative Supports Waiver (HSW)
- 1915 (i)SPA

Additionally, SWMBH identifies beneficiaries who receive the following services as LTSS recipients:

- Care Coordination/Targeted Care Management
- Respite Services
- Community Living Supports (to promote participation in the community)

- Home Modifications
- Nursing Services
- Personal Emergency Response Systems
- Family and Non-Family Training
- Enhanced Pharmacy
- Overnight Health and Safety Supports

SWMBH is dedicated to ensuring the quality and appropriateness of care to all beneficiaries. People receiving LTSS are some of the region's most vulnerable individuals, therefore, additional analyses of the quality and appropriateness of care for the LTSS populations in Michigan are warranted by both quantitative and qualitative means. The quality, appropriateness, availability, and accessibility of care furnished to beneficiaries receiving LTSS is quantitatively and qualitatively assessed using an analysis of adult and youth (MHSIP and YSS) satisfaction surveys. SWMBH's Quality Management and Clinical Outcomes (QMCO) Department incorporated a question into the annual surveys to identify individuals who received LTSS in FY23 and this has allowed for a separate analysis of the LTSS population.

The CMHSP Clinical Quality File Review Tool that is utilized in Region 4 annually, also includes items to monitor the quality and appropriateness of care for beneficiaries receiving LTSS. For reference, some of the items from the SWMBH annual CMHSP site review tool are:

- In the event there has been a significant change (for example: inpatient admission, inpatient discharge, medication change, significant adverse event, significant change in services, termination of services or death) there is evidence of coordination of care with the primary care physician.
- If the member is a recipient of LTSS, there is an assessment of care between settings.
- Needs, priorities, and a professional analysis of service needs and recommendations are documented.
    - All identified needs are included and addressed in the Individual Plan of Service (IPOS).
- Level of Care (LOC) is appropriately evaluated and identifies a functional deficit requiring intervention/treatment. LOC assessment is completed annually and when there is significant change in individual's status.
- The IPOS is individualized based upon assessment of the beneficiary's needs and preferences. The plan (or assessment) describes their strengths, abilities, plans, hopes, interests, preferences and natural supports.
    - Health/safety risks are identified.
    - Beneficiary choice is documented.
    - Natural supports that will be used to assist the beneficiary in being able to accomplish goals and objectives are identified.
    - The plan contains clear, concise, and measurable statements of the objectives the beneficiary will be attempting to achieve.
- Individuals are provided with ongoing opportunities to provide feedback on supports and services they are receiving, perceived barriers or strengths during treatment, and their progress towards goal attainment.
    - May be documented in progress notes and/or periodic reviews.
- Services and interventions identified in the IPOS are provided as specified –
    - Goals and objectives are measurable.
    - The plan specifies the type, amount, scope, duration, frequency, and timeframe for implementing services.
    - The individual has received all services as authorized in the plan.
    - If services are not being utilized as planned, and an appropriate reason for the lack of service

provision is not present in the documentation, the IPOS has been amended. (Lack of provider is not an acceptable reason for not providing a medically necessary service.)

Aggregated annual audit outcomes are regularly monitored and analyzed by the QMCO Department at both the CMHSP and PIHP levels. Results are used to inform annual provider training that is offered to the LTSS provider network. Additional quality improvement training is provided at the CMHSP-level as needed or required.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will use the Customer Satisfaction Survey results to assess the quality, appropriateness, availability, and accessibility of care of beneficiaries receiving LTSS. Improvement areas will be identified based on the analysis of the results in Q4 of FY26.	QMCO	QMC, RCP	Annually
During the annual Administrative and Delegated Function Site Reviews, SWMBH will evaluate the region's effectiveness in demonstrating that LTSS members have had an assessment of care between settings. Improvement areas and best practices will be identified from the FY26 results.	QMCO	QMC, RCP	Annually

