



**Quality Assurance &
Performance Improvement Plan
FY 2026**

OUR MISSION

Improving the lives of people in Allegan County through exceptional behavioral health and homelessness services.

OUR VISION

An inclusive community with integrated behavioral health services and safe, affordable housing for all.

OUR CORE VALUES

Integrity | Inclusivity | Honor
Equality | Humility | Innovation
Teamwork | Cultural Competency

INTRODUCTION & OVERVIEW

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a Quality Assessment and Performance Improvement Program (QAPIP), which meets the specified standards in the contract with MDHHS. In addition to the regional QAPIP developed by the PIHP, MDHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). Many of the requirements are met through the Regional QAPIP. Areas where CMHSP distinctions are necessary, which include elements of the CMHSP Quality Improvement (QI) structure and specific CMHSP QI goals and objectives, are included in this document. The OnPoint QI Program is also the means for upholding many best practices and standards required for maintaining the agency's accreditation status.

Purpose

As articulated in the agency's mission statement, OnPoint strives to deliver high-quality, person-centered care that allows each person to address their needs and meet their goals, while upholding their safety, dignity, rights, and well-being. In support of that mission, the core function of the Quality Improvement Program is to drive improvement in the agency's performance with respect to the accessibility, effectiveness, efficiency, and level of satisfaction with OnPoint services. The following OnPoint QI Plan provides a written description of the QI Program, including its structure, scope, responsibilities, activities and processes, and objectives of the agency's QI program. Because of its relevance to agency operations, the QI Plan is evaluated at least annually and updated whenever necessary. The QI Plan is the responsibility of the Director of Quality and Innovation, in collaboration with the OnPoint Management Team and agency staff at all levels in every department.

The purpose of the OnPoint Quality Improvement Program is to:

- Continually evaluate and enhance quality management processes, program outcomes, and administrative efficiencies.
- Monitor and evaluate the systems and processes related to the quality of services that can be expected to affect the health status, quality of life, and satisfaction of persons served by OnPoint.
- Identify and assign priority to opportunities for performance improvement, as identified by stakeholders (e.g., staff, consumers, providers).
- Create a culture that encourages stakeholder input and participation in problem solving.
- Outline the structure for monitoring and evaluating OnPoint and service provider's compliance with regulations and requirements.

Quality Improvement Program Goals

The OnPoint Quality Improvement Program will:

1. Target improvement at all levels including management, administration, and programs to include access, coordination of services, timeliness, safety, respect, effectiveness including recidivism, appropriateness, and continuity of care.
2. Involve people served and those who care for them in assessing and improving satisfaction of outcomes and services.
3. Develop performance metrics to ensure services are accessible, effective, safe and appropriate.
4. Track key performance indicators, comparing performance to benchmarks whenever possible.
5. Continuously monitor and analyze data related to program outcomes and consumer satisfaction to identify opportunities for improvement.
6. Ensure providers of service fulfill their contractual or employment obligations in accordance with applicable regulatory and accreditation standards.
7. Ensure providers of service are competent and capable of providing services through a system of competency evaluation and credentialing.

Quality Improvement Assumptions

Throughout OnPoint and throughout the QI program, the following assumptions are accepted:¹

1. Health care is not an isolated act between a clinician and individual, but a collective series of processes within a formal and informal system of care.
2. Most problems with quality in health care relate to defects in processes, not individual failings.
3. Measurement of processes and outcomes play an important role in improving the quality of care. Through statistical analysis, processes can be compared to evidence-based treatment guidelines and outcomes can be compared to benchmarks to identify improvement opportunities.
4. Improvement efforts should focus on the needs of the person served.
5. Quality Improvement draws upon knowledge, expertise, and efforts throughout the agency.
6. The improvement process prioritizes key problems, utilizes hypotheses about the nature of these problems, and develops targeted interventions.
7. Many quality problems are multidimensional, and the improvement process often occurs through incremental efforts.

