



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, June 25, 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.  | <i>Policy Review</i>                               |                     |
|      | ✚ MDHHS State Fair Hearing Procedures              | D. Johnson          |
|      | ✚ CRSP Responsibilities Procedure                  | J. Davis            |
| V.   | <b>QAPIP Effectiveness</b>                         |                     |
|      | <b><i>DWPHN Customer Service</i></b>               |                     |
|      | a) Adult ECHO Survey                               | M. Keyes-Howard     |
|      | b) Child ECHO Survey                               | M. Keyes-Howard     |
|      | <b><i>Quality Improvement</i></b>                  |                     |
|      | c) Case Manager/Supports Coordinator HCBS training | D. Dobija           |
|      | d) MDHHS Waiver & iSPA Reviews                     | D. Dobija           |
|      | e) CE/SE Updates                                   | C. Spight-Mackey    |
| VI.  | Adjournment  |                     |



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, June 25, 2025**  
**Via Zoom Link Platform**  
**9:30 a.m. – 11:30 a.m.**  
**Note Taker: DeJa Jackson**

**1) Item: Announcements:**

- PIHP Bid: MDHHS launching a competitive procurement process for new PIHP contracts by late 2025/early 2026.
- Joint Commission Accreditation: 3-Year Accreditation Awarded for:
  - Crisis Stabilization Unit
  - Mobile Crisis Services
  - Outpatient Clinic
- 1-Year Crisis Center Anniversary: Over 2,000 individuals served.
- New Mobile Outreach Clinic: Provides services every Monday across Wayne County.

**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		
Gregory Lindsey, Treatment Service Administrator, shared the following SUD updates:		
<ul style="list-style-type: none"> <li>• Upcoming Events:               <ul style="list-style-type: none"> <li>○ Wellness Beyond the Walls Interfaith Conference (July 10)</li> <li>○ Detroit Recovery Project Town Hall on Harm Reduction (July 18)</li> <li>○ Beyond the Bottle – Alcohol Use Disorder Workshop (July 11)</li> </ul> </li> <li>• Awaiting permanent director; interim: Matthew Yaskow</li> </ul>		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None		



**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 has transitioned to a new role with MDHHS.		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
None		



**4) Item: Policy Review**

**Goal: Review of updated policies/procedures**

**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>Dorian Johnson, Due Process Manager, shared the following updates for the <i>MDHHS State Fair Hearing Procedures for Enrollees and Members with Medicaid Services</i> with the workgroup:</p> <p>An enrollee/member that is a recipient of Medicaid covered services is entitled to the State Fair Hearing process for two reasons: a) there has been a delay, denial, reduction, suspension or termination of services that has gone through the local appeal process and the PIHP has upheld the decision b) a grievance or an appeal has not been resolved within the allotted time frame (42 CFR 438.408 (f)(1)(i))</p> <p><b>Expanded who can request a hearing:</b></p> <ul style="list-style-type: none"> <li>○ Members</li> <li>○ Legal guardians</li> <li>○ Providers (with permission)</li> <li>○ Estate representatives</li> </ul> <p>Please refer to DWIHN’s Website for the updated procedure which reflects the Michigan Office of Administrative Hearing and Rules (MOAHR) updates.</p>		
Provider Feedback	Assigned To	Deadline
No provider Feedback.		
Action Items	Assigned To	Deadline
None.		



**4) Item: Policy Review**

**Goal: Review of updated policies/procedures**

**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>Jacqueline Davis, Clinical Officer, shared the following updates for the <i>Clinically Responsible Service Provider (CRSP) Responsibilities Procedure</i>:</p> <p><b>Procedure Purpose:</b>            To provide guidelines and supplement the Detroit Wayne Integrated Health Network (DWIHN) Provider Manual and the Scope of Service in the contracts with DWIHN and providers in the DWIHN Network that have been identified as “Clinically Responsible Service Providers” or CRSP (as seen in the Member/ Enrollee Chart in MH-WIN).</p> <ul style="list-style-type: none"> <li>Strong focus on:               <ul style="list-style-type: none"> <li>Up-to-date demographic info</li> <li>Discharge coordination (especially post-court or jail)</li> <li>Minimum follow-up and scheduling standards.</li> </ul> </li> </ul> <p>Please refer to DWIHN’s Website for the updated procedure, which reflects the <i>Clinically Responsible Service Provider (CRSP) Responsibilities Procedure</i> updates.</p>		
Provider Feedback	Assigned To	Deadline
No provider updates.		
Action Items	Assigned To	Deadline
None.		



