



Quality Improvement Steering Committee (QISC)

September 30, 2025

10:30am – 12:00pm

Via Zoom Link Platform

Agenda

- | | |
|---|--------------------------|
| I. Welcome | T. Greason |
| II. Authority Updates | S. Faheem |
| III. Approval of Agenda | S. Faheem/Committee |
| IV. Approval of Minutes <ul style="list-style-type: none">○ August 26, 2025 | Dr. Faheem/Committee |
| V. QAPIP Effectiveness | |
| <i>Practice Guidelines</i> <ul style="list-style-type: none">○ Recurrent Hospitalization and Recidivism○ Persons Served Who Are Non-Engaging and Non-Adherent to Treatment | Dr. Faheem
Dr. Faheem |
| <i>Follow-up:</i> | |
| <i>Children Initiatives</i> <ul style="list-style-type: none">○ HEDIS Measures Follow-up Care for Children Prescribed ADHD Medication (ADD) | C. Phipps |
| <i>Performance Improvement Project</i> <ul style="list-style-type: none">○ I/DD Children | L. Gogliotti |
| <i>Quality Improvement</i> <ul style="list-style-type: none">○ Behavior Treatment (BTAC)
 Q3 Analysis | F. Nadeem/L. Boros |



Quality Improvement Steering Committee (QISC)

September 30, 2025

10:30am – 12:00pm

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 organization into the chat for attendance.

2) Item: Authority Updates: Dr. Faheem shared the following updates: Quality achieved an overall 97% compliance score for the HSAG Compliance FY2025 Audit Review, meeting 140 out of 145 standards. The crisis center has continued to provide crisis services, and so does the mobile 24/7 support. Continue to refer members to the mobile support rather than emergency departments, also continue to give them the numbers for the crisis centers. CCBHC oversight transitions to state authority starting October 1st.

3) Item: Approval of Agenda: Agenda for September 30th, 2025 approved by Dr. S. Faheem and Committee Members

4) Item: Approval of Minutes: QISC Meeting Minutes for August 26th, 2025, approved by Dr. S. Faheem and Committee Members



5) Item: QAPI Effectiveness

Goal: Practice Guidelines

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

NCQA Standard(s)/Element #: **QI 1** CC# _____ UM # _____ CR # _____ RR # _____

Discussion		
Dr. Faheem, CMO, shared the following policy recommendations for feedback with the QISC members. <i>Practice Guidelines for Recurrent Hospitalizations and Recidivism:</i> The rate of psychiatric readmission, or recidivism, is notably high, particularly among individuals with severe mental illness within the adult population. State guidelines set the expectation for the 30-day readmission rate to be under 15%. Historically, DWIHN has struggled to meet this standard for adults in most quarters. However, several effective clinical practices exist that could help reduce both psychiatric hospitalizations and readmission rates. These guidelines also address the rising number of hospitalizations for both children and adults. They are based on evidence and informed by internal system data. • General Guidelines include the following: ○ Comprehensive assessment and risk stratification. ○ Crisis/safety planning, even if the member refuses to sign. ○ Discharge planning, face-to-face outreach, and post-discharge follow-up. ○ Medication adherence strategies: MedDrop, long acting injectables, psychoeducation. ○ Care coordination across social determinants. ○ Special populations: IDD, justice-involved, co-occurring disorders. It is recommended that providers be trained in trauma-informed care, motivational interviewing, suicide prevention, and recovery principles. Additionally, cultural competency and monitoring and evaluation measures will be implemented. <i>Persons Served Who Are Non-Engaging and Non-Adherent to Treatment</i> The purpose of this policy is to establish evidence-based, recovery-oriented, trauma-informed, and person-centered strategies for engaging individuals who are not participating in or are non-compliant with behavioral health treatment. These guidelines are designed to assist staff across mental health, substance use disorder (SUD), and co-occurring disorder (COD) services in minimizing disengagement and enhancing treatment outcomes. This policy outlines evidence-based recommendations for effectively engaging individuals who may be non-participative or non-compliant in behavioral health treatment.		



- Establishes guidelines based on literature and consensus for provider networks. - Aims to enhance engagement and outcomes for individuals with behavioral health issues. - Supports staff across various services, including mental health, substance use, and co-occurring disorders.		
Provider Feedback	Assigned To	Deadline
Questions/Concerns: - Justin Rinke, Quality Manager from Easter Seals MORC, suggested revising the title for the Practice Guidelines for Recurrent Hospitalizations to include more collaborative language. - Dr. Faheem agreed to review the request and provide feedback.		
Action Items	Assigned To	Deadline
The policies titled "Practice Guidelines for Recurrent Hospitalizations and Recidivism" and "Persons Served Who Are Non-Engaged and Non-Adherent to Treatment" have been posted on the DWIHN website for stakeholder feedback. Any feedback received will be presented to this committee for further review as needed.	Dr. S. Faheem	January, 2026.



5) Item: QAPIP Effectiveness

Goal: Follow-up

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

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

Discussion		
Cassandra Phipps, Director of Children Initiatives, shared the following HEDIS Measure updates for discussion with the committee: Follow-up Care for Children Prescribed ADHD Medication (ADD) - Data from March 2024 – February 2025: - Initial visit compliance: 63.14% (goal: 64%) - Continuation compliance: 71.25% (goal: 76%) - Barriers identified: - Parent work schedules - Transportation challenges - Medication side effects - Only 59% of providers met the initial visit goal. - Feedback surveys and educational materials for providers. - HEDIS flyers and newsletters.		
Provider Feedback	Assigned To	Deadline
Questions/Concerns: - Justin Rinke, Quality Manager with Easter Seals MORC, inquired if Vital Data provides provider-level data? Answers: - Yes, Vital Data provides provider-level data for review. If you have questions or need assistance with reviewing and having access to the HEDIS data for your organization, please reach out to		
Action Items	Assigned To	Deadline
None Required.		