Our Commitment

Finally, OnPoint is committed to providing the highest quality services possible and striving for improvement throughout the entire behavioral health system of care. This commitment underpins all QI activities, which emerge from a systematic and organized framework for improvement and rely on the rigorous use of data and a solutions-focused approach to overcome challenges. This framework, adopted by OnPoint leadership, is understood, accepted,

¹ Adapted from "Selecting Process Measures for Quality Improvement in Mental Healthcare," Richard C. Hermann, M.D., M.S. H. Stephen Leff, Ph.D. and Greta Lagodmos, B.A. Center for Quality Assessment and Improvement in Mental Health

and applied throughout the organization through continuous education and the involvement of staff at all levels in performance improvement.

OnPoint is committed to transparency and accountability in the agency's operations and as a core principle of the agency's QI Program. However, this emphasis on accountability is matched by a commitment to maintaining the confidentiality of persons served by the organization at all times, including within the QI Program. This commitment is also reflected in the agency's policies and procedures related to the protection, confidentiality, and handling of the records of persons served.

QUALITY IMPROVEMENT STRUCTURE

Quality improvement involves two primary activities, which must occur at all levels of the organization in order for a true spirit of improvement to be fully incorporated into the organizational culture:

1. Measuring and assessing performance with regards to the level of access, effectiveness, efficiency and satisfaction of service delivery through the collection and analysis of data, and
2. Conducting quality improvement initiatives when necessary, including those that result in improvements to existing services/programs or the introduction of new services/programs, in such a way that enhances the quality of care at OnPoint.

Within OnPoint, many stakeholders play a valuable role in the agency's QI program. Together, the following teams and roles comprise the OnPoint QI Program Structure:

Board of Directors

The OnPoint Board of Directors receives reports regarding performance indicators, program data, and consumer satisfaction data. The OnPoint Board of Directors will regularly review outcome measurement data, consumer feedback activities, and improvement actions taken.

Management Team

The OnPoint Management Team is comprised of the Chief Executive Officer, Chief Operating Officer, Chief Administrative Officer, Chief Financial Officer, Director of Human Resources, Director of Evidence-Based Practices, and the Director of Quality & Innovation. The Management Team demonstrates OnPoint's commitment to continuous quality improvement by fulfilling the following responsibilities:

- Ensuring that all employees are aware of the organization's vision, mission, and values.
- Collaborating with the QI department and other staff to identify improvement opportunities.
- Reviewing and acting on reports from the QI Coordinator or other teams/committees on performance findings and recommendations.
- Reviewing and evaluating employee suggestions for quality improvement within the agency.
- Ensuring effective improvement plans are developed, shared, implemented, and monitored.
- Identifying staff training and development needs.

Director of Quality & Innovation

The Director of Quality & Innovation is the author of the QAPIP and is responsible for the overall functioning of the QI Program within OnPoint, in addition to the following responsibilities:

- Oversee the development and implementation of QI activities described within the QAPIP.
- Ensure the resources, processes, and structures exist within the agency to facilitate continuous quality improvement activities and achieve established performance targets.

- Regularly present performance data to the OnPoint Management Team and Board of Directors.
- Establish processes that enable the identification and remediation of improvement opportunities.
- Identify staff training opportunities related to quality improvement.
- Collaborate with the Lakeshore Regional Entity (LRE) and MDHHS on regional and statewide quality improvement activities, respectively.

QI Coordinator

The OnPoint QI Coordinator plays a vital role in carrying out the agency's QI program, including:

- Tracking improvement data and follow-up methods
- Assisting with audit preparation and implementation of corrective action plans as needed
- Preparing and submitting MMBPIS performance indicator reports, ensuring validity of data, and facilitating development of corrective action plans when necessary
- Collaborating with Program Managers/Supervisors to implement and monitor QI goals.
- Coordinating data collection to and from committees, staff, and service teams.
- Monitoring and analyzing data sets for changes in performance and improvement opportunities.

Leadership Team

OnPoint's Leadership Team, which includes all agency supervisors, helps the agency establish a culture of quality improvement and fulfill the following responsibilities related to quality improvement:

- Encouraging involvement of staff in the QI process.
- Collaborating with the QI Coordinator to implement OnPoint QI Goals.
- Compiling/utilizing outcome measurement data for analysis.
- Communicating QI goals, activities, and results to staff.