L. Utilization Management (UM)

Description

The purpose of the UM Program is to maximize the quality of care provided to beneficiaries while effectively managing the Medicaid, Healthy Michigan Plan, Flint 1115 Waiver, Autism Benefit, Habilitation Supports, SED and Child Waivers, LTSS recipients (defined in LTSS section of the QAPIP), and SUD Community Grant resources of the Plan while ensuring uniformity of benefit. SWMBH is responsible for monitoring the provision of delegated UM managed care administrative functions related to the delivery of behavioral health and substance use disorder services to beneficiaries enrolled in Medicaid, Healthy Michigan Plan, Flint 1115 Waiver, Autism Benefit, Habilitation Supports, SED and Child Waiver, LTSS recipients, and SUD Community Grant. SWMBH is responsible to ensure adherence to UM related statutory, regulatory, and contractual obligations associated with the MDHHHS Medicaid Specialty Services and SUD contracts, Medicaid Provider Manual, mental health and public health codes/rules and applicable provisions of the Medicaid Managed Care Regulations, the Affordable Care Act and 42 CFR. The PIHP must ensure services identified in 42 CFR §438.210(a)(1) must be furnished in an amount, duration, and scope for the same services furnished to beneficiaries under Fee for Service (FFS) Medicaid, as set forth in §440.230, and for beneficiaries under the age of 21, as set forth in subpart B of part 441.

The UM program consists of functions that exist solely to ensure that the right person receives the right service at the right time for the right cost with the right outcome, while promoting recovery, resiliency, integrated and self-directed care. The most important aspects of the UM plan are to effectively monitor population health and manage scarce resources for those persons who are deemed eligible while supporting the concepts of financial alignment and uniformity of benefit. Ensuring that these identified tasks occur is contingent upon uniformity of

benefit, commonality and standardized application of Intensity of Service/Severity of Illness criteria and functional assessment tools across the Region, authorization and linkage, utilization review, sound level of care and care management practices, implementation of evidenced based clinical practices, promotion of recovery, self-determination, involvement of peers, cross collaboration, outcome monitoring and discharge/transition/ referral follow-up.

Utilization Management Activities

Based on an annual review by SWMBH cross collaborative departments utilizing clinical and data model audits, an annual UM Program is developed, and UM oversight and monitoring activities are conducted across the region and provider network to assure the appropriate delivery of services. Participant CMHSP's are delegated most utilization management functions for mental health under their Memorandum of Understanding (MOU) and some CMHSP's are delegated UM functions for a limited scope of SUD services. SWMBH provides, through a central care management process, UM functions for all services delivered by SUD providers and all acute/high intensity SUD services inclusive of detox, residential and MAT/Methadone. Based upon the UM Program review, annual audits and report findings, modifications are made systemically through the UM annual work plan/goals and policy/procedure. Specific changes may be addressed through corrective action plans with the applicable CMHSP's, providers, or SWMBH departments.

Provider Network practitioners and participant CMHSP clinical staff review and provide input regarding policy, procedure, clinical protocols, evidence-based practices, regional service delivery needs and workforce training. Each CMHSP is required to have their own utilization management/review process. The Medical Director and a Physician board-certified in addiction medicine meet weekly with SWMBH UM staff to review challenging cases, monitor trends in service, and provide oversight of application of medical necessity criteria. Case consultation with the Medical Director who holds an unrestricted license is available 24 hours a day. SWMBH provides review of over and underutilization of services and all delegated UM functions. Inter-rater reliability (IRR) testing is conducted annually for any SWMBH clinical staff making medical necessity determinations through the centralized care management or outlier management processes.

Determination of Medical Necessity

Treatment under the beneficiary's behavioral health care benefit plan is based upon a person-centered process and meets medical necessity criteria/standards before being authorized and/or provided. Medical necessity criteria for Healthy Michigan Plan and Medicaid for mental health, IDD, and substance abuse supports and services and provider qualifications are found in the MDHHS Medicaid Provider Manual. For the purposes of utilization control, SWMBH ensures all services furnished can reasonably achieve their purpose and the services supporting individuals with ongoing or chronic conditions or who require long-term services and supports are authorized in a manner that reflects the beneficiary's ongoing need for such services and supports. SWMBH utilizes the MCG (Milliman Care Guidelines) as the medical necessity criteria for Inpatient Psychiatric Hospitalization, Crisis Residential Treatment, and Partial Hospitalization Programs. MCG was selected for state parity purposes by MDHHS to create consistency across the state for Michigan's Medicaid beneficiaries. Levels of Care, service utilization expectations, changes (if any) in the MDHHS Medicaid criteria or professional qualifications requirements, and UM standards are reviewed annually by the Regional Utilization Management (RUM) Committee with final approval by the SWMBH Medical Director.

