



## Quality Improvement Steering Committee (QISC)

March 25, 2025

10:30 am – 12:00 pm

Via Zoom Link Platform

### Agenda

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|--|--|
| <b>I. Welcome</b>  | <b>T. Greason</b>  |
| <b>II. Authority Updates</b>   | <b>S. Faheem</b>   |
| <b>III. Approval of Agenda</b>   | <b>S. Faheem/Committee</b>   |
| <b>IV. Approval of Minutes</b> <ul style="list-style-type: none"><li>○ January 28, 2025</li><li>○ February 25, 2025</li></ul>  | <b>Dr. Faheem/Committee</b>  |
| <b>V. QAPIP Effectiveness</b><br><b><i>Integrated Health</i></b> <ul style="list-style-type: none"><li>○ 2024 CCM Program Description</li></ul><br><b><i>Policy Review</i></b> <ul style="list-style-type: none"><li>○ UM Provider Procedures for Prior Authorized Behavioral Services</li><li>○ UM Review Procedure for Substance Use Disorders</li><li>○ Residential Services Referral Procedure</li><li>○ Residential Services Procedure<ul style="list-style-type: none"><li>▪ Complete Residential Assessment for Placement</li></ul></li></ul> | <b>A. Bond</b><br><br><br><br><br><br><br><b>M. Hampton</b><br><b>M. Hampton</b><br><b>R. Morgan</b><br><b>R. Morgan</b> |



### **Quality Improvement Steering Committee (QISC)**

**March 25, 2025**

**10:30 am – 12:00 pm**

**Via Zoom Link Platform**

**Meeting Minutes**

**Note Taker: DeJa Jackson**

**Committee Chairs:** Dr. Shama Faheem, DWIHN Chief Medical Officer, and Tania Greason, DWIHN Provider Network QI Administrator

**1) Item: Welcome:** Tania asked the committee to put their names, email addresses, and organizations into the chat for attendance.

**2) Item: Authority Updates: Dr. Faheem shared the following updates:** Dr. Faheem thanked the providers who continued to provide excellent care and continued to help DWIHN improve the numbers in terms of access to care. Dr. Faheem also reminded the committee of the opening of the DWIHN Community Care Clinic, serving adults and children who are taking new members. With the noted shortage of services in community mental health, the new DWIHN Community Care is essential to the community. Crisis and access to care updates include the mobile crisis team being available for adults and children; the number is 844-62-7474. Dr. Faheem asks that providers follow up with their medical directors related to their PCE systems for monitoring long-acting injectable, as some members, especially those who are diagnosed with Schizophrenia, are not very compliant with taking their medications.

**3) Item: Approval of Agenda:** Dr. Faheem and the committee members approved the agenda for the March 25th, 2025, meeting with added changes.

**4) Item: Approval of Minutes:** Dr. Faheem and the Committee Members approved the QISC meeting minutes for January 28th and February 25th, 2025.



5) Item: QAPIP Effectiveness  
 Goal: Integrated Health Care (IHC)

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>Ashley Bond, Integrated Health Care Manager, shared the following updates with the committee:</p> <p><i>2024 Complex Case Management (CCM) Program Description</i></p> <ul style="list-style-type: none"> <li>• Updates from 2023-2024               <ul style="list-style-type: none"> <li>▪ CCM Goal Benchmarks                   <ul style="list-style-type: none"> <li>○ The target improvement goals for PHQ and WHO-DAS have increased from 10% to 20%.</li> <li>○ The goal for satisfaction survey returns has been raised from 80% to 85%.</li> <li>○</li> </ul> </li> <li>▪ Title change from Prepaid Inpatient Health Plan Care Coordinator to Complex Case Manager</li> <li>▪ Integration of services                   <ul style="list-style-type: none"> <li>○ DWIHN Crisis Services Department was added as a collaboration to assist in member engagement/support</li> </ul> </li> <li>▪ Reports for identifying members                   <ul style="list-style-type: none"> <li>○ Emergency Services (EMS) report removed as the report was retired</li> </ul> </li> <li>▪ Service Provided                   <ul style="list-style-type: none"> <li>○ Working with members to maintain insurance coverage was added</li> </ul> </li> </ul> </li> </ul> <p>Please refer to the handout “2024 CCM Program Description.pptx”</p>		
Provider Feedback	Assigned To	Deadline
Providers provided no additional feedback.		
Action Items	Assigned To	Deadline
The 2024 CCM Program Description was approved by Dr. Faheem and the QISC.	IHC (Ashley Bond)	3/25/2025