5) Item: QAPIP Effectiveness

Goal: Follow-up (PIP – I/DD Children)

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

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

Discussion		
Luke Gogliotti, Children Initiatives, shared the following updates for the Performance Improvement Project: <i>I/DD Children</i> Purpose: The Children's Initiative Department is requesting feedback from QSIC on the Intellectual Developmental Disability (IDD) Services Performance Improvement Project. - Requesting additional feedback regarding the data and analysis Goal: Effective 10/1/2024, the new goal is 57% Barriers: ○ Supports the Coordination of staffing challenges • The needs for children with IDD are lifelong needs resulting in services lasting longer. ○ High caseload sizes for office-based and community-based services. ○ Fewer intake appointment slots with the MHWIN calendar ○ Increase in children receiving IDD services compared to FY24 ○ Providers accept members outside of the 14-day requirement per request from ○ DWIHN Access, which lowers Provider compliance. (Will not count for MDHHS indicator requirement; however, can still qualify for financial incentive). ○ Families are requesting an intake outside of the 14 days because they want a specific Provider. ○ Families rescheduling their intake appointments and missing the 14-day window ○ Increase of Recipient Rights and Grievances for not having enough staff to deliver IDD services. Interventions:		



○ Ongoing 45-day meetings with Providers to discuss barriers, progress, and next steps. ○ FY25 gather IDD staffing status and caseload sizes quarterly ○ FY25 started allowing IDD staff to attend the Core Competency Trainings ○ Financial incentives for IDD services ○ Increase number of providers servicing IDD children New Proposed Interventions: ○ Further analysis of the length of treatment for IDD services. ○ Further analysis of discharge data for children with IDD services. ○ Incorporate in the FY26 Statement of Work a minimum requirement of MHWIHN availability calendar appointments. Refer to handout “IDD Children's PIP 9-30-25.pdf” for additional information.		
Provider Feedback	Assigned To	Deadline
Questions/Concerns: Questions: • Jeff Gents, Quality Analyst from Easter Seals MORC, asked about what changes have been made to the FY26 Statement of Work (SOW), which is a part of the outpatient contract. Answers: • Luke Gogliotti will follow up with Cassandra Phipps, Director of Children Initiatives, to ensure that the CEO’s of each organization are in receipt of the SOW.		
Action Items	Assigned To	Deadline
Luke Gogliotti to follow up with leadership (Cassandra Phipps, Children's Initiative Director to inquire about awareness of the MDHHS FY26 Statement of Work changes.	Luke Gogliotti, Children's Initiatives	October 30, 2026



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 1** CC# _____ ☐ UM # _____ ☐ CR # _____ ☐ RR # _____

Discussion		
Fareeha Nadeem and Laura Boros, Quality Improvement Specialists, shared the BTAC Q3 Analysis and report with the committee: <i>Behavior Treatment (BTAC) Q3 Analysis:</i> Background: ○ The Committee reviews the implementation of Behavior Treatment Plan Review Committees (BTPRC) procedures and evaluates each committee's overall effectiveness and corrective action as necessary ○ The charge of this Committee includes random sampling of intrusive and restrictive behavior treatment plans and review for inclusion of the MDHHS Technical Guidelines in the DWIHN Behavior Treatment Policy and Procedures, and training. ○ The Committee reviews system-wide trends, behavior plan approvals, disapprovals, and terminations. BTAC Journey over the years: ○ Developed a system-wide transition plan for PIHP Administrative Processes of Behavior Treatment Review Services. ○ DWIHN is in full Compliance with PIHP Administrative Procedures for six consecutive years during MDHHS, HSAG, and NCQA reviews. ○ Ongoing BTPRC Technical Assistance through system-wide training with MDDHHS and trained over 2200 clinical staff members by December 2024. ○ Develop and update PIHP policies and procedures for Behavior Treatment Review Services. ○ Developed an effective mechanism for tracking paid authorizations (H2000) by creating a notification banner for each member on the Behavior Treatment Plans in MH-WIN to reflect any paid authorization of H2000 services within the past 365 days. ○ MDHHS-required case review presentations by network providers regularly at the BTAC. ○ Developed billing guidelines and procedures for external case reviews for the network BTPRCs. ○ Regular submission of quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS.		



- QI Staff have been appointed by MDHHS to serve on the MDHHS key for five consecutive years, which includes the MDHHS Behavior Treatment Compliance Committee, and newly appointed to the MDHHS Developmental Disabilities Committee

Data Trends and Patterns:

- The required data of Behavior Treatment beneficiaries, including 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management, is still under-reported. DWIHN continues to work with network providers to address this issue.
- The network BTPRCs have an electronic health record system that is not patched with the DWIHN PCE system (MHWIN), and that is one of the barriers to improving the under-reporting of 911 calls and other reportable categories of events.
- Reporting under the wrong category is one of the barriers. The Behavior Treatment category is live in the Sentinel Events Reporting module in MHWIN to improve the systematic under-reporting of Behavior Treatment beneficiaries' required data.
- In-service on behavior treatment plans by the staff who are not qualified. The shortage of clinical staff with MDHHS-required credentials for BTPRC review continues to be challenging

Quality Improvement – FY2025 Focused Audits

Laura Boros has led the QI FY2025 Focused Audit Reviews.