Services selected based upon medical necessity criteria are:

1. Delivered in a timely manner, with an immediate response to emergencies in a location that is accessible to the beneficiary.
2. Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant

manner.

3. Provided in the least restrictive appropriate setting; (inpatient and residential treatment shall be used only when less restrictive levels of treatment have been unsuccessful or cannot be safely provided).
4. Delivered consistent with national standards of practice, including standards of practice in community psychiatry, psychiatric rehabilitation and in substance abuse, as defined by standard clinical references, generally accepted practitioner practice or empirical practitioner experience.
5. Provided in a sufficient amount, duration, and scope to reasonably achieve their purpose – in other words, are adequate and essential.
6. Provided with consideration for and attention to integration of physical and behavioral health needs.

Process Used to Review and Approve the Provision of Medical Services

1. Review decisions are made by qualified medical professionals. Appropriately trained behavioral health practitioners with sufficient clinical experience and authorized by the PIHP or its delegates shall make all approval and denial determinations for requested services based on medical necessity criteria in a timely fashion. A required service will not be arbitrarily denied or reduced by amount, duration, or scope based solely on a diagnosis, type of illness, or condition of the beneficiary.
2. Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by an individual who has appropriate expertise in addressing the beneficiary's medical, behavioral health, and/or long-term services and supports needs.
3. Efforts are made to obtain all necessary information, including pertinent clinical information, and consultation with treating physician as appropriate.
4. The reasons for decisions and the criteria on which decisions are made are clearly documented and available to the beneficiary and provider.
5. Well-publicized and readily available appeals mechanisms for both providers and beneficiaries exist. Notification of a denial includes a description of how to file an appeal and on which criteria the denial is based.
6. Decisions and appeals are made in a timely manner as required by the exigencies of the situation.
7. There are mechanisms to evaluate the effects of the program using data on beneficiary satisfaction, provider satisfaction or other appropriate measures.
8. Utilization management functions that are delegated to a CMHSP may not be sub-delegated without prior approval and pre-delegation assessment by SWMBH.

<u>Review Process</u>

A Prospective Review involves evaluating the appropriateness of a service prior to the onset of the service. A Concurrent Review involves evaluating the appropriateness of a service throughout the course of service delivery. Retrospective Review involves evaluating the appropriateness of a service after the services have already been provided. Determinations are made within the previously identified timeframes.

UM staff obtain review information from any reasonably reliable source. The purpose of the review is to obtain the most current, accurate, and complete clinical presentation of the beneficiary's needs and whether the services requested are appropriate, sufficient, and cost-effective to achieve positive clinical outcomes. Only information necessary to make the authorization admission, services, length of stay, frequency and duration is requested.

<u>Access Standards</u>

1. The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *(MMBPIS #2) (*Standard = 73.15%)*

2. Achieve a call abandonment rate of 5% or less.
3. Average call answer time 30 seconds or less.

Level of Intensity of Service Determination

Level of Intensity	Definition	Expected Decision/Response Time
Emergent-Psychiatric	The presence of danger to self/others; or an event(s) that changes the ability to meet support/personal care needs including a recent and rapid deterioration in judgment	Within 3 hours; Prior authorization not necessary for the screening event. Authorization required for an inpatient admission within 3 hours of request
Urgent – Psychiatric	At risk of experiencing an emergent situation if support/service is not given	Within 72 hours of request; prior authorization required; if services are denied/ appealed and deemed urgent, Expedited Appeal required within 72 hours of denial
Routine	At risk of experiencing an urgent or emergent situation if support/service is not given	Within 14 days; Prior authorization required * *Effective 10/01/2027, routine (standard) prior authorization requests must receive determination notifications within 7 days. The 42 CFR 438.210 changes have a start date of 1/1/2026; however, MDHHS was approved for an exception to begin at the next state fiscal year.*
Retrospective	Accessing appropriateness of medical necessity on a case-by- case or aggregate basis after services were provided	Within 30 calendar days of request
Post-stabilization	Covered specialty services that are related to an emergency medical condition and that are provided after a beneficiary is stabilized to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e) to improve or resolve the beneficiary's condition	Within 1 hour of request