OnPoint Staff

All OnPoint staff play a role in the quality improvement process and are a part of the following activities:

- Collecting and reviewing program data.
- Providing suggestions and recommendations for quality improvement.
- Collaborating on performance improvement projects and recommendations.
- Serving on improvement committees/teams.

Provider Network

OnPoint network of sub-contracted, external provider agencies play an important role in operationalizing the agency's QI program, including by fulfilling the following responsibilities:

- Participating in required site review and audit activities.
- Engaging in network-wide and agency-specific quality improvement activities.
- Ensuring staff are compliant with appropriate credentials and training requirements.

- Implementing improvement actions and communicating improvement actions to OnPoint.
- Fulfilling contractual obligations and accreditation standards related to quality of care and performance improvement activities

Consumers/Other Stakeholders

OnPoint consumers/other stakeholders participate in the OnPoint QI Program in the following ways:

- Actively participating in quality improvement activities designed to obtain stakeholder input.
- Using the systems and procedures in place.
- Identifying improvement opportunities.
- Participating in teams, work groups, and committees.
- Providing feedback regarding agency changes and process improvement projects.

ESSENTIAL COMMITTEES

In addition to the QI structure described above, numerous committees throughout OnPoint are aligned with and contribute to the implementation of the agency's QAPIP. The following list describes standing committees and highlights their responsibilities within the context of the OnPoint QAPIP:

Quality & Innovation Council

- Supports the overall mission, vision, and values of OnPoint.
- Builds a culture of continuous quality improvement within OnPoint.
- Develops and implements the annual Quality Assurance & Performance Improvement Plan.
- Monitors key performance indicators compared to agency goals and industry benchmarks.
- Ensures conformance to accreditation and other external requirements.
- Reviews and recommends revisions to quality/safety-related policies and standards.
- Supports OnPoint's Strategic Plan by collaborating with agency teams and committees.

Recipient Rights Committee

- Maintains compliance with Chapter 7 of the Michigan Mental Health Code.
- Tracks and trends Office of Recipient Rights (ORR) data.
- Provides recommendations for process improvements.

Behavior Treatment Committee

- Monitors enrollment and exit from the Behavior Treatment Program for trend analysis.
- Monitors and analyzes behavior modification techniques, including the emergency use of physical interventions.

Community Opportunity & Advisory Panel (COAP)

- Analyzes consumer feedback surveys/focus groups.
- Identifies future consumer opportunities.

- Provides OnPoint with feedback regarding policy development and change.
- Analyzes quality activity reports and provides feedback.
- Identifies community opportunities for consumers and families.

Utilization Management Committee

- Ensures consumers receive timely, quality, medically necessary, value-based services in the most appropriate and least restrictive treatment setting.
- Ensures OnPoint has an effective mechanism to manage the utilization of clinical resources.

Health and Safety Committee

- Ensures compliance with OSHA/MIOSHA.
- Develops infection control procedures.
- Conducts staff training related to health and safety goals.
- Updates required information for posting.
- Conducts safety drills.
- Ensures physical accessibility.
- Completes annual inspections of buildings, grounds, and equipment.

Corporate Compliance Committee

- Ensures that the regulatory environment of OnPoint meets legal requirements.
- Monitors internal and external compliance audits/investigations to identify areas in need of improvement and to implement corrective and preventive actions.
- Monitors the effectiveness of corrective action and adjusts as needed.
- Reviews and recommends changes/revisions to the Compliance Program and related education/training, policies, and procedures.
- Maintains a confidential database that includes all alleged and substantiated complaints/issues related to fraud, waste, abuse, and other compliance matters.

