



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, October 26, 2022

Via Zoom Link Platform

9:30 a.m. – 11:00 a.m.

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|------|--|------------------------------|
| I. | Announcements | April Siebert |
| II. | SUD Updates (tabled) | Gregory Lindsey & Judy Davis |
| III. | Complex Case Management (CCM) Program (tabled) | Ashley Bond |
| IV. | Over and Under Utilization UM Reporting | Leigh Wayna |
| V. | QAPIP Effectiveness | |
| | a) MDHHS POC Update | Danelle Dobija |
| | b) HCBS Transition | William Sabado |
| | c) CE/SE Reporting | Sinitra Applewhite |
| | i. Root Cause Analysis | |
| | ii. CRM (MDHHS) Reporting System | |
| | d) MMBPI Measures | Justin Zeller/Tania Greason |
| VI. | Provider Feedback | Group |
| VII. | Adjournment | |



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Note Taker: Aline Hedwood

1) Item: Announcements:

- DWIHN Outpatient Provider meeting is scheduled for Oct 28, 2022 from 10 am – 11 am
- DWIHN Residential Provider meeting is scheduled for Oct 28 2022 from 11:30 am – 12:30 pm
- The CMHA Annual Fall Conference was held on October 24 & 25, topic of discussion the behavior health workforce shortage in the state. MDHHS looking to design a set of proposals addressing behavioral health workforce both immediate and long-term approaches.

2) Item: Over and Under Utilization UM Reporting - Leigh Wayna, UM Director

Goal: Review of Over and Under Utilization UM Reporting

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

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

<Notes on discussion>

Discussion		
Leigh Wayna discussed with the workgroup that the UM unit has developed a process to review and track members using less or more amounts of services available to them. For members with high utilization, UM will be using the dashboard report data and bring it to the QOTAW and QISC meetings. The data will be used as an analysis for providers and DWIHN staff to review providing more data outcomes for services that members are receiving.		
Provider Feedback	Assigned To	Deadline
Providers are in agreement to review the Over and Under UM Reporting for review and ongoing analysis. No additional feedback was provided.		
Action Items	Assigned To	Deadline
DWIHN’s UM unit will share with the workgroup and QISC the data dashboard analysis for reporting of over and underutilization.	UM unit (Leigh Wayna)	February 28, 2023



3a) Item: QAPIP Effectiveness: MDHHS POC Update, Danelle Dobija, QI Clinical Specialist

Goal: Review of the MDHHS POC Update

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

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

<Notes on discussion

Discussion		
Danielle Dobija shared with the workgroup that on October 14, 2022, MDHHS has started the review of DWIHN’s submitted POC for the 1915(C) Waiver review. MDHHS has requested additional evidence which was submitted on October 25 th , 2022. Information will be shared with the workgroup once the POC has been fully accepted by MDHHS.		
Provider Feedback	Assigned To	Deadline
Providers had no additional feedback.		
Action Items	Assigned To	Deadline
DWIHN QI unit will share with the workgroup feedback and acceptance of the submitted POC.	DWIHN QI unit (Starlit Smith, Danielle Dobija)	February 28, 2023



3b) Item: QAPIP Effectiveness: HCBS Transition - William Sabado, QI Clinical Specialist

Goal: Review of the HCBS Transition requirements.

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

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

<Notes on discussion>

Discussion		
<p>The HCBS statewide transition plan project is active and MDHHS, through Federal Regulations, is reinforcing that Medicaid funds used for HCBS not be allowed if the services do not meet the HCBS final rule requirements. The QI unit has met with eleven (11) CRSP providers and fifty-six (56) members/guardians to discuss the process and federal rule requirements. Members/guardians will have a choice to stay in their residential settings, although services will not be funded through Medicaid.</p> <p>Barriers:</p> <ul style="list-style-type: none"> I. Providing members with proper information telling them if they wish to stay in the home or program MDHHS will not pay for after March 17, 2023. II. New HCBS requirements complete . <p>Next Step:</p> <ul style="list-style-type: none"> I. Send letters to the identified providers explaining that DWIHN is moving forward with the HCBS requirements and will continue to work with the providers and members as needed. II. During November of 2022 there will be three (3) webinars provided by Michigan Development Disability through WSU. Please see attached Flyer or Visit MI-DDI's HCBS webpage for more information and resources: https://ddi.wayne.edu/hcbs 		
Provider Feedback	Assigned To	Deadline
Providers had no additional feedback.		
Action Items		
The QI Unit will continue to work with identified providers and members to review and discuss the HCBS Final Rule requirements.	QI Unit	Ongoing