Coordination and Continuity of Care

SWMBH is committed to ensuring each beneficiary receives services designed to meet each individual special health need as identified through a functional assessment tool and a Biopsychosocial Assessment. The screening and assessment process contains mechanisms to identify needs and integrate care that can be addressed with specialty behavioral health and substance abuse treatment services as well as integrated physical health needs and needs that may be accessed in the community including, but not limited to, employment, housing, financial and assistance. The assessment is completed or housed in a uniform managed care information system with collection of common data elements which also contains a functional assessment tool that generates population-specific level of care guidelines. To assure consistency, the tools utilized are the same version across the SWMBH region and include the Level of Care Utilization System (LOCUS) for Adults with Mental Illness or Co-Occurring Disorder, MichiCANS (Michigan Child and Adolescent Needs and Strengths) for identifying the needs of the child/youth and family, and the ASAM-PPC (American Society for Addiction Medicine-Patient Placement

Criteria) for persons with a Substance Use Disorder. Effective March 2023, MDHHS made the decision not to renew the contract to continue use of the SIS (Supports Intensity Scale) as a level of care assessment tool for individuals with Intellectual and Developmental Disabilities. MDHHS made the decision to utilize the WHODAS (Word Health Organization Disability Assessment Schedule) that had a tentative state-wide implementation date of October 1, 2026. Components of the assessments generate a needs list which is used to guide the treatment planning process. Assessments are completed by appropriate clinical professionals. Treatment plans are developed through a person-centered planning process with the beneficiary's participation and with consultation from any specialists providing care to the beneficiary.

SWMBH ensures adherence to statutory, regulatory, and contractual obligations through four primary Utilization Management Functions.

1. Access and Eligibility: To ensure timely access to services, SWMBH provides oversight and monitoring of local access, triage, screening, and referral (see Policy Access Management). SWMBH ensures that the Access Standards are met, including MMBPIS.
2. Clinical Protocols: To ensure Uniform Benefit for beneficiaries, consistent functional assessment tools, medical necessity, level of care, and regional clinical protocols have been or will be identified and implemented for service determination and service provision (see Policy Clinical Protocols and Practice Guidelines).
3. Service Authorization: Service Authorization procedures will be efficient and responsive to beneficiaries while ensuring sound benefits management principles consistent with health plan business industry standards. The service determination/authorization process is intended to maximize access and efficiency on the service delivery level, while ensuring consistency in meeting federal and state contractual requirements. Service authorization utilizes level of care principles in which intensity of service is consistent with severity of illness.
4. Utilization Management: Through the outlier management and level of care service utilization guidelines for behavioral health and outlier management, level of care service utilization guidelines and central care management processes for substance use disorders, an oversight and monitoring process will be utilized to ensure utilization management standards are met, such as appropriate level of care determination and medically necessary service provision and standard application of Uniformity of Benefit (see Policy Utilization Management).

The SWMBH UM plan is designed to maximize timely local access to services for beneficiaries while providing an outlier management process to reduce over and underutilization (financial risk) for each partner CMHSP and the substance use disorder provider network. The Regional UM Plan endorses two core functions.

1. Outlier management of identified high cost, high risk service outliers or those with under- utilized services.
2. The Outlier Management process provides real-time service authorization determination and applicable appeal determination for identified service outliers. The policies and procedures meet accreditation standards for the SWMBH Health Plan for Behavioral Health services (Specialty Behavioral Health Medicaid and SUD Medicaid and Community Grant). Service authorization determinations are delivered real-time via a managed care information system or a telephonic review process (prospective, concurrent, and retrospective reviews). Outlier Management and level of care guideline methodology is based upon service utilization across the region. The model is flexible and consistent based upon utilization and funding methodology. Oversight and monitoring of delegated UM functions.