Purpose:

- Evaluate specific areas of noncompliance related to processes and documentation
- Develop improvement plans to resolve and eliminate barriers and deficiencies
- improve compliance
- Improve quality of care

Status:

- Each provider received individual findings
- DWIHN analyzing network data

Preliminary findings/areas for improvement:

- BTP not integrated into the IPOS
- Missing evidence of special consent
- Evidence of staff training on the BTP



Next Steps: ○ Share data ○ Develop improvement plans • Training & Technical Assistance ○ Implement plans ○ Re-assess Refer to handouts “ BTAC Q3 FY 2025.pdf” and performance monitoring BTACslides.pptx for additional information.		
Provider Feedback	Assigned To	Deadline
Questions/Concerns: Questions: 1. Justin Rinke, Quality Manager with Easter Seals MORC, asked about clarification of MDHHS training requirements. 2. Justin Rinke, Quality Manager with Easter Seals MORC, asked about the frequency and structure of audits and improvement plans. Answers: 1. Fareeha Nadeem, DWIHN’s Quality Improvement, clarified the distinction between positive behavior support and restrictive intervention training. DWIHN will provide future training for FY2026. 2. Laura Boros, DWIHN’s Quality Improvement, explained the annual review cadence and collaborative remediation approach.		
Action Items	Assigned To	Deadline
Beginning in FY2026, the BTAC data analysis and reporting will be shared with the QISC. This analysis and review will continue to support DWIHN and our provider network in delivering improved outcomes, reporting, and services to members with BTP.	Fareeha Nadeem (QI) and Laura Boros (QI)	Ongoing for FY2026 (Each Quarter)

New Business Next Meeting: October 28, 2025

Adjournment: September 30, 2025



Children Services IDD Performance Project

September 30th, 2025

Children Initiative Department

Cassandra Phipps (Director)

Lucas Gogliotti (IDD Clinical Specialist)



Purpose

Children Initiative Department is requesting feedback from QSIC on Intellectual developmental disability (IDD) services Performance Improvement Project.