Policy Oversight Committee

- Provides oversight of agency policies and procedures
- Facilitates regular reviewing and updating of policies
- Ensures agency policies align with all applicable local, state, and federal regulations

QUALITY IMPROVEMENT PROGRAM & ACTIVITIES

The OnPoint QI Program combines the traditional quality assurance expectations of a CMHSP with the principles of continuous quality improvement. The QI Program helps OnPoint achieve its mission and vision, protects against adverse events, and sparks improvement across the agency. The QI Program includes four primary components: quality standards, assessment activities, performance measures, and improvement strategies. Examples of each are reflected below:

Quality Standards	Assessment Activities	Performance Measures	Improvement Strategies
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<ul style="list-style-type: none"> • Accreditation Standards Manual • Federal & State Rules/Regulations • MDHHS/PIHP Contract • MDHHS/CMSHP Contract • Practice Guidelines • CCBHC Handbook • PIHP/CMHSP Contract/ Operating Agreement • PIHP Policies and Procedures • Provider Contracts • Evidence-Based Practices • Medicaid Provider Manual 	<ul style="list-style-type: none"> • Quality Record Review • Accreditation Surveys • MDHHS Audit • LRE Site Review • Credentialing • Risk Management Assessment • Utilization Reviews • External Quality Reviews • Stakeholder Surveys • Root Cause Analyses of Sentinel Events • Network Adequacy Assessment • Provider Site Reviews • Behavior Treatment Data Analysis • Community Needs Assessment 	<ul style="list-style-type: none"> • MMBPIS Indicators • CCBHC Measures & Quality Bonus Payment (QBP) Metrics • Regional Performance Improvement Project • LRE Dashboards • LRE Site Review & MDHHS Audit Reports • Grievances & Appeals • OnPoint Key Performance Indicators • Program-Specific Measures: Access, Effectiveness, Efficiency, Satisfaction 	<ul style="list-style-type: none"> • Monitoring and Analysis of Performance Data • Improvement Projects • Improvement Teams • Adherence to Practice Guidelines • Staff Development and Training • Improvements through Root Cause Analysis • Strategic Plan Initiatives • Corrective Action Plans
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Quality Standards

Quality Standards provide the specifications and benchmarks by which a process may be evaluated. OnPoint identifies and sets standards by reviewing, analyzing, and integrating such areas as:

- Performance expectations of stakeholders for both clinical services and administrative functions
- Accreditation standards
- Practice Guidelines
- Clinical pathway protocols and other authorization criteria
- Government requirements, regulations, and rules

OnPoint quality standards are documented in policy and procedure, contracts with providers, and the quality review process. OnPoint standards are evaluated, at least annually, to ensure continued appropriate and relevant application.

Assessment Activities

Quality assessment consists of various strategically planned activities that help to identify the actual practices, attitudes, performance, and conformance to standards that are enhancing or

inhibiting the achievement of quality. Obtaining stakeholder input is critical to quality assessment activities.

Accreditation Surveys

The Director of Quality & Innovation serves as the CARF Liaison and chairs the CARF Survey Team. The Director of Quality & Innovation organizes the CARF survey process and offers extensive consultation to the Management Team and Managers/Supervisors on meeting and exceeding CARF standards. Other members of the CARF Survey Team also assist with the preparation process, as well as provide consultation to staff on how best to meet standards. OnPoint uses the results of the survey to implement improvements within the agency. On an ongoing basis, the Director of Quality Innovation remains familiar with CARF changes and reports information to staff members as appropriate.

MDHHS Audits

MDHHS conducts annual audits of the quality of clinical services and administrative policies of each region. As a member affiliate of the LRE, OnPoint participates in these reviews, including through the preparation of credentialing and training records, facilitation of clinical chart reviews, provision of requested policies, procedures, and other forms of evidence. Following completion of the audit and issuance of the final report, corrective action plans are developed and implemented to address any citations for partially met and unmet standards.

LRE Site Reviews

As part of the delegated model of managed care utilized within the region, the LRE completes annual site reviews at each CMHSP. The LRE site reviews include review of administrative standards, policies, and practices; evaluation of clinical services and clinical chart documentation; audits of credentialing and training records; and validation of CMHSP performance indicator data. Areas of noncompliance are addressed through the development and implementation of a written Corrective Action Plan (CAP), which is approved and validated by the LRE.

External Quality Reviews

Federal regulations require states to contract with an External Quality Review Organization for annual independent reviews of each PIHP to evaluate the quality, timeliness of, and access to health care services provided to Medicaid enrollees. MDHHS contracts with the Health Services Advisory Group (HSAG) to conduct EQRs; as a member of the LRE, OnPoint participates in HSAG's review of the region.