The Utilization Review process uses monthly review of outlier management reports and an annual review with specialized audit tools that monitor contractual, statutory, and regulatory requirements. The reports

and UR tool speak to ensuring intensity of service matching level of care with services and typical service utilization as well as any additional external audit findings (MDHHS, EQRO, etc.). Should any performance area be below the established benchmark standard, the Utilization Review process requires that a Corrective Action Plan be submitted to address any performance deficits. SWMBH clinical staff monitor the implementation of the Corrective Action Plans. The outlier management process and subsequent reports to manage it, including Over and underutilization and uniformity of benefit, are based on accurate and timely assessment data and scores of agreed tools and service determination transactions being submitted to the SWMBH warehouse, implementation of level of care guidelines and development of necessary reports for review.

Outlier Management

An integral part of SWMBH's PI based UM Program is continued development and implementation of its outlier management methodology. This process is a key strategy for identifying and correcting over and underutilization of services. This strategy provides the foundation for systemic performance improvement focus by the PIHP versus intensive centralized utilization controls. The design encompasses review of resource utilization of all plan beneficiaries covered by the PIHP. The intent of the outlier management approach is to identify issues of material under-utilization or over-utilization and explore and resolve it collaboratively with involved CMHSP(s).

1) Outlier Definition

"Outlier" is generally defined as significantly different from the norm. SWMBH defines "outlier" in relation to UM as follows: A pattern or trend of under- or over-utilization of services (as delivered or as authorized), compared to the typical pattern of service utilization. Over or under- utilization trends can be identified at a variety of comparative levels, including but not limited to the population, CMH, state, service type, or provider levels.

2) Outlier Identification

Multiple tools are available to SWMBH for monitoring, analyzing, and addressing outliers. SWMBH's Performance Indicator Reports (MDHHS required performance standards), service utilization data, and cost analysis reports are available to staff and committees for review and comparison of overall performance. The service use analysis reports are developed to allow detailed analysis of resource utilization at macro and micro levels. Outlier reviews are organized to focus extreme outliers in contrast to regionally normative patterns. Specific outlier reports are available and generated in the MCIS and reviewed by SWMBH Utilization Management to provide adequate oversight of service utilization and potential issues of uniformity of benefit.

3) Outlier Management Procedures

1. As outliers are identified, protocol driven analysis will occur at SWMBH and the regional committee level to determine whether the utilization is problematic and in need of intervention. Data identified for initial review will be at aggregate levels for identification of statistical outliers. Additional information will be accessed as needed to understand the utilization patterns and detail.
2. Identified outliers are evaluated to determine whether further review is needed to understand the utilization trend pattern. If warranted, active communication between the SWMBH staff and the regional committee or the CMHSP will ensure understanding of the utilization trends or patterns.
3. If the utilization trends or patterns are determined to require intervention at the CMHSP or the individual level, collaborative corrective action plans are jointly discussed with the CMHSP by SWMBH staff with defined timelines for completion.

Data Management

Data management, standardized functional assessment tools, and subsequent reporting tools are an integral piece to utilization management and application of uniform benefit. Utilization mechanisms identify and correct under-utilization as well as over-utilization.

Management/monitoring of common data elements are critical to identify and correct overutilization and underutilization as well as identify opportunities for improvement, patient safety, call rates, Access standards and beneficiary quality outcomes. A common Managed Care Information System with Functionality Assessment and Level of Care Tool scores drives Clinician/Local Care Manager/Central Care Manager review and action of type, amount, scope, and duration of services. As such there is a need for constant capture and analyses of beneficiary level and community level health measures and maximization of automated, data-driven approaches to UM and to address population health management.

The purpose of data management is to evaluate the data that is collected for completeness, accuracy, and timeliness and use that data to direct individual and community level care. As part of data management, Levels of Care for beneficiaries can be assigned. This work allows beneficiaries to be assigned categories of expected services and addresses a uniform benefit throughout the region. It is a goal of UM to identify the levels of care and subsequent reports to manage utilization and uniform benefit.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will identify and/or develop relevant UM Reports to share with the Region to help monitor utilization and uniform benefit using data informed practices. SWMBH will review UM data to identify trends and service improvement recommendations, identify best practice standards, and ensure valid and consistent UM data collection techniques.	UM, Quality Management & Clinical Outcomes (QMCO)	RUM, Regional Clinical Practices (RCP)	Quarterly
SWMBH will review Service Authorization Denial files for trends, ongoing through the end of FY26. ▪ Service authorization denial trends will be reviewed quarterly. CMHSPs and SWMBH will complete quarterly denial monitoring meetings.	UM, Customer Services	RUM, Regional Customer Service Committee	Quarterly