- Looking for additional feedback regarding the data and analysis



Goal

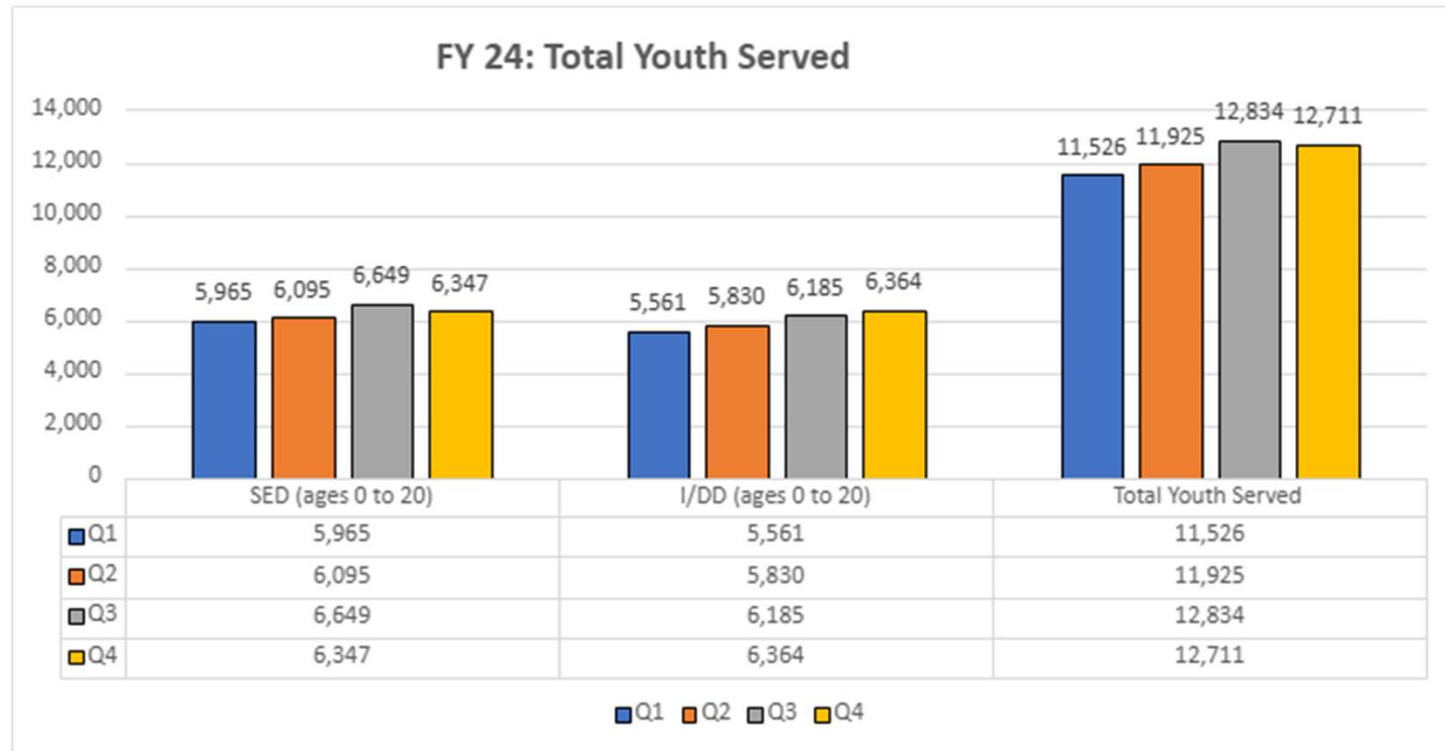
MDHHS Performance Indicator Goal: PI-2a

The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service

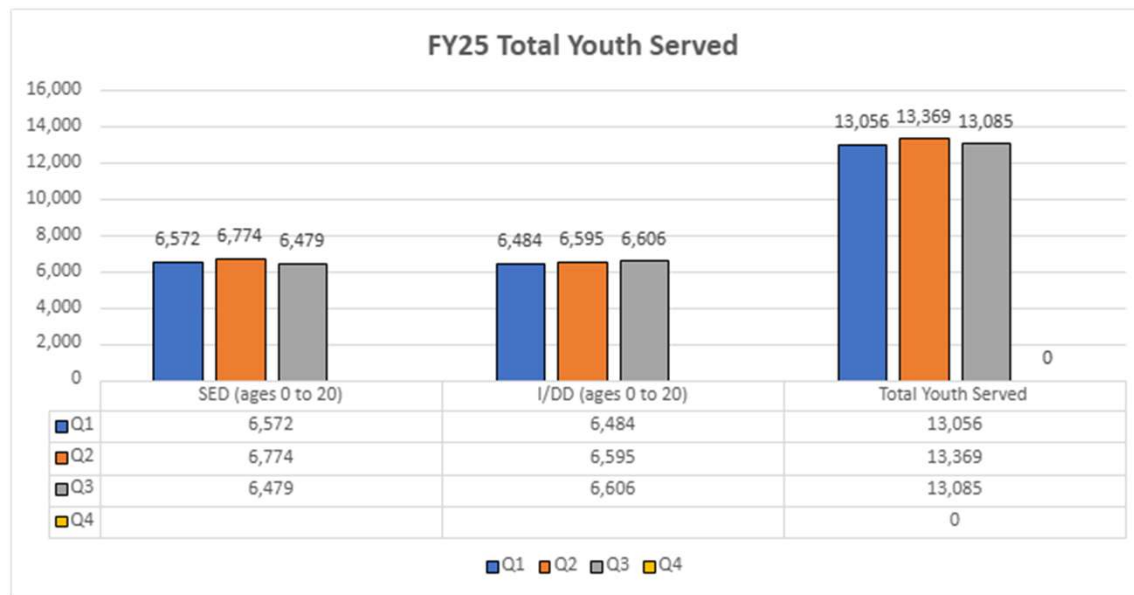
- Effective 10/1/2024 – the new goal is 57%
- MDHHS does not allow any exceptions



Census Data



Census Data



PI 2a - Data

FY23

Q1: 122 / 425 = 28.71%

Q2: 145 / 452 = 32.08%

Q3: 133 / 408 = 32.60%

Q4: 226 / 491 = 46.03%

FY24

Q1: 303 / 425 = 21.78%

Q2: 146 / 523 = 27.92%

Q3: 155 / 493 = 31.44%

Q4: 369 / 655 = 56.34%

FY25

Q1: 200 / 558 = 35.84%

Q2: 244 / 712 = 34.27%

Q3: 263 / 720 = 36.53

Q4: 230 / 662 = 34.74 (Preliminary)



Barriers

Identified Barriers:

- Supports Coordination staffing challenges
- The needs for children with IDD are lifelong needs resulting in services lasting longer.
- High caseload sizes for office based and community based services.
- Fewer intake appointment slots with the MHWIN calendar
- Increase of children receiving IDD services compared to FY24
- Providers accept members outside of the 14-day requirement per request from DWIHN Access which lowers Provider compliance. (Will not count for MDHHS indicator requirement; however, can still qualify for financial incentive).
- Families are requesting an intake outside of the 14 days because they want a specific Provider.
- Families rescheduling on their intake appointments and missing 14 day window
- Increase of Recipient Rights and Grievances for not having enough staff to deliver IDD services.



Interventions

Interventions to support this project:

- Ongoing 45-day meetings with Providers to discuss barriers, progress, and next steps.
- FY25 gather IDD staffing status and caseload sizes quarterly
- FY25 started allowing IDD staff to attend the Core Competency Trainings
- Financial incentives for IDD services
- Increase number of providers servicing IDD children

New Proposed Interventions:

- Further analysis of length of treatment for IDD services.
- Further analysis of discharge data for children with IDD services.
- Incorporate in FY26 Statement of Work a minimum requirement of MHWIHN availability calendar appointments.



Any questions?

Conclusion



Behavior Treatment Advisory Committee

Summary of Data Analysis

Q-3 FY 2024-2025



Fareeha Nadeem, MA, LLP. Clinical Specialist, Quality Improvement.



Behavior Treatment Advisory Committee

- ***Background***

- The Behavior Treatment Advisory Committee (BTAC) was started in June 2017.
- The Committee comprises DWIHN Provider Network representatives, DWIHN staff, including Psychologists and Psychiatrists, the Office of Recipient Rights, and members.
- The Committee reviews the implementation of Behavior Treatment Plan Review Committees (BTPRC) procedures and evaluates each committee's overall effectiveness and corrective action as necessary
- The charge of this Committee includes random sampling of intrusive and restrictive behavior treatment plans and review for inclusion of the MDHHS Technical Guidelines in the DWIHN Behavior Treatment Policy and Procedures and training.
- The Committee reviews system-wide trends, behavior plan approvals, disapprovals, and terminations.