## 5) Item: QAPIP Effectiveness

### Goal: Policy Review

**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>Ryan Morgan, Director of Residential Services discussed the following policies and procedures for stakeholder and member feedback:</p> <p><i>Residential Services Referral Procedure:</i></p> <ul style="list-style-type: none"> <li>○ Referral agents submit Residential Referral and accompanying documentation to the Residential Services Dept. (<a href="mailto:residentialreferral@dwihn.org">residentialreferral@dwihn.org</a>, or (313)989-9525).</li> <li>○ Within 24 hours of referral, the case is assigned to a residential care specialist (RCS)</li> <li>○ RCS reaches out to the referral agent to schedule an assessment within 24 hours of receipt</li> <li>○ At the assessment, housing options are explained to the members (licensed, unlicensed). Members' choice drives placement options.</li> <li>○ The residential assessment is completed with a member who includes all relevant clinical information.</li> <li>○ The completed assessment and referral are transitioned to a Residential Care Coordinator (RCC) for brokering placement.</li> <li>○ The RCC reviews the case and informs the member of placement options and identifies the member's preferred placement. RCC will coordinate all visits and interviews as requested.</li> <li>○ RCC informs the referral agent of the placement. This includes admission date, location, provider name, and any information that may be needed for placement.</li> <li>○ RCC ensures that all parties are notified of placement, completes internal auth request, and any required Michigan Department of Health and Human Services (MDHHS) forms (3803 and 3471).</li> </ul> <p><i>Complete Residential Assessment for Placement</i></p> <ul style="list-style-type: none"> <li>○ The Residential Assessment will be completed at least annually or any time there is a change in the member's condition.</li> <li>○ Residential managers assign cases to Residential Care Specialists (RCS) within the Residential Dept.</li> <li>○ Prior to the assessment, the RCS reviews relevant clinical information, including prior residential assessment and the Individual Plan of Service (IPOS).</li> <li>○ The RCS schedules the Residential Assessment with a member, guardian, treatment team, and anyone the member chooses.</li> <li>○ During the assessment, the RCS will: <ul style="list-style-type: none"> <li>▪ Facilitate introductions</li> <li>▪ Explain the purpose</li> </ul> </li> </ul>		



<ul style="list-style-type: none"> <li>▪ Complete the assessment tool</li> <li>▪ Review direct care worker notes from the past 90 days</li> <li>▪ Determine the number of PC/CLS hours using the inherent calculator within the assessment</li> <li>○ Upon completing the assessment, the RCS will review all information contained within the assessment to ensure accuracy, complete the SAL, sign off on the assessment within 24 hours, and complete the internal authorization request.</li> <li>○ The RCS will ensure the case holder is aware of all information contained within the assessment so the IPOS can be amended as needed.</li> <li>○ Complete chart note documenting the process and changes.</li> </ul> <p>Please refer to the handout "Residential QISC mtg." for additional information.</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions/Concerns:</p> <ol style="list-style-type: none"> <li>1. Who is considered a referral agent?</li> <li>2. Dr. Faheem suggested creating a formal consent form documenting the member's chosen placement.</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>1. CRSPs, hospitals, Nursing homes, etc., are referred to as referral agents.</li> </ol>		
Action Items	Assigned To	Deadline
None Required		