M. Customer Services

Description

SWMBH's Customer Services Department provides a welcoming environment and orientation to services. This includes providing beneficiaries with information about benefits, available providers in network, how to access behavioral health, substance use disorders, primary health, and other community resources. Customer Services assists beneficiaries with obtaining information about how to access their due process rights when services are

denied, reduced, suspended, or terminated. This includes helping beneficiaries with the Grievance and Appeal (G&A) process. Customer Services tracks and reports patterns of problems for each organization and regionally. This trending information is reviewed quarterly at regional committees and annually with the Board. Customer Service also addresses information requirements and enrollee rights and protections. This includes how materials are presented and provided to beneficiaries. It ensures beneficiaries receive interpretation services and translated documents when requested. Enrollee rights and protections address how beneficiaries are entitled to be treated.

SWMBH delegates Customer Service functions including information requirements, enrollee rights and protections, due process, grievances, and appeals to the CMHSPs. As such, a Memorandum of Understanding (MOU) between SMWBH and each CMHSP is implemented. The MOU specifies the delegated functions and expectations of the CMHSP. Adherence to the MOU is crucial to ensure all beneficiaries have access to customer service rights. This ensures federal and state requirements are met, while ensuring the services are provided in a uniform manner throughout Region 4 for continuity of care.

SWMBH also employs a Veteran Navigator within the Customer Services Department, and their role is to listen, support, offer guidance, and help connect Veterans to services they need. The Veteran Navigator facilitates and attends community outreach events throughout the region to increase awareness and connection to services.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH and regional CMHs will implement updates from the Customer Service Standards contract attachment by end of FY26.	Customer Service	Regional Customer Service Committee	Annually
Committee will review Grievance and Appeal files for trends, ongoing through the end of FY26.	Customer Service	Regional Customer Service Committee	Quarterly

N. Integrated Health Initiatives

Description

Health Home models aim to improve the health and well-being of individuals served by using comprehensive and integrated approaches to care. In Region 4, the Certified Community Behavioral Health Clinic (CCBHC), Substance Use Disorder Health Home (SUDHH), and Behavioral Health Home (BHH) models are represented. Each of these models, though different, converge to provide comprehensive mental health and substance use disorder care, coordination between behavioral and physical health, as well as address areas of social need, support service delivery across the lifespan, and improve access to services through interdisciplinary care teams and flexible funding structures.

CCBHC

Effective 10/1/25, seven of the eight CMHSPs within Region 4 are participating as CCBHC demonstration sites. The CMS CCBHC Demonstration requires certified sites to provide nine core services and Michigan CCBHCs have twelve required and seven recommended evidence-based practices they must use. The nine core services are:

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
2. Screening, assessment, and diagnosis, including risk assessment.
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
4. Outpatient mental health and substance use services.

5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric rehabilitation services.
8. Peer support and counselor services and family supports.
9. Intensive, community-based mental health care for beneficiaries of the armed forces and veterans, particularly those beneficiaries and veterans located in rural areas.

CCBHC General Requirements

As of 10/1/25, all responsibility for oversight of CCBHC demonstration sites was moved from the PIHPs to MDHHS; this includes all oversight and payment.

SUDHH and BHH

Both the SUDHH and BHH models provide integrated, person-centered, and comprehensive care to eligible beneficiaries to successfully address the complexity of comorbid physical and behavioral health conditions. Beneficiaries eligible for SUDHH will have a qualifying diagnosis related to alcohol, stimulant, or opioid use disorder. Beneficiaries eligible for BHH must have a Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED). The models are staffed with an interdisciplinary care team that addresses the beneficiary's behavioral and physical health needs. Each model must provide six core health services:

1. Comprehensive Care Management
2. Care Coordination
3. Health Promotion
4. Comprehensive Transitional Care
5. Individual and Family Support
6. Referral to Community and Social Support Services