The objective of the EQR is to provide meaningful information that MDHHS and the LRE can use to:

- Evaluate the quality, timeliness, and access to mental health and substance abuse care.
- Identify, implement, and monitor system interventions to improve quality.
- Evaluate one of the two performance improvement projects of the LRE.
- Plan and initiate activities to sustain and enhance current performance processes.

Quality Records Reviews

OnPoint utilizes a Quality Records Review process conducted by staff who are knowledgeable in compliance standards, reimbursement practices, service delivery, and clinical documentation. Reviews are conducted on a random sample of cases, with additional reviews added as necessary and appropriate. Results of these reviews are shared with staff, supervisors and managers, and members of the QI Council. Issues warranting investigation are referred to the Corporate Compliance Officer.

Additionally, OnPoint monitors and provides oversight of its provider network through a combination of quality records reviews, site reviews, audits, Medicaid claims verification, and other mechanisms prescribed by LRE policy and contractual requirements.

Incident Reports, Critical Incidents, Risk Events and Sentinel Events

The OnPoint QI Coordinator is responsible for tracking critical incidents, risk events, and sentinel events reported to OnPoint via incident reports. The Office of Recipient Rights (ORR) reviews all incident reports, in addition to complaints that may violate the rights of consumers. Through this combination of efforts between the OnPoint QI Department and Office of Recipient Rights, the critical incidents, complaints, and sentinel events review processes includes:

- Investigating complaints of rights violations.
- Reviewing incident reports, conducting follow-up activities and investigations as needed.
- Monitoring incidents for the identification of sentinel events.
- Analyzing data to identify trends and provide recommendations to prevent recurrence.
- Reviewing reports of recipient deaths.
- Investigating unexpected deaths to identify potential system improvements.
- Sharing and discussing information with the Recipient Rights Committee, the OnPoint Board of Directors, and Management Team.

The QI Coordinator notifies the Director of Quality & Innovation of potential sentinel events. The QI Coordinator reports confirmed sentinel events to the LRE, as required by LRE Policy and MDHHS reporting requirements. Following each sentinel event, a Root Cause Analysis (RCA) is conducted to understand the causal factors and identify any necessary systemic improvements. Following the conclusion of the RCA, a report summary is submitted to the LRE as required and corrective actions are assigned to designated teams and individual staff within OnPoint. Concerns regarding possible violations of the rights of recipients, corporate compliance complaints, or improper/unprofessional employee conduct will not be addressed within the RCA process. Such concerns are referred to the appropriate OnPoint department(s) or supervisor for further review.

Each Sentinel Event (SE) is documented, reported, and reviewed according to the timeline and procedures outlined in OnPoint Policy #805 - *Critical Incident and Sentinel Event Reporting*:

- Notification will be made to the LRE within 24 hours of event/knowledge of event.

- Determination of a SE will be made within 3 Business Days of knowledge of an SE.
- If determined to be an SE, an RCA shall commence within 2 business days.
- The RCA is to be completed within 90 days of the SE determination.
- The final report shall be submitted to the LRE within 48 hours of completion of the RCA.
- SE details, as well as RCA findings, will be documented, maintained, and monitored by the QI department.
- Recommendations for potential systemic improvements and remediation of any causal factors identified during the RCA will be provided to relevant agency leadership.
- QI will collaborate with agency leadership, as needed, to develop and carry out Action Plans.

Credentialing

Through the utilization of a standardized credentialing process, the OnPoint Credentialing Committee will ensure that all services and supports provided to OnPoint clients are delivered by staff who are properly credentialed and currently possess the necessary training, qualifications, and licensure to provide those services. OnPoint's Credentialing Committee will adhere to and apply all relevant agency, regional PIHP, and MDHHS policies regarding the credentialing and re-credentialing of individual and organizational providers. The responsibilities and procedures of the Credentialing Committee will also uphold all applicable regulations and requirements defined in the Michigan Mental Health Code, Medicaid Provider Manual, and MDHHS Behavioral Health Code Chart and Provider Qualifications reference. Finally, the functions of the OnPoint Credentialing Committee will align with and support the fulfillment of obligations delineated within the MDHHS/PIHP contract, MDHHS/CMHSP contract, PIHP/CMHSP contract, and the OnPoint/provider agency contract. Collectively, these many sources define the requirements and expectations of staff entrusted with caring for and delivering treatment to the individuals served by OnPoint and its network of providers.

