



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, February 26, 2025
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.

- | | | |
|------|---|---------------------|
| I. | Announcements | A. Siebert |
| II. | Substance Use Disorder (SUD) | J. Davis/G. Lindsey |
| III. | Recipient Rights | M. Strong |
| IV. | QAPIP Effectiveness | |
| | <i>Policy Review</i> | |
| | a) Access Call Center Emergency Services (Table) | Y. Bostic |
| | <i>Quality Improvement</i> | |
| | b) QAPIP Plan Description FY 2023-2025 (Update) | A. Siebert |
| | c) QAPIP Annual Evaluation FY2024 | A. Siebert |
| | d) QAPIP Work Plan FY2025 | A. Siebert |
| | e) MDHHS Waiver & iSPA CAP Updates | D. Dobija |
| | f) First Quarter, FY2025 Case Record Self-Reviews | D. Dobija |
| | g) CE/SE Updates | M. Lindsey |
| V. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, February 26, 2025
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.
Note Taker: DeJa Jackson

1) Item: Announcements:

- DWIHN has opened a new outpatient clinic. That clinic is located at 15400 W. McNichols, Detroit, MI. Inside of the Advantage Health Center. It operates Monday-Friday from 8am-6pm. The clinic offers services to both children and adults.
- DWIHN has successfully completed the remediation of the CAP for the HAB Waiver, the children waiver, and the iSPA waiver.
- Quality Staff has started to sit in on the BTAC Committee for observations to adhere to improvement efforts for CE/SE, RCA reporting
- Justin Zeller has been promoted to and will be part of the Strategic Planning Team under Allision Smith as a Project Manager.



2. Item: Substance Use Disorder (SUD) – G.Lindsey/ Judy Davis

Goal: Updates from SUD

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce

NCQA Standard(s)/Element #: QI ☐ CC# ____ ☐ UM # ____ ☐ CR # ____ ☐ RR # ____

Discussion		
<p>Gregory Lindsey, Treatment Services Administrator SUD, shared the following SUD updates:</p> <ul style="list-style-type: none"> • SUD received a \$1 million dollar grant from the Opioid Settlement funds allowing providers to provide several programs to support those that have been affected by th Opioid crisis. • SUD has a program to support children who may have lost a parent or a guardian due to overdose. • SUD also has a comprehensive analytics program that will help to see trends in African American and the Caucasian population in order to help improve health outcomes and targeted interventions. Also, it’s going to increase the ability to provide harm reduction services, such as syringe services. • A connection APP is being developed and will be intended to provide ongoing monitoring and continued support for members who have a substance use disorder. 		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None required.		



3) Item: Recipient Rights – M. Strong

Goal: Updates from ORR

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce

NCQA Standard(s)/Element #: QI ☐ CC# ____ ☐ UM # ____ ☐ CR # ____ ☐ RR # ____

Discussion		
Mignon Strong, Deputy Director, Office of Recipient Rights, shared the following ORR Updates: <ul style="list-style-type: none"> Information and updates on the Incident Reporting policy will be shared with the workgroup once the approval process is complete. 		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
Updates for the Incident Reporting Policy will be discussed once complete.	M. Strong	April 30, 2025



4) Item: QAPIP Effectiveness

Goal: Quality Improvement

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce

NCQA Standard(s)/Element #: QI **X** CC# ____ ☐ UM # ____ ☐ CR # ____ ☐ RR # ____