BTAC JOURNEY OVER THE YEARS

- Developed a system wide transition plan for PIHP Administrative Processes of Behavior Treatment Review Services.
- DWIHN is in full Compliance with PIHP Administrative Procedures for six consecutive years during MDHHS, HSAG and NCQA reviews.
- Ongoing BTPRC Technical Assistance through system-wide trainings with MDDHHS and trained over 2200 clinical staff members by December 2024.
- Develop and Update PIHP policies and procedures for Behavior Treatment Review Services.
- Developed an effective mechanism tracking of paid authorizations (H2000) by creating a notification banner for each member on the Behavior Treatment Plans in MH-WIN to reflect any paid authorization of H2000 services within the past 365 days.
- Started MDHHS required case review presentations by network providers regularly at the BTAC.
- Developed billing guidelines procedures for external case reviews for the network BTPRCs.
- Regular submission of quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS.
- QI Staff is appointed by MDHHS to serve on MDHHS key committees:
 - i) MDHHS Behavior Treatment Compliance Committee (five consecutive years)
 - ii) MDHHS Developmental Disabilities Committee



BTPRC DATA

- Network BTPRCs collect, review, and report to DWIHN quarterly, where intrusive and restrictive techniques have been approved for use with individuals and where physical management or 911 calls to law enforcement have been used in an emergency behavioral situation.
- The BTPRC data provides DWIHN an oversight through quarterly analysis to address any trends and/or opportunities for quality improvement.
- DWIHN conducts randomly selected clinical chart reviews for those with recommended restrictive and/or intrusive interventions, in addition to the annual review of BTPRC policy and procedures.
- Network BTPRCs collect data and provide trends from previous quarters, the need for training, and interventions done to minimize the use of restrictions.

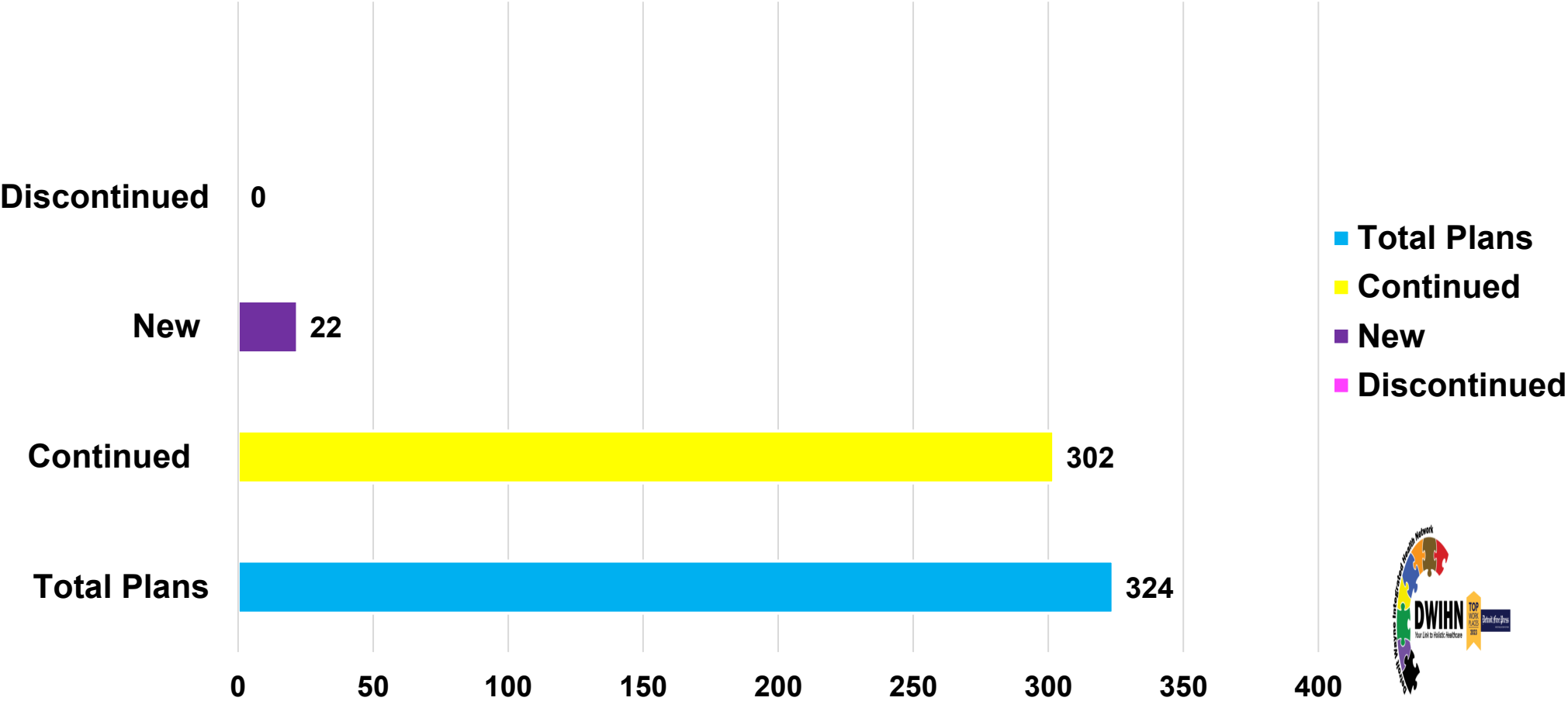
DATA COLLECTION

The following BTPRC submitted the data included in this report:

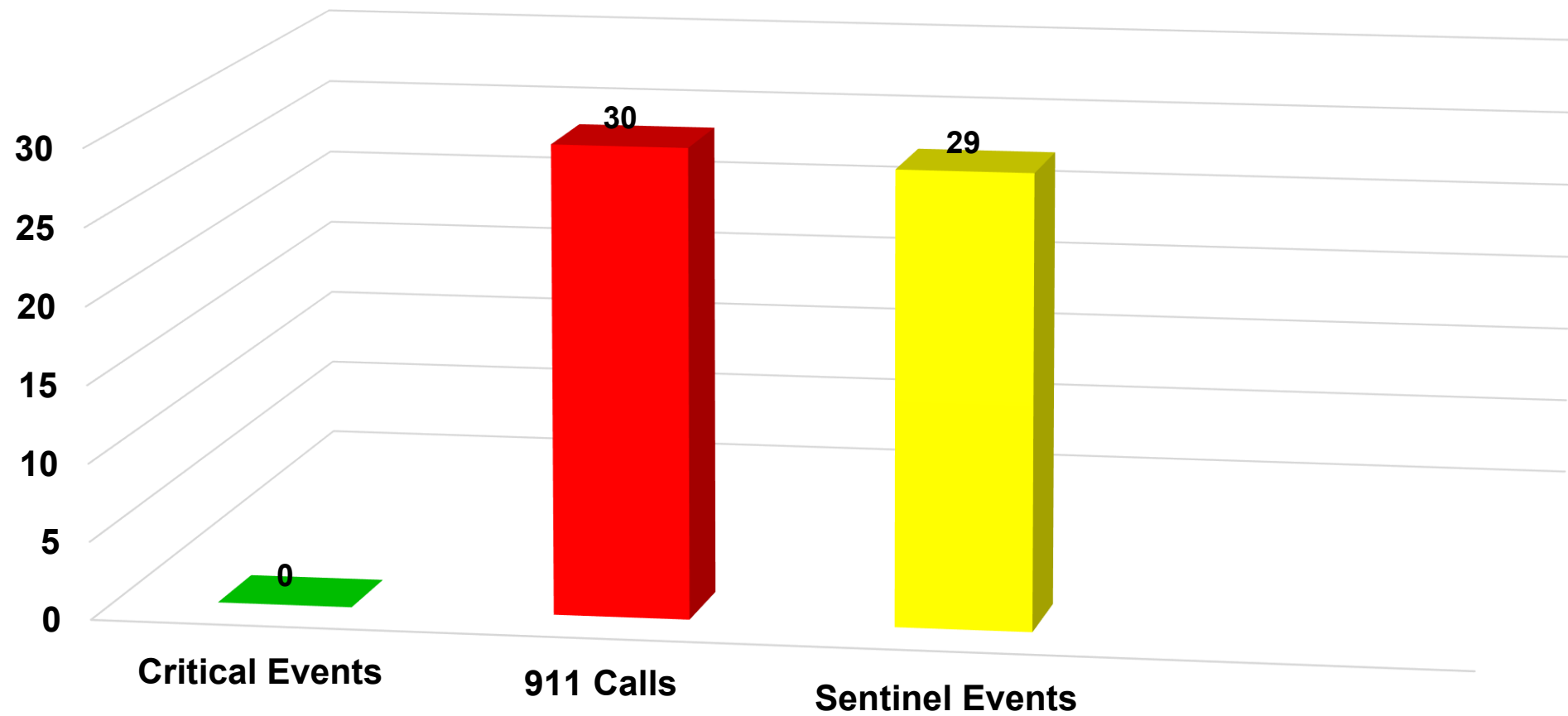
- Community Living Services, Inc.
- Hegira Downriver
- Geshar Human Services.
- The Guidance Center.
- Team Wellness Center.
- Neighborhood Service Organization
- Easterseals-MORC, Inc.
- PsyGenics, Inc.
- Wayne Center.