Stakeholder Input

OnPoint recognizes that obtaining stakeholder input is a vital aspect of any system designed for continuous quality improvement. Typical stakeholders invited to provide input include individuals receiving services, guardians, parents and other family members, agency staff, contracted service providers, advocates, partner organizations and entities, and other members of the local community.

Collected on an ongoing basis, this input allows OnPoint to evaluate agency performance and the client experience from the perspective of its stakeholders. Both quantitative and qualitative tools are used to gather feedback; questions assess the quality, availability, and accessibility of care, as well as level of satisfaction with services. All input gathered is carefully compiled and analyzed, with subsequent insights applied to improve practices and enhance the quality of care provided by OnPoint.

As a result of input from stakeholders, OnPoint:

- Takes specific action on individual cases as appropriate.
- Identifies and investigates sources of dissatisfaction.

- Outlines systemic action steps to follow up on findings.
- Utilizes stakeholder input in decision making.
- Informs stakeholders of the results of assessment activities.

The following table summarizes the methods and sources used to gather stakeholder feedback:

Method	Consumer	Staff	Providers	Family/ Advocates	Community
Interviews	MDHHS Site Reviews, Accreditation, Assessments, Evaluations	Performance Evaluations, Exit Interviews	ORR Site Visit, Facility and Provider Site Reviews	MDHHS Site Reviews, Accreditation Surveys	Informal conversations
Suggestions	Case Management or Customer Service Contacts	Supervision, QI Feedback	Provider Meetings, Site Reviews	Case Management Contacts	Contacts made to OnPoint
Forums	Consumer Opportunity Advisory Panel, Board Meetings	Team/Unit Meetings	MDHHS Reviews, Contract Negotiations, Meetings	Advisory Council	Board Meetings, Advisory Council
Surveys	Satisfaction Surveys, NOMS Interviews, NCI Survey, Annual Needs Assessment Stakeholder Surveys	Staff Surveys	Provider Surveys, Accreditation Surveys	Satisfaction Surveys	Community Health Needs Assessment, Stakeholder Surveys
Planning	Service Planning Meeting	Program Planning	Budget Planning	Service Planning Meeting	Community Needs Assessment
Assessment	Pre-planning, Progress Notes Quarterly Reviews, Discharge Summary	Performance Evaluations	Quality Review of Providers	Satisfaction Surveys	Community Needs Assessment
Grievances/ Appeals	Grievance Systems to File a Grievance, Appeal, or Recipient Rights Complaint	Staff Grievance	Provider Appeals, Requests for Second Opinion,	Grievance Systems	Contacts made to Customer Services
Complaints	Recipient Rights & Customer Service Complaints	Employee Complaint	Recipient Rights Complaint	Recipient Rights Complaint	Recipient Rights Complaint

Performance Measurement & Management

By monitoring and evaluating the performance of administrative and clinical program operations - and adjusting accordingly - OnPoint will position itself to use its resources

effectively and obtain the positive outcomes for individuals served. Such performance measurement and management relies upon clearly defined indicators and metrics, which also have established targets and benchmarks that can be used to assess performance.

The table in Appendix A displays many of the performance and quality indicators that are used by OnPoint to monitor trends, ensure contractual compliance, manage performance, evaluate program effectiveness, gauge client satisfaction, assess access and quality of services, identify issues that need to be addressed, and provide information to clients and other stakeholders.

Performance indicator results are used to guide management decisions related to:

- Strategic planning
- Resource allocation
- Service delivery
- Process improvements
- Staff/provider acquisition
- Staff training and retention efforts
- Marketing and outreach activities

OnPoint monitors and reviews various sets of performance indicators, including Michigan Mission-Based Performance Indicator System, Utilization Management data, and the verification of claims generated by the delivery of Medicaid-funded services.