5) Item: QAPIP Effectiveness

Goal: Policy Review

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>Marlena Hampton, Director of Utilization Management, presented policies and procedures for stakeholder feedback and member feedback:</p> <p><i>Utilization Management (UM) Policy Review &amp; Summary of Changes</i></p> <ul style="list-style-type: none"> <li>○ UM Provider Procedures for Prior Authorized Behavioral Services <ul style="list-style-type: none"> <li>▪ Expedited (Urgent) Pre-Service</li> <li>▪ Urgent Concurrent Pre-Service</li> <li>▪ Non-Urgent Pre-Service</li> </ul> </li> <li>○ UM Review Procedure for Substance Use Disorders <ul style="list-style-type: none"> <li>▪ Update references to ASAM 4<sup>th</sup> Edition</li> <li>▪ Continued review of returned authorizations to align with MH outpatient authorization procedures.</li> <li>▪ Internal review of procedure monitoring.</li> </ul> </li> <li>○ Upcoming Changes: CMS-0057-F <ul style="list-style-type: none"> <li>▪ The CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)</li> <li>▪ Finalized in January 2024, requires impacted payers to send prior authorization decisions within 72 hours for expedited requests and 7 calendar days for standard requests, effective January 1, 2026.</li> </ul> </li> </ul> <p>Please refer to the handout “DWIHN UM - Policy Review – QISC” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
Providers provided no additional feedback.		
Action Items	Assigned To	Deadline
None Required.		

New Business Next Meeting: April 29, 2025

Adjournment: March 25, 2025



# Complex Case Management Program Description 2024



# Updates from 2023 to 2024

- CCM goal benchmarks
  - ~PHQ and WHO-DAS goals were increased from 10% to a 20% improvement
  - ~Satisfaction survey returns goal was increased from 80% to 85%
- Title changes from PIHP Care Coordinator to Complex Case Managers





- Integration of Services

- ~DWIHN Crisis Services Department was added as a collaboration to assist in member engagement/support

- Reports for Identifying Members

- ~Emergency Services (EMS) report removed as report was retired

- Services Provided

- ~Working with members to maintain insurance coverage was added





# RYAN MORGAN

## DIRECTOR- RESIDENTIAL SERVICES



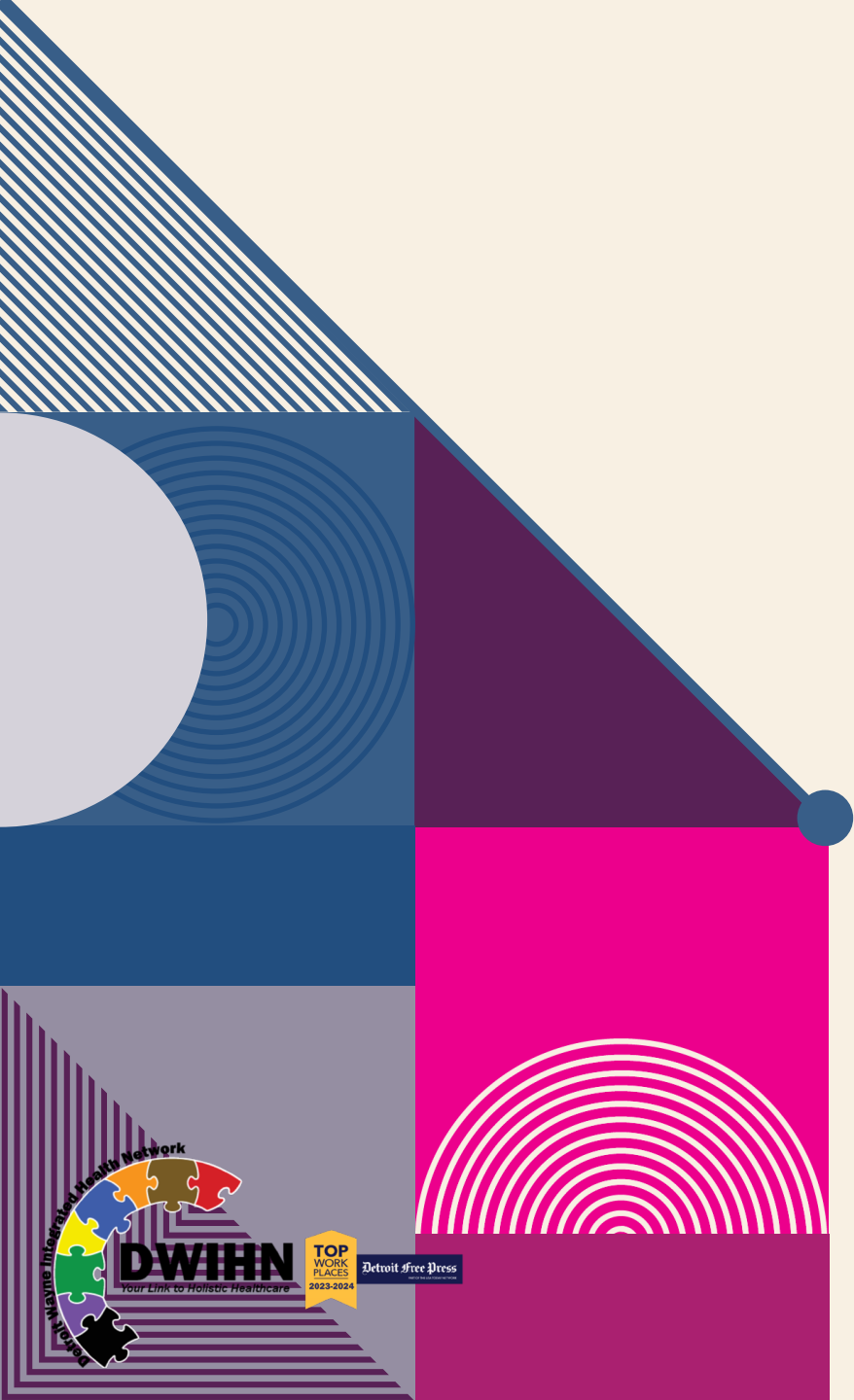
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# RESIDENTIAL PROCEDURE REVIEW