3c) Item: CE/SE Reporting - Sinitra Applewhite, QI Clinical Specialist

- **Root Cause Analysis**
- **CRM (MDHHS) Reporting System**

Goal: Review of CE/SE and RCA submissions

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

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

<Notes on discussion>

Discussion		
<p>Root Cause Analysis: QI is requesting for providers to submit Root Cause Analysis (RCA's) within two business days of the reported incidents and the preliminary RCA's be uploaded in the members chart within 10 days. The final RCA's including the Plan of Action are due within 30 business days after notification of the incident. The Root Cause Analysis (RCA)/Investigations/ Plan of Action shall include the review of all available records and information concerning the member including, but not limited to: the review of Individual Plans of Service (IPOS), progress notes, psychiatric evaluations, Behavior Management Plans, records of dispute resolutions, grievances and appeals, and recipient rights complaint. Providers are required to use the RCA template and upload into member charts. QI is working with our IT unit for the development of the electronic RCA template in MH_WIN. The QI performance improvement team will review all of the RCA's and supporting documentation received and will follow up with assigned providers if additional information is required.</p>		
<p>CRM (MDHHS) Reporting System: The new MiCal CRM system was launched on October 1, 2022, some of the CE/SE entered into DWIHN system are HIE'd over to the CRM system. DWIHN is required to enter the contact for each CRSP into the MiCal CRM system identifying the contact person for MDHHS. New categories were added to the CRM system which include the medication assistant treatment, member relocation due to lack of license, suspension or home closed, direct mediation and required medications. DWIHN's Quality team is working with MDHHS for additional training requirements and will update the CE/SE policy and provide system trainings as it relates to these changes.</p>		
Provider Feedback	Assigned To	Deadline
Providers agreed to adhere to the required time frame for reporting, no additional feedback provided		
Action Items	Assigned To	Deadline
DWIHN's QI unit will update the required policies and train the provider network after meeting with MDHHS for additional clarification which include reporting categories.	DWIHN QI Unit	March 1, 2023



3b) Item: MMBPI Measures – Justin Zeller, QI Clinical Specialist

Goal: Review and update for MMBPI Measures

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

NCQA Standard(s)/Element #: **X QI #4** CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion		
Justin Zeller shared with the workgroup the following: <ul style="list-style-type: none"> • PI# 4a for 4th quarter, DWIHW is currently at 98%, the standard is 95%. • PI #2a for 3rd Quarter we dropped to 37.8%, 4th Quarter the preliminary data is at 44%. • SUD PI #2b DWIHN we reported at 84% for 3rd Quarter. • PI #3 finish around 85% for 3rd Quarter currently at 87% for preliminary 4th Quarter data. • Justin sent out of compliance reports for PI# 4a for providers to review their out of compliance cases for possible “Exceptions” as deemed appropriate for Quarter 4. • PI #10 3rd quarter (Adults) we reported at 17.79%, the standard is 15% or below. 		
Provider Feedback	Assigned To	Deadline
Provider agreed to continue and review their MMBPI data through the “View Only Module” and mark exceptions where applicable. No additional provider feedback was provided.		
Assigned providers will review and update “Exceptions” as applicable for PI# 4a, 4b.	Assigned CRSP Providers	November 30, 2022

4) Item: Provider Feedback –

- The providers are requesting to have a representative from DWIHNs ORR present at the Quality Ops meeting to provide information and ask questions as needed.
- April will look into having a representative from DWIHNs ORR present at these meeting and will add as a standing agenda item.

NEXT MEETING: Wednesday January 23, 2023 @ 9:30 a.m. – 11:00 a.m. via [Zoom Link Platform](#)

ADJOURNMENT: 10:30 a.m.

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