- **Michigan Mission-Based Performance Indicator System (MMBPIS)**
Effective 10/1/2025, MDHHS discontinued CMHSP and PIHP reporting of most MMBPIS indicators, which had been used across the state to measure access/timeliness and efficiency of services. Indicator 2a will be reported by CMHSPs and PIHPs throughout FY26 until a suitable new Access measure is defined, while certain indicators will be calculated administratively by MDHHS. The new set of nationally-recognized, validated quality/performance metrics selected by MDHHS will be introduced in phases during the next three years. Details regarding MDHHS' Behavioral Health Quality Transformation and the new metrics will be incorporated into future iterations of the QAPIP.
- **Utilization Management**
The OnPoint Utilization Management program is guided by agency policy and procedure and the annual OnPoint Utilization Management (UM) Plan, which ensure the appropriate authorization and delivery of services. Utilization management activities including quality record reviews, retrospective reviews, and data analysis are used to identify and correct under- and over-utilization at the individual, program, and system level.
- **Medicaid Claims Verification**

MDHHS/PIHP contract requirements include the completion of regular Medicaid claims verification. This process verifies that adjudicated claims reflect services approved by MDHHS, and that services are sufficiently supported by clinical documentation. OnPoint will follow the LRE's policy and procedures for Medicaid Claims Verification.

Improvement Strategies

Establishing and carrying out strategies to minimize performance outliers, incorporate best practices, and optimize outcomes is key to continuous quality improvement. OnPoint will develop improvement strategies based on performance data analysis, program evaluations, results of reviews and audits, and stakeholder input. The strategies used will vary according to the situation and the desired improvement.

Within its QI Program, OnPoint relies most heavily on the Plan-Do-Study-Act (PDSA) model when devising and implementing solutions to an identified challenge. This iterative process - also referred to as "Plan-Do-Check-Act" (PDCA) - is used throughout healthcare and other industries to improve outcomes and safety, increase efficiency, reduce waste and errors, and boost satisfaction.

Depending on the source cited, slight differences may exist in the description of each element of the model. However, at its core, the essential components of the four-step process can be summarized and described in the following way:

1. **Plan:** Design (or revise) a process or identify a potential change to improve results.
2. **Do:** Implement the plan on a limited scale and observe its impact on performance.
3. **Study:** Measure and evaluate initial results to determine if the stated goals were met.
4. **Act:** If intervention succeeds, implement broadly. If additional modifications are needed, begin PDCA process again.

Like all improvement cycles, the PDSA model relies on and thrives in an organizational environment centered on vigilant monitoring and analysis of performance data, so that improvement opportunities are quickly recognized and acted upon. Once the need for improvement is diagnosed, the PDSA process is set in motion by designing the intervention ("planning") and testing the proposed intervention on a small scale ("doing"). This is followed by analysis of the initial results ("studying") before implementing the intervention on a larger scale or returning to the planning phase ("acting"). Like other improvement models and philosophies, the PDSA model is cyclical, iterative, and can be repeated indefinitely until the desired outcomes are achieved.

Underpinning all improvement strategies is a key assumption asserted within the introduction of the QAPIP: all improvement - whether it is at the individual, program, agency, or system level - begins with a commitment to continuous learning and a willingness to adapt. Therefore, the final improvement strategy within OnPoint's QAPIP is a commitment to continue absorbing and integrating new approaches and knowledge into the agency's QI Program, and to continue cultivating the organizational culture and employee skills necessary to effect meaningful change in the lives of the individuals we serve and the agency itself.

Quality Assurance & Performance Improvement Goals & Objectives

FY2026

In addition to reviewing and updating the OnPoint QAPIP on an annual basis to ensure that it provides an accurate and comprehensive description of the agency’s QI program, the QI Team partners with agency leadership to identify specific quality improvement-related goals and objectives for the upcoming year.