Discussion		
<p>April Siebert, Director of Quality Improvement shared the following with the workgroup: QAPIP plan description, QAPIP Annual Evaluation FY 2024, and QAPIP Work Plan FY25 have all been approved by DWIHN's full board.</p> <p>QAPIP Program Description (updated) FY2023-2025</p> <ul style="list-style-type: none"> The updated QAPIP Program Description includes more detailed information about our objectives, targeted strategies, expected outcomes, and metrics for measuring success. <p>QAPIP Annual Evaluation FY 2024</p> <ul style="list-style-type: none"> The QAPIP Annual Evaluation FY 2024 is based on the six pillars that are identified in DWIHN's Strategic Plan. The QAPIP Annual Evaluation serves as a yearly report that is completed at the end of each fiscal year. It provides a thorough assessment of the performance outcomes from the previous year, analyzing how effective various initiatives and strategies were. In the Fiscal year 2024 Work Plan a total of 40 objectives were identified last year. Out of these, 21 objectives were fully met, 9 were not met, 7 were partially met, and 3 were not evaluated due to a lack of available data. Goals Met: <ul style="list-style-type: none"> MMBPI Performance Indicators Complex Case Management Performance Monitoring Activates Performance Improvement Projects Reducing the Call Abandonment Rate HSAG Goals Not Met: <ul style="list-style-type: none"> Performance Indicators PI#2 Recidivism Performance Improvement Projects <ul style="list-style-type: none"> Improving the availability of follow-up with Mental Health Professional with-in 7 days after Hospitalization Adherence to Antipsychotic Medications for Individuals with Schizophrenia 		



<ul style="list-style-type: none"> ▪ Antidepressant Medication Management for People with a New Episode of Major Depression chronic and acute ▪ Improving Diabetes Monitoring for People with Schizophrenia and Bipolar Disorder ▪ Children’s Metabolic Screening for Children on Antipsychotics. ▪ Follow up for Children on ADHD medication <ul style="list-style-type: none"> • Goals Partially Met: <ul style="list-style-type: none"> ○ PI#10 (Children) This was met 3 out of 4 quarters. ○ Performance Improvement Projects <ul style="list-style-type: none"> ▪ Reducing racial and ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days ▪ PHQ-A Implementation ▪ Decreasing wait for Autism Services ○ Behavior Treatment Review (Clinical Case Record Review) ○ HSAG Compliance (SFY 2024 Year 1 – 88% (CAP implementation)). • Goals Not Evaluated (No data): <ul style="list-style-type: none"> ○ ECHO Annual Satisfaction Surveys (Adult and Children) ○ Wellness/MySrength ○ PHQ-9 • The goals set forth in the 2023-2024 QAPIP Work Plan have reached a completion rate of 52.8%. This marks a decline compared to the completion rates noted in the previous fiscal year, indicating the need for a reassessment of strategies and efforts to ensure we meet our targets effectively. It is crucial to analyze the factors contributing to this decrease and implement measures that will help us improve progress moving forward. <p>QAPIP Work Plan FY25</p> <ul style="list-style-type: none"> • The objectives in the work plan that were not met or were partially met will be carried over to the work plan for FY 2024-2025. • We will also continue with the goals that we achieved for continuous quality improvement. <p>DWIHN’s QAPIP Description, QAPIP Annual Evaluation FY 2024, and QAPIP Work Plan FY2025 are available for providers, stakeholders and members on DWIHN’s website https://www.dwihn.org/quality-reports-evaluations.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline



None Required		
---------------	--	--



4) Item: QAPIP Effectiveness

Goal: Quality Improvement

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce

NCQA Standard(s)/Element #: QI ☐ CC# ____ ☐ UM # ____ ☐ CR # ____ ☐ RR # ____

Discussion		
<p>Danielle Dobija, QI Administrator, shared the following with the work group.</p> <p>MDHHS Waivers & iSPA Review:</p> <ul style="list-style-type: none"> The FY2024 HCBS waivers and State Plan Amendment (iSPA) Review and 90-Day Follow up review has officially concluded. DWIHN received notice on 2/14/2025 that the MDHHS review team determined the actions taken by the DWIHN Network Providers was effective in remediating the findings noted during the initial site review. Next site review is scheduled to occur sometime in FY2026 and annually thereafter. <p>Quarter 1 FY2025 Self-Reviews:</p> <ul style="list-style-type: none"> Self-monitoring case selection sent out 1/17/2025-1/21/2025 Please complete case record reviews by 3/21/2025 As of 2/25/2025 there is evidence of 209 or 52% case record self-reviews completed in MH-WIN. <p>Medicaid Claims Verification Reviews:</p> <ul style="list-style-type: none"> Performance monitoring team will provide updates and review changes to the Medicaid Claims process and audit tool for FY2025. First batch of Medicaid Claims Verification will begin in April 2025. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None required.		