## 5) Item: QAPIP Effectiveness

### Goal: Customer Service

**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>Margaret Keyes-Howard, Strategic Operations Administrator, shared the following:</p> <p><b>Adult ECHO Summary:</b> The data below provides a snapshot view of ECHO Adult (survey) of Member Experience Scores (look back period 2023) for the 2024 reporting year. . A full report can be found on our website at <a href="http://www.dwihn.org">www.dwihn.org</a>. DWIHN will conduct a new review of the FY 2024 look back period during FY 2025.</p> <ul style="list-style-type: none"><li>○ Seen within 15 min: Increased to 73%</li><li>○ Confidence in privacy: 89%</li><li>○ Cultural responsiveness: Decreased 5%</li><li>○ Perceived improvement: stagnant at 60%</li><li>○ Increased focus planned on discharge and follow-up quality.</li></ul> <p><b>Child ECHO Summary:</b> The data below provides a snapshot view of ECHO Children’s (survey) of Member Experience Scores over (look back period 2023) for the 2024 reporting year. A full report can be found on our website at <a href="http://www.dwihn.org">www.dwihn.org</a>. DWIHN will conduct a new review of the FY 2024 look back period during FY 2025.</p> <ul style="list-style-type: none"><li>○ Respondents: 1,394 (higher than adults)</li><li>○ Overall treatment satisfaction: 53% (+4%)</li><li>○ Family engagement: 82%</li><li>○ Informed of rights: 92%</li><li>○ Cultural needs met: 77%</li><li>○ Perceived improvement: stagnant; interventions in development.</li></ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback		
Action Items	Assigned To	Deadline
None required		



## 5) 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 updates with the workgroup:</p> <p><b>Case Manager / Supports Coordinator Training:</b></p> <ul style="list-style-type: none"> <li>○ Training Topic: Home and Community-Based Services (HCBS)</li> <li>○ In-person training Modules 1 –3 provided in May / June</li> <li>○ Number of Staff Trained on all 3 modules: 332</li> </ul> <p><b>Case Manager/Supports Coordinator Training:</b></p> <ul style="list-style-type: none"> <li>○ Training Topic: Home and Community-Based Services (HCBS)</li> <li>○ Registration for Virtual training is on the Detroit Wayne Connect Event Calendar.</li> <li>○ Module 1 – June 2025</li> <li>○ Module 2 – July 2025</li> <li>○ Module 3 – August 2025</li> <li>○ Email HCBSInforPIHP@dwihn.org for new hires that need Module 1 training</li> </ul> <p><b>MDHHS Waiver &amp; iSPA Reviews:</b></p> <ul style="list-style-type: none"> <li>• Reviews will be completed annually</li> <li>• Anticipated Review Date: March-May 2026</li> <li>• Sample size will remain similar to the 2024 review (118 cases)</li> <li>• Anticipate receiving the sample in January 2026</li> <li>• There will be a heavy emphasis on HCBS-compliant IPOS</li> </ul> <p><b>CAP Process:</b></p> <p>Individual remediation</p> <ul style="list-style-type: none"> <li>• No change</li> </ul> <p><b>Systemic remediation:</b></p> <ul style="list-style-type: none"> <li>• A corrective action plan is still required</li> <li>• MDHHS will review and approve</li> <li>• Follow-up review to validate implementation will occur at next year’s annual site review.</li> </ul>		