PIHP Requirements

PIHPs operating as the Lead Entity (LE), for both the SUDHH and BHH models, must:

- Have the capacity to evaluate, select, and support providers who meet the standards for Health Home Program (HHP)s including:
  - Identification of providers who meet the HHP standards
  - Provision of infrastructure to support HHPs in care coordination
  - Collecting and sharing member-level information regarding health care utilization and medications
  - Providing quality outcome protocols to assess HHP effectiveness
  - Developing training and technical assistance activities that will support HHPs in effective delivery of health home services
- Maintain a network of providers that support the HHPs to service beneficiaries with a substance use disorder (SUDHH) or SMI and SED (BHH).
- Reimburse HHPs for providing health home services.
- The LE must be contracted with MDHHS to execute the enrollment, payment, and administration of the SUDHH and BHH with providers; MDHHS will retain overall oversight and direct administration of the LE; the LE will also serve as part of the Health Homes team by providing care management and care coordination services.

FY26 SUDHH Quality Metrics

Performance Measure Number	Measure Name and NQF # (if applicable)	Measure Steward	State Baseline	Allocation % of P4P Budget
1	90% Compliance with State 5515 Consent and Care Plan requirements	State Determined	TBD	50%
2	Follow-up after Emergency Department visit for Alcohol or Other Drug Dependence (FUA-AD), Follow-up within 7 days after discharge	NCQA	TBD	30%
3	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	CMS	TBD	20%

FY26 BHH Quality Metrics

Performance Measure Number	Measure Name and NQF # (if applicable)	Measure Steward	Allocation % of P4P Budget
1	Follow up After Hospitalization (FUH-7)	NCQA	50%
2	Increase in Controlling High Blood Pressure (CBP-HH)	NCQA	20%
3	Access to Preventative/Ambulatory Health Services	NCQA	30%

O. External Monitoring and Audits

Description

SWMBH is responsible for the coordination, organization, submission, and responses related to all external audit requests. External auditing includes any requests from MDHHS, HSAG, CMS, and other organizations. Audit results are reviewed, analyzed, and shared with relevant SWMBH regional committees and the SWMBH Board of Directors, as appropriate. Regional and internal Corrective Action Plans (CAPs) are developed for reviews/audits that do not achieve specified benchmarks or established targets.

FY26 Goals

Goal	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will achieve an overall compliance score of >95% on the annual HSAG Performance Measure Validation Review (PMV).	Quality Management and Clinical Outcomes (QMCO), IT	Quality Management Committee (QMC) and SWMBH Senior Leadership Meetings	Annually
SWMBH will achieve an overall compliance score of >90% during the 2025 HSAG Network Adequacy Validation (NAV) audit.	Provider Network	RPNMC and SWMBH Senior Leadership Meetings	Annually
SWMBH will see a reduction, measured in percentage, of Corrective Action Plans requiring second revision during the 2026 MDHHS Waiver Audit compared to 2025.	QMCO	QMC	Annually

P. Cultural Competency

Description

SWMBH is dedicated to ensuring that the supports and services provided throughout Region 4 demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all beneficiaries. Such commitment includes acceptance and respect for the cultural values, beliefs, and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services.

To effectively demonstrate such commitment to cultural competence and demonstrate compliance with the MDHHS/PIHP contract, SWMBH has the following five components in place:

1. Community Assessment
2. Policy and Procedure
3. Service Assessment and Monitoring
4. Ongoing Training
5. Culturally Contextual Services/Supports

Community Assessment

SWMBH uses the annual regional Network Adequacy assessment and consumer satisfaction surveys to assess for a culturally competent provider network and consumer involvement throughout the region. Languages spoken throughout the provider network are gathered through the Region's credentialing process.

At the county level, MDHHS requires each CMHSP to conduct a nominal Needs Assessment at least every two years. Michigan also launched as a CCBHC Demonstration state in 2021, and MDHHS requires all local CCBHC sites to complete a Needs Assessment. These community health needs assessments provide current demographic data and involve extensive stakeholder surveys spanning both provider agencies and persons served. The CMHSPs analyze stakeholder survey responses alongside data points for a combined qualitative and quantitative view of cultural competence and needs in each county. These data points are discussed, analyzed, and organized via county level workgroups and presentations. Community needs assessments are used to create a foundational equity framework that is specific to the county level, complete with root cause analysis and subsequent strategic planning.