- Residential Services Referral Procedure
- Residential Services Procedure to complete Residential Assessment for placement in Residential Setting.



# RESIDENTIAL REFERRAL PROCEDURE

- Referral agent submits Residential Referral and accompanying documentation to the Residential Services Dept. ([residentialreferral@dwihn.org](mailto:residentialreferral@dwihn.org), or (313) 989-9525
- Within 24 hours of referral the case is assigned to residential care specialist (RCS).
- RCS reaches out to referral agent to schedule assessment within 24 hours of receipt.
- At the assessment housing options are explained to the member (licensed, unlicensed). Member's choice drives placement options.
- The residential assessment is completed with member that includes all relevant clinical information.

# RESIDENTIAL REFERRAL PROCEDURE.

## CONT.

- The completed assessment and referral is transitioned to a Residential Care Coordinator (RCC) for brokering placement.
- The Residential Care Coordinator reviews the case and informs member of placement options and identifies member's preferred placement. RCC will coordinate all visits and interviews as requested.
- RCC informs referral agent of placement. This includes admission date, location, provider name and any other information that may be needed for placement.
- RCC ensures that all parties are notified of placement, completes internal auth request, and any required MDHHS forms (3803 and 3471).

# PROCEDURE TO COMPLETE RESIDENTIAL ASSESSMENT IN RESIDENTIAL SETTINGS

- The Residential Assessment will be completed at least annually or any time there is a change in the member's condition.
- Residential managers assign cases to Residential Care Specialists (RCS) within the Residential Dept.
- Prior to the assessment the Residential Care Specialist reviews relevant clinical information including prior residential assessment and the IPOS.
- The Residential Care Specialist schedules the Residential Assessment with member, guardian, treatment team, and anyone the member chooses.

# PROCEDURE TO COMPLETE RESIDENTIAL ASSESSMENT IN RESIDENTIAL SETTINGS. CONT.

- During the assessment, the RCS will:
  - Facilitate introductions
  - Explain the purpose
  - Complete the assessment tool
  - Review direct care worker notes from past 90 days
  - Determine the number of PC/CLS hours using inherent calculator within the assessment.
- Upon Completing the Assessment, the RCS will review all information contained within the assessment to ensure accuracy, complete SAL, signs off on the assessment within 24 hours, completes internal authorization request.
- The RCS will ensure the case holder is aware of all information contained within the assessment so the IPOS can be amended as needed.

Complete chart note documenting the process and changes.

# THANK YOU!



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