<p><b>New HCBS Performance Measures:</b></p> <ul style="list-style-type: none"> <li>• Individuals residing in provider owned or controlled settings have a signed Summary of Rights documents in the home.</li> <li>• IPOS with identified restrictions/modifications are in compliance with HCBS requirements.</li> <li>• Community Integration goal: <ul style="list-style-type: none"> <li>◦ Maning full activities defined by the individual’s interests and desires.</li> </ul> </li> <li>• Employment: <ul style="list-style-type: none"> <li>◦ Must reflect the individual’s interests and desire to seek employment, including non-disability specific and competitive integrated employment opportunities.</li> </ul> </li> <li>• Setting Satisfaction: <ul style="list-style-type: none"> <li>◦ The IPOS must identify the individual’s satisfaction with their current living situation and any interest in exploring other living situations, including non-disability specific settings by name.</li> </ul> </li> <li>• Other Qualities: <ul style="list-style-type: none"> <li>◦ Written in language the individual can understand</li> <li>◦ Reflect a robust discussion of an individual’s goals, interests, and desires</li> <li>◦ Signed by the individual regardless of guardianship status</li> </ul> </li> </ul> <p>Please refer to the handout “QOTAW Performance Monitoring 6.25.2025” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions:</p> <ol style="list-style-type: none"> <li>1. Is it required that community integration activities be documented with frequency?</li> <li>2. How do we register for the training?</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>1. Yes, a minimum of two per week is required.</li> <li>2. New hire’s should email: <a href="mailto:HCBSInfo@dwihn.org">HCBSInfo@dwihn.org</a> and existing staff register via Detroit Wayne Connect.</li> </ol>		
Action Items	Assigned To	Deadline
Continued updates will be provided to the QOTAW.	Quality Improvement (D. Dobija)	September 30, 2025





## 5) 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>Carla Spight-Mackey, Clinical Specialist, Performance Improvement, discussed CE/SE reporting updates with the workgroup:</p> <p><b>Event Module Updates:</b></p> <ul style="list-style-type: none"> <li>Major System Changes: <ul style="list-style-type: none"> <li>New format requires individual entries for “Who, What, When, Where, Why, and How.”</li> <li>Mandatory fields prevent submission with incomplete data.</li> </ul> </li> <li>Purpose: Ensures thorough documentation for audits and state review.</li> <li>Technical Issues: Acknowledged glitches with data not saving. IT is working with providers.</li> <li><b>Reminders:</b> <ul style="list-style-type: none"> <li>Use the message system to notify if the data will not save.</li> <li>Review the “comment section” for requests from DWIHN staff on incomplete entries.</li> </ul> </li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None required.		

**New Business Next Meeting: 08/27/25**

**Adjournment: 06/25/25 @ 11:20 a.m.**

CATEGORY	FY 2023	FY 2022	FY 2021	FY 2020	FY 2017	STATUS
	<b>CURRENT</b>					
Seen Within 15 Minutes	<b>73%</b>	49%	44%	36%	33%	<b>UP + 24% Improved</b>
Told About Meds and Side Effects	<b>75%</b>	76%	79%	74%	75%	Slight decrease
Engages Family in Treatment	<b>53%</b>	55%	60%	60%	59%	<b>Down -2%</b>
Provides Info on Managing Condition	80%	80%	75%	81%	78%	Maintained at 80%
Info on Rights	<b>89%</b>	88%	88%	88%	91%	<b>ABOVE 85%</b> Up 1%
Member feels able to refuse treatment	78%	78%	84%	81%	78%	NO GAIN
Confidence in Privacy	91%	91%	93%	91%	91%	<b>ABOVE 90%</b>
Cultural Needs Met	<b>71%</b>	76%	69%	69%	76%	<b>Down -5%</b>
Perceived Improvement from Treatment	<b>60%</b>	59%	57%	58%	52%	<b>UP + 1% Improved</b>
Options on Treatment after benefits deplete	<b>61%</b>	56%	56%	55%	48%	<b>UP + 5% Improved</b>
ECHO ADULT						<b>UP 31 %</b>

The Graph Above provides a snapshot view of ECHO Adult (survey) of Member Experience Scores over the last four years (look back period 2023) for the 2024 reporting year. The graph also includes DWIHN's baseline study conducted in 2017. The full survey represents composite scores of 728 participants and composite scores of several areas, including perceived improvement over the look back period. A full report can be found on our website at [www.dwihn.org](http://www.dwihn.org). DWIHN will conduct a new review of the FY 2024 look back period during FY 2025.