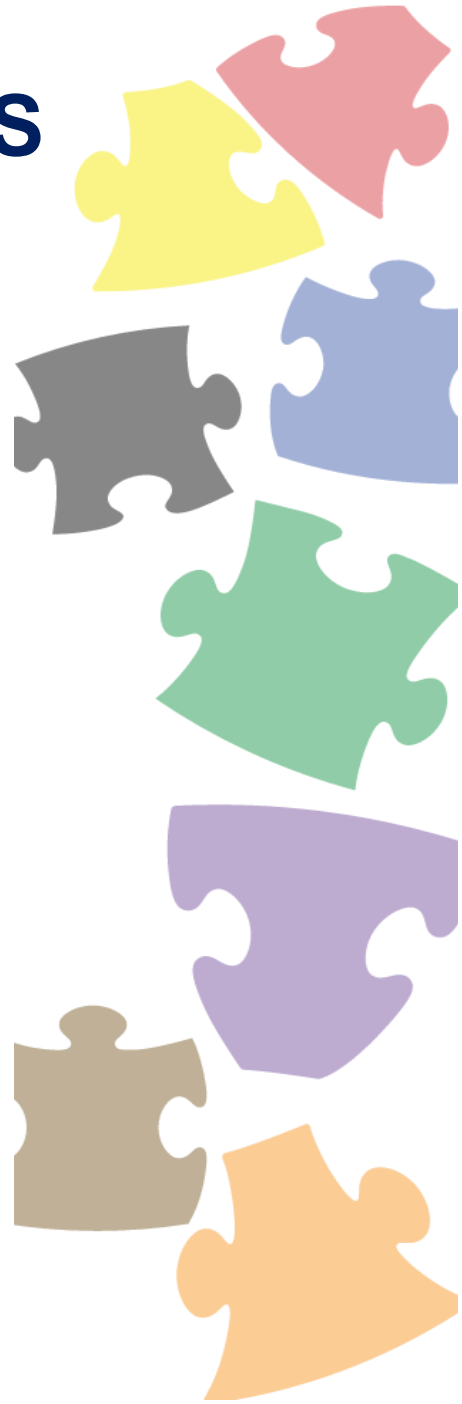
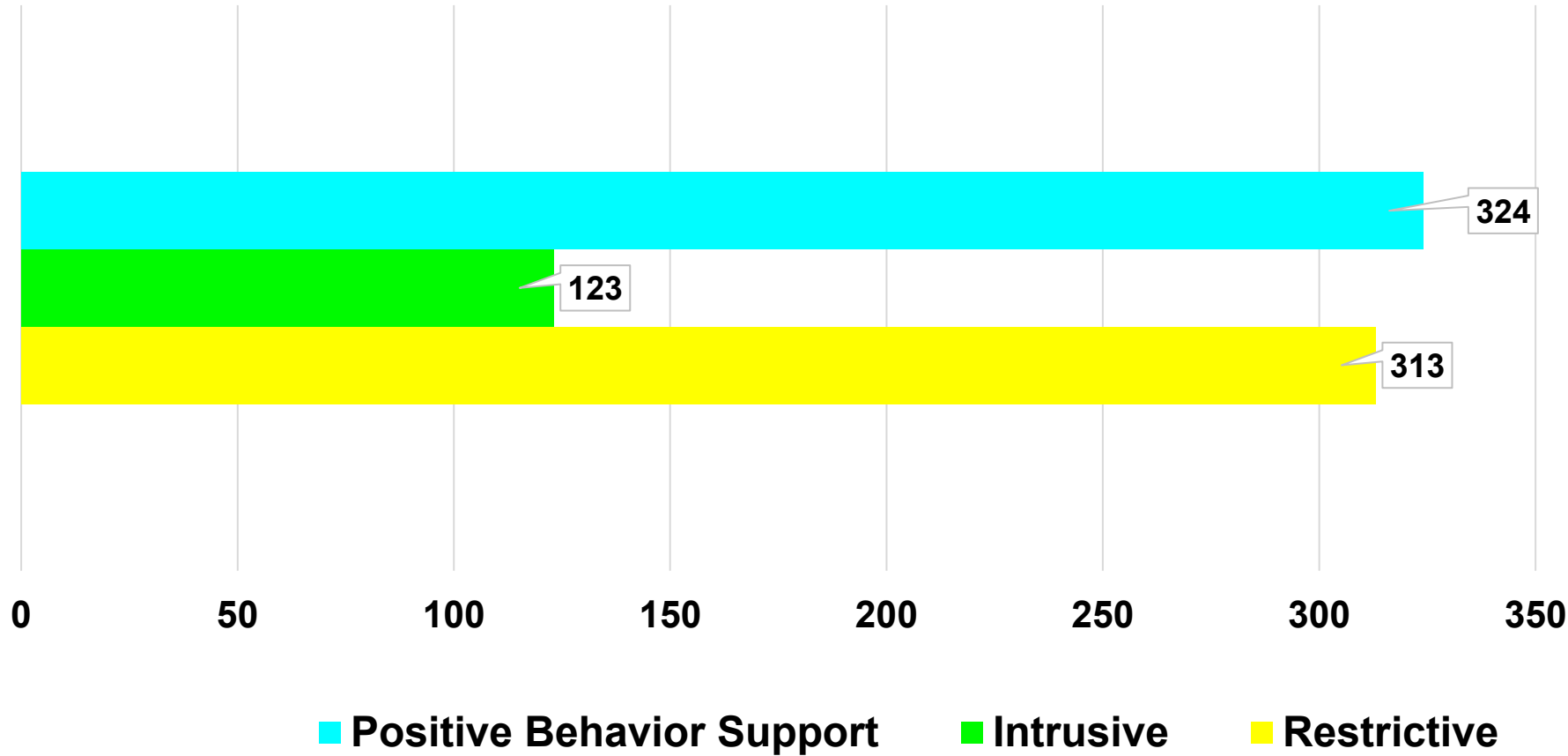
TOTAL BEHAVIOR TREATMENT PLAN SUBMITTED



