



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, March 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              |
|      | a) Incident Reporting Policy                          |                        |
| IV.  | <b>QAPIP Effectiveness</b>                            |                        |
|      | <b><i>DWIHN Access Call Center</i></b>                |                        |
|      | a) Appointment Availability Report                    | Y. Bostic              |
|      | <b><i>Quality Improvement</i></b>                     |                        |
|      | b) Disparity Performance Improvement Project Analysis | A. McGhee              |
|      | c) Case Manager/ Supports Coordinator Training        | E. Gillespie           |
|      | d) HCBS Meetings Skill Building/Supported Employment  | E. Gillespie           |
|      | e) Medicaid Claims Verification                       | D. Stevens/D. Marshall |
|      | f) CE/SE Updates                                      | C. Spight-Mackey       |
| V.   | Adjournment   |                        |



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

**1) Item: Announcements:**

- Staff Departures:
  - Director of Communications – Tiffany Devon
  - SUD Director – Judy Davis
  
- DWIHN is currently accepting members for outpatient behavioral health services, providing the following services for adults and children.
  - **Individuals are welcome to contact [DWIHN Access Clinical Call Center](#) for a complete screening and referral [800-241-4949](tel:800-241-4949).**
  - Locations and hours
    - 707 W Milwaukee Ave, Detroit, MI 48202 Monday-Friday 8:00 a.m. – 8:00 p.m.
    - 15400 W McNichols Rd, Detroit, MI 48235 Monday-Friday 8:00 a.m. – 6:00 p.m.
- DWIHN Website enhancements underway

**2) Item: Substance Use Disorder (SUD) – G.Lindsey**

**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	Assigned To	Deadline
Table		
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		
<p>Mignon Strong, Deputy Director of Office of Recipient Rights (ORR), shared the following Updates:</p> <p><i>Incident Reporting Policy:</i> A few minor updates include:</p> <ul style="list-style-type: none"> <li>• Added requirements to report physical interventions and document duration.</li> <li>• Incident reports must be faxed to ORR, even if sent to other departments.</li> <li>• Reiterate incident reports are confidential internal documents.</li> <li>• Clarified that DWIHN is considering centralized routing to reduce confusion.</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p>Questions &amp; Concerns:</p> <ol style="list-style-type: none"> <li>1. Suggested ORR staff soften their tone when introducing themselves at home reviews.</li> <li>2. Frustration with ORR staff asking for excess detail before issuing death log numbers.</li> <li>3. Hard to verify indigent deaths; Medicaid data is not always accepted.</li> <li>4. Unsure whether to call in deaths without verification.</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>1. Feedback acknowledged; introduction must remain transparent, but tone will be reviewed.</li> <li>2. More info is needed to verify identity and assess for rights violations.</li> <li>3. Medicaid is considered valid verification in many cases; email discrepancies to be reviewed.</li> <li>4. Wait until confirmed, then notify promptly.</li> </ol>		
Action Items	Assigned To	Deadline
None required.		



**4) Item: QAPIP Effectiveness**

**Goal: DWIHN Access Call Center**

**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		
<p>Yvonne Bostic, Director of DWIHN Access Call Center, shared the following information with the workgroup:</p> <p><i>Appointment Availability Report</i></p> <ul style="list-style-type: none"> <li>• <b>Background:</b> The Access Call Center schedules the following types of appointments:               <ul style="list-style-type: none"> <li>○ Hospital discharge/follow-up appointments (within 7-day requirement)</li> <li>○ Mental Health initial intake appointments (within 14-day requirement)</li> <li>○ SUD intake appointments for routine (within 14 days) urgent/emergent (within 24-48 hours)</li> </ul> </li> <li>• <b>Summary: Appointment Availability (Oct.-Feb.):</b> <ul style="list-style-type: none"> <li>○ Mental Health/IDD Intake: Decreased from 91.6% - 84%</li> <li>○ SUD Intake: 84% - 81%</li> <li>○ Hospital Discharges: Increased to 99.9%</li> </ul> </li> <li>• <b>Barriers continue to be:</b> <ul style="list-style-type: none"> <li>○ Providers continue to report that staffing shortages and turnover continue to be the greatest barrier to appointment availability.                   <ul style="list-style-type: none"> <li>○ CRSP providers have reported hiring additional staff who are currently in the training process, but still experience challenging turnover rates due to resignations.</li> <li>○ DWIHN Quality, DWIHN Provider Network Managers, Child / Adult Initiatives, DWIHN Integrated Care and Access Call Center Administrators meet with CRSPs every 45 days to discuss performance and barriers</li> </ul> </li> </ul> </li> <li>• <b>Plans and Interventions:</b> <ul style="list-style-type: none"> <li>○ During the 30-45 day CRSP Performance Indicator Meetings, Monthly CRSP Provider Meetings and Quarterly Customer Service Provider Meetings, CRSP providers will be reminded to increase the frequency in which appointments are added to the intake calendars to help coordinate appointments timely and decrease the use of additional phone calls and emails to request appointments.                   <ul style="list-style-type: none"> <li>• CRSP will also be reminded to update appointment status in MHWIN to aid in the reporting process.</li> </ul> </li> </ul> </li> </ul>		