DWIHN ECHO CHILDREN'S SNAPSHOT OUTCOMES REPORT YEAR 2024

CATEGORY	2023 <b>CURRENT</b>	2022	2021	FY 2020	
Overall Treatment	53%	49%	51%	51%	<b>UP 4 %</b>
Seen Within 15 Minutes	55%	54%	44%	36%	<b>1%</b>
Told About Meds and Side Effects	79%	75%	79%	74%	<b>Up 4%</b>
Engages Family in Treatment	82%	82%	60%	60%	No Gain Above 80%
Provides Info on Managing Condition	81%	78%	75%	81%	<b>Up 2% Above 80%</b>
Info on Rights	92%	92%	88%	88%	<b>ABOVE 90%</b>
Member feels able to refuse treatment	85%	89%	84%	81%	Slight – Remains ABOVE 80%
Confidence in Privacy	95%	95%	93%	91%	<b>EXCELS @ 95%</b>
Cultural Needs Met	77%	74%	69%	69%	<b>UP 3%</b>
Perceived Improvement from Treatment	66 %	66%	57%	58%	No Gain
Options on Treatment after benefits deplete	56%	56%	56%	55%	No Gain
<b>ECHO Children's</b>					<b>UP 14%</b>

The Graph Above provides a snapshot view of ECHO Children's (survey) of Member Experience Scores over the last four years (look back period 2023) for the 2024 reporting year. The graph also includes DWIHN's baseline study conducted in 2017. The full survey represents composite scores of 1,394 respondents and composite scores of several areas, including perceived improvement over the look back period. A full report can be found on our website at [www.dwihn.org](http://www.dwihn.org). DWIHN will conduct a new review of the FY 2024 look back period during FY 2025.

# Case Manager / Supports Coordinator Training

Training Topic: **Home and Community Based Services (HCBS)**

In person trainings Modules 1 – 3 provided in May / June

Number of Staff Trained on all 3 modules: 332



# Case Manager / Supports Coordinator Training

## Training Topic: **Home and Community Based Services (HCBS)**

Registration for Virtual trainings is on the Detroit Wayne Connect Event Calendar.

Module 1 – June 2025

Module 2 – July 2025

Module 3 – August 2025

Email [HCBSInforPIHP@dwihn.org](mailto:HCBSInforPIHP@dwihn.org) for new hires that need Module 1 training



# MDHHS Waiver & iSPA Reviews

## Updates from MDHHS

Reviews will be completed Annually

Anticipated Review Date: March – May 2026

Sample size will remain similar to the 2024 review (118 cases)

Anticipate receiving sample in Jan. 2026

There will be a heavy emphasis on HCBS compliant IPOS



# MDHHS Waiver & iSPA Reviews

## Corrective Action Plan process

### Individual remediation process

- No change

### Systemic remediation

- A corrective action plan is still required
- MDHHS will review and approve
- Follow up review to validate implementation will occur at the next year's annual site review



# MDHHS Waiver & iSPA Reviews

## New HCBS Performance Measures

- Individuals residing in provider owned or controlled settings have a signed Summary of Rights documents in the home.
- IPOS with identified restrictions/modifications are in compliance with HCBS requirements.
  - All individuals who have a BTP with restrictive / intrusive interventions must also have the restrictive/intrusive interventions present in their IPOS





# MDHHS Waiver & iSPA Reviews

## New HCBS Performance Measures (cont.)

- Community Integration goal
  - Meaningful activities defined by the individual's interests and desires
- Employment
  - must reflect the individual's interests and desire to seek employment, including non-disability specific and competitive integrated employment opportunities



# MDHHS Waiver & iSPA Reviews

## New HCBS Performance Measures (cont.)

- Setting Satisfaction
  - the IPOS must identify the individual's satisfaction with their current living situation and any interest in exploring other living situations, including non-disability specific settings by name



# MDHHS Waiver & iSPA Reviews

## New HCBS Performance Measures (cont.)

- Other Qualities
  - written in language the individual can understand
  - Reflect a robust discussion of individual's goals, interests and desires
  - Signed by the individual regardless of guardianship status



# MDHHS Waiver & iSPA Reviews

New HCBS Performance Measures (cont.)

Case Manager / Supports Coordinator requirements

- Trained in the HCBS Rule Requirements