4) Item: QAPIP Effectiveness

Goal: Quality Improvement

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce

NCQA Standard(s)/Element #: QI ☐ CC# ____ ☐ UM # ____ ☐ CR # ____ ☐ RR # ____

Discussion		
<p>Micah Lindsey, Clinical Specialist, Performance Improvement, shared the following updates to the workgroup:</p> <p>CE/SE Reporting Module Training</p> <ul style="list-style-type: none">FY2024/2025 Training 2nd Thursday Teams Webinar 9am-Noon.Next Training is scheduled for March 13, 2025.Special Session August 8th Train the Trainer Limited to Manager/Supervisor only. Larger CRSP Provider only.		
Provider Feedback	Assigned To	Deadline
<p>Questions:</p> <ol style="list-style-type: none">Should we have the training annually?How will we know when we took the last CE/SE training? <p>Answers:</p> <ol style="list-style-type: none">Yes, that is correct, annual training is required.You can check with your HR teams, or if needed, you can reach the QI CE/SE team at DWIHN.		
Action Items	Assigned To	Deadline
None required.		

New Business Next Meeting: 03/26/25

Adjournment: 02/26/2025

MDHHS 1915(c) Waivers & 1915(i) SPA Review

The FY2024 1915(c) Home and Community-Based Services (HCBS) Waivers and 1915(i) State Plan Amendment (iSPA) Review and 90-Day Follow Up Review has officially concluded.

DWIHN received notice on 2/14/2025 that the MDHHS review team determined the actions taken by the DWIHN Network Providers was effective in remediating the findings noted during the initial site review.

Next site review scheduled to occur some time in FY2026 and annually thereafter.



Quarter 1 FY2025 Self-Reviews

Self-Monitoring Case selection sent out 1/17/2025 – 1/21/2025

Please complete case record reviews by 3/21/2025

As of 2/25/2025 there is evidence of 209 or 52% case record self-reviews completed in MH-WIN
Nice Work!



Medicaid Claims Verification Reviews

March 2025 QOTAW

Performance monitoring team will provide updates and review changes to the Medicaid Claims process and audit tool for FY2025.

First batch of Medicaid Claims Verification will begin in April 2025



Critical/Sentinel Event Reporting Module Training

FY 2024/2025 Training
SECOND (2nd) THURSDAY TEAMS WEBINAR
9:00 a.m. – Noon

SPECIAL SESSION - August 8
TRAIN-THE-TRAINER LIMITED – Manager/Supervisor ONLY
Large CRSP Provider ONLY

October 10
January 9
February 13
March 13
April 10
May 15
June 12

Dates Subject to Change- Registration open continuously

Registration closes one (1) week prior to the webinar

PARTICIPANTS WILL NOT BE ADMITTED AFTER 9:10 A.M.
Participants camera MUST REMAIN ON for ENTIRE training

This training prepares and updates participants for the electronic submission of the Critical & Sentinel Events into the MHWIN Critical/Sentinel Event Module.

CRSP's may register a maximum of 10 staff per training. Additional training may be available based on the workload of the trainers (Request to Carla Spight Mackey, Sinitra Applewhite, or Micah Lindsey).

Registration is required. Managers/Supervisors must register staff by clicking on the link below and completing ALL of the information requested.
Email address MUST BE the organization email NOT personal emails.

Space is Limited to the 1st 75 participants. Wait lists will be established.

<https://app.smartsheet.com/b/form/33026fe9b0c7463fadd398bbc8f1c4d4>