Policy and Procedure

SWMBH Policy - Cultural & Linguistic Competency and SWMBH Procedure - SWMBH Cultural Competency Plan, reflect SWMBH's values and practice expectations toward cultural competency. SWMBH has adopted the Culturally and Linguistically Appropriate Standards (CLAS) as general guidelines for the region. These policies apply to the entire SWMBH network.

Service Assessment and Monitoring

SWMBH is fully dedicated to improving health equity within Region 4, as evidence by having a Health Equity Project Coordinator position that is entirely dedicated to reducing health equity disparities for minorities. It is a grant funded position that will continue to plan and develop region wide programming to increase the access and participation of minority populations in behavioral health services in FY26. The position facilitates a Regional Health Equity Focus Group consisting of representation from all 8 counties in the Region 4. The workgroup meets quarterly and helps to identify regional and county barriers. Likewise, the workgroup participants bring advice from frontline partnerships for further coordination and support, provide feedback on training and anti-stigma campaign efforts. Cultural competency is further assessed and monitored through current PBIP, the Behavior Health Quality Program, and other metrics geared toward ensuring cultural competence and fairness in service delivery.

Training

SWMBH requires ongoing training to assure that staff are aware of, and able to effectively implement cultural competency policies and procedures. SWMBH requires all provider-level staff that are in-network to have cultural competency training and SWMBH reviews that requirement as part of the Staff Training File Review in the annual administrative and delegated function site review process. SWMBH Policy - Cultural & Linguistic Competency and SWMBH Procedure SWMBH Cultural Competency Plan, are trained annually during a Quality Management Committee (QMC) meeting.

Culturally Contextual Services/Supports

SWMBH strives to ensure that supports and services are provided within the cultural contexts for all beneficiaries. SWMBH's community-sponsored events are selected by the Community Outreach Committee, which is dedicated to finding opportunities to better reach underserved and minority populations.

FY26 Goals

Goals	Responsible Department	Where Progress Will Be Monitored	Frequency of Monitoring
SWMBH will evaluate language spoken by network providers vs. enrollees for FY25. SWMBH believes capturing more Provider data regarding languages spoken, cultural competency and physical accessibility of office space will assist each CMHSP Provider Network Department in ensuring the Region's member needs are met in this capacity.	Provider Network	Customer Services, Provider Network and Clinical Practices Committees	Annually

ATTACHMENT A – VALUE FRAMEWORK

Value Framework

Our Mission

"SWMBH strives to be Michigan's preeminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success".

Mega Ends

Quality of Life	Improved Health	Exceptional Care	Mission and Value-Driven	Quality and Efficiency
Persons with Intellectual Developmental Disabilities, Serious Mental Illness, Autism Spectrum Disorder, Serious Emotional Disturbances and Substance Use Disorders in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery and family preservation.	Individual mental health, physical health and functionality are measured and improved.	Persons and families served are highly satisfied with the care they receive.	CMHSPs and SWMBH fulfill their agencies' missions and support the values of the public mental health system.	The SWMBH region is a learning region where quality and cost are measured, improved and reported.

Triple Aim

Improving Patient Experience of Care | Improving Population Health | Reducing Per Capita Cost

Our Vision

"An optimal quality of life in the community for everyone".

ATTACHMENT B – SWMBH BOARD ROSTER

2026 Board of Directors Roster

Barry County

- Lorraine Lindsey
- Bob Becker (Alternate)

Berrien County

- Allen Edlefson
- Edward Meny (Alternate)

Branch County

- ***Tom Schmelzer, Vice-Chair***
- Jon Houtz (Alternate)

Calhoun County

- ***Sherii Sherban, Chair***
- *Vacant* (Alternate)

Cass County

- Joyce Locke
- Kayla Wisniewski (Alternate)

Kalamazoo County

- Michael Seals
- Karen Longanecker (Alternate)

St. Joseph County

- ***Carol Naccarato, Secretary***
- Cathi Abbs (Alternate)

Van Buren County

- Tina Leary
- Gail Patterson-Gladney (Alternate)