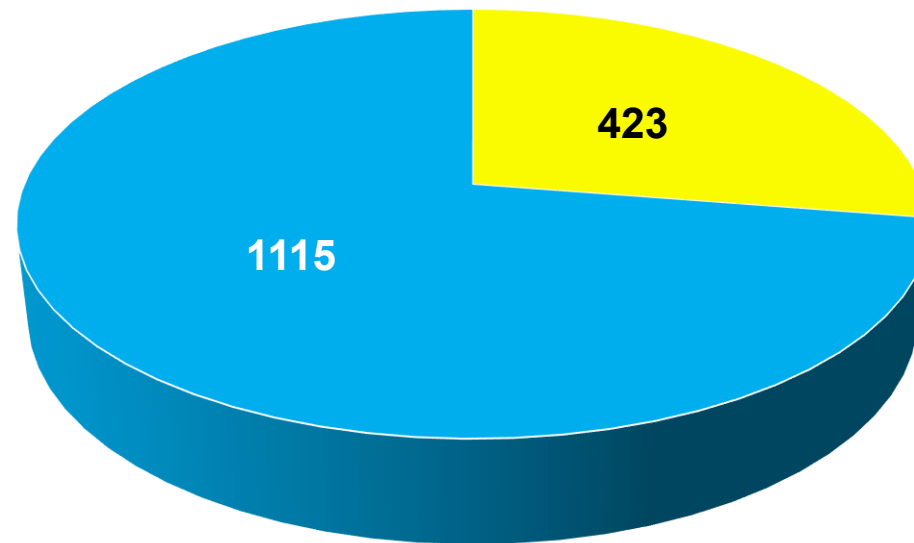
911 CALLS/SENTINEL EVENTS



RESTRICTIVE AND INTRUSIVE INTERVENTIONS



REPORTED MEDICATIONS



■ Antipsychotic ■ Other Psychotropic



TRENDS AND PATTERNS

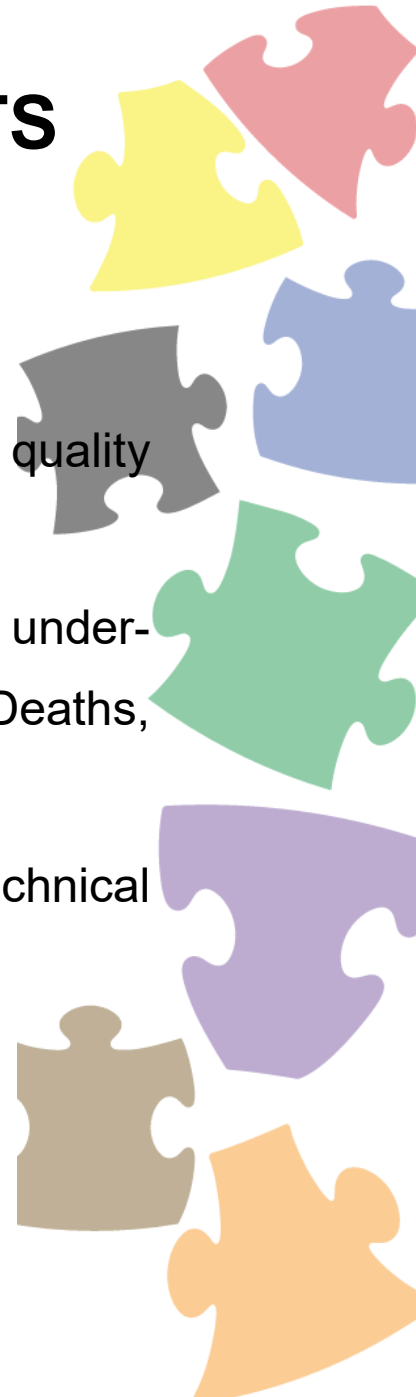
- The required data of Behavior Treatment beneficiaries, including 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management, is still under-reported. DWIHN continues to work with network providers to address this issue.
- The network BTPRCs have an electronic health record system that is not patched with the DWIHN PCE system (MHWIN), and that is one of the barriers to improving the under-reporting of 911 calls and other reportable categories of the events.
- Reporting under the wrong category is one of the barriers. The Behavior Treatment category is live in the Sentinel Events Reporting module in MHWIN to improve the systemic under-reporting of Behavior Treatment beneficiaries' required data.
- In-service on behavior treatment plans by the staff not qualified. The shortage of clinical staff with MDHHS-required credentials for BTPRC review continues to be challenging.



CONTINUOUS QUALITY IMPROVEMENT EFFORTS

DWIHN continues to take the following remediations steps to address the barriers:

- ⇒ Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at the PIHP level.
- ⇒ Working with network BTPRCs and internal Sentinel Events Committee to improve the under-reporting of Behavior Treatment beneficiaries' required data, including 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management.
- ⇒ Ongoing training and technical assistance for network providers on MDHHS Technical Requirements of Behavior Treatment Plans by the QI staff.
- ⇒ Participation of the QI staff in the BTPRC meetings.
- ⇒ Case Record Reviews by the QI staff.



A hand is holding a white rectangular card. The card has the words "THANK YOU!" printed on it in a bold, sans-serif font. The word "THANK" is in a dark green color, and "YOU!" is in a dark brown color. The background is a soft-focus green, suggesting an outdoor setting with foliage. The entire image is framed by a dark blue border.

**THANK
YOU!**

Quality Improvement – FY2025 Focused Audits

Functional Behavior Assessments (FBA) Behavior Treatment Plans (BTP)
Behavior Treatment Plan Review Committees (BTPRC)

Purpose:

- Evaluate specific areas of noncompliance related to processes and documentation
- Develop improvement plans to resolve and eliminate barriers and deficiencies
- improve compliance
- Improve quality of care



Quality Improvement – FY2025 Focused Audits

Functional Behavior Assessments (FBA) Behavior Treatment Plans (BTP)
Behavior Treatment Plan Review Committees (BTPRC)

Status:

- Each provider received individual findings
- DWIHN analyzing network data

Preliminary findings / areas for improvement:

- BTP not integrated into the IPOS
- Missing evidence of special consent
- Evidence of staff training on the BTP



Quality Improvement – FY2025 Focused Audits

Functional Behavior Assessments (FBA) Behavior Treatment Plans (BTP)
Behavior Treatment Plan Review Committees (BTPRC)

Next Steps:

- Share data
- Develop improvement plans
 - Training & Technical Assistance
- Implement plans
- Re-assess