The FY26 QAPIP Goals and Objectives, which reflect the priorities of the agency’s QI program for the upcoming fiscal year, are as follows:

GOAL 1: INFRASTRUCTURE				
OnPoint will adopt the necessary tools and frameworks to achieve the performance objectives within the agency’s QAPIP, behavioral health accreditation standards, and contractual requirements.				
		Objective	Responsible Parties	Target Date
Expand Data Expertise & Technical Resources		Hire and onboard a skilled Healthcare Analytics Manager.	Director of QI	12/31/25
		Expand implementation of Power BI within OnPoint, including direct connections to EHR data, expanded training and support for users, and increased development and utilization of interactive dashboards and reports.	Director of QI, Healthcare Analytics Manager, IT partners	9/30/26
		Implement enhancements to the Incident Reporting module within Crane, train provider agencies on the module, and use for reporting incidents, critical incidents and risk events.	QI, RR, and PN teams, Crane system admins	3/31/26
		Strengthen the agency’s data warehouse by integrating additional datasets, developing a data recovery plan, and testing back-up files and procedures.	Director of QI, external IT partners, Health Info Mgr.	9/30/26

Define Performance Metrics & Set Targets	Identify program-specific performance measures for all accredited programs within the CARF-defined domains of Access, Effectiveness, Efficiency, and Satisfaction.	Director of QI, COO, Program Leadership	12/31/25
	Develop a key performance indicator (KPI) dashboard for use by OnPoint's leadership and management teams.	Director of QI, Management Team	3/31/26
	Integrate new performance standards from measure stewards and oversight bodies (LRE, MDHHS, CCBHC, SAMHSA, grant funders, etc.) into the OnPoint QAPIP.	Director of QI, QI Coordinator	Ongoing

GOAL 2: IMPROVEMENT & INNOVATION

OnPoint will hold itself to the highest standards and will strive to meet all applicable performance benchmarks. When necessary, OnPoint will implement effective corrective action plans to address identified concerns and improvement opportunities.

Objective		Responsible Parties	Target Date
Uphold Standards & Take Action	Maintain CCBHC Demonstration Site Certification.	CCBHC Team, Project Director	Ongoing
	Complete all components of the Corrective Action Plan (CAP) established following the FY25 CMHSP Site Review.	Director of QI, QI Coordinator, Designated Staff	12/31/25
	Develop and complete a Corrective Action Plan (CAP) that addresses any findings from the FY26 MDHHS Waiver Site Review.	Director of QI, Waiver Coordinator, Designated Staff, Provider Agencies	5/31/26
	Complete all necessary preparations and successfully host OnPoint's 2026 CARF re-accreditation survey.	Director of QI, QI Coordinators, Designated Staff	9/30/26

Strive to Exceed Performance Targets	Maintain performance that meets or exceeds MDHHS thresholds for MMBPIS Indicator 2a (timeliness of initial assessment following a request for service).	Director of QI, QI Coordinator, Leadership Team	Ongoing
	Successfully adopt each of the performance measures introduced by MDHHS as part of the 3-year Behavior Health Quality Transformation initiative.	Director of QI, QI Coordinator, Leadership Team	9/30/26
	Meet all requirements and submission timelines for all regional, state, and federal reporting requirements.	Director of QI, Management Team, Designated Staff	Ongoing
	Update and maintain internal tracking system to ensure timely reporting of incidents and sentinel events, and full completion of necessary root cause analyses.	Director of QI, QI Coordinator, Designated Staff	12/31/25

	Meet all established Clinical Quality Measure (CQM) benchmarks for CCBHC Demonstration Sites, including Quality Bonus Payment (QBP) incentive metrics.	CCBHC Team, OnPoint Staff	Ongoing
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GOAL 3: INCLUSION

OnPoint will actively seek out and incorporate the perspectives, input, and participation of a variety of stakeholders within the QI program.

Objective		Responsible Parties	Target Date
Agency Staff	Review and update QI Council membership	Director of QI	Ongoing
	Foster continuous and mutually beneficial collaboration between QI, clinical teams, and other OnPoint departments	QI & Leadership Teams	Ongoing

Clients & Community	Ensure adequate representation of the subcontracted Provider Network within the OnPoint QI program	Director of QI, Provider Network	3/31/25
	Expand opportunities to participate and share input for individuals receiving services, family members, guardians, and others, including COAP members.	Director of QI, Customer Services	3/31/25