Please review the handout "Access Call Center Availability Report February 2025"		
<b>Provider Feedback</b>	<b>Assigned To</b>	<b>Deadline</b>
No additional provider feedback.		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
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		
Angel McGhee, Data Analyst, shared the following information with the workgroup:  <i>Disparity Performance Improvement Project Analysis</i> <ul style="list-style-type: none"> <li>• Racial Disparity Background</li> <li>• Racial Disparity Barriers</li> <li>• Racial Disparity Interventions</li> <li>• DWIHN Preliminary Racial Disparity Data</li> <li>• DWIHN Preliminary 7-Day Follow-up Compliance By Race Data</li> </ul>		
Provider Feedback	Assigned To	Deadline
No additional 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 **X Quality**  Workforce

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

Discussion		
<p>Eugene Gillespie, Quality Management Specialist, shared the following:</p> <p><i>Case Manager/ Supports Coordinator Training:</i></p> <ul style="list-style-type: none"> <li>• Training Topic: Home and Community Based Services (HCBS)</li> <li>• Training Requirement: Mandatory Required by MDHHS Interactive live trainings; virtual and in-person MDHHS developed training modules; a total of 3 training modules</li> <li>• DWIHN Next Steps: Identify all CM/SCs in DWIHN Network Identify locations and dates for in-person training Develop a virtual training schedule Set up registration for the training.</li> </ul> <p><i>Home &amp; Community Based Services Meetings Skill Building/Supported Employment:</i></p> <ul style="list-style-type: none"> <li>• Providers of skill-building and supported employment programs</li> <li>• HCBS requirements- implementation and maintenance</li> <li>• 4<sup>th</sup> Tuesday of the month, 11:00-12:00; first meeting April 22, 2025</li> <li>• Zoom</li> <li>• To ensure compliance with the Home &amp; Community Based Services Final Rule through education, training, and ongoing technical assistance.</li> </ul> <p>Please send the handout “QOTAW Performance Monitoring” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions:</p> <ol style="list-style-type: none"> <li>1. Is this meeting for AFC's?</li> <li>2. Is it going to be an annual requirement for the training? Or is it a one-and-done type of training?</li> </ol>		



<p>Answers:</p> <ol style="list-style-type: none"> <li>1. Yes, AFC's are also included in the trainings.</li> <li>2. The QI unit will follow up with that question and provide feedback.</li> </ol>		
Action Items	Assigned To	Deadline
QI team to provide additional information for the HCBS required trainings.	DWIHN QI Team	6.30.2025



**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	Assigned To	Deadline
<p>Dayna Stevens &amp; Delisha Marshall, Quality Management Specialist, shared the following:</p> <p><i>Medicaid Claims Verification:</i></p> <p><b>Reduction in evidence to verify claim:</b></p> <ol style="list-style-type: none"> <li>1. For per diem codes in which more than one staff provides the service, providers only need to submit staff qualification evidence for one staff member.</li> <li>2. For professional and non-professional staff qualifications, no longer requiring evidence of:               <ol style="list-style-type: none"> <li>i. Prior to hiring CBC</li> <li>ii. Evidence of age 18</li> <li>iii. I-9</li> </ol> </li> <li>3. Direct service providers will no longer be asked to forward a copy of the IPOS they have on site; instead the auditor will look for evidence of valid IPOS in MHWIN.</li> </ol> <p>*reminder for CRSP to ensure that the signature page of the IPOS is uploaded into MHWIN*</p> <p><b>Changes to the Medicaid Claims Verification Process:</b></p> <ul style="list-style-type: none"> <li>• Reduction in evidence to verify claim</li> <li>• What has changed: Options for verifying Medicaid Claim Verification evidence</li> <li>• Evidence needed to verify claim: Service delivered by Professional-level staff</li> <li>• Evidence needed to verify claim: Service delivered by DSP/Non-Professional-level staff</li> </ul> <p>Please send the handout "2025_MCV_Process_PPT.pptx"</p>		
Provider Feedback	Assigned To	Deadline
No additional 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>Carla Spight-Mackey, Clinical Specialist, Performance Improvement, shared the following:</p> <p><i>CE/SE Updates:</i></p> <ul style="list-style-type: none"> <li>• Incident reports must accompany sentinel events and be reviewed by the State.</li> <li>• Documentation must be submitted within 7 days of event entry.</li> <li>• Providers should check for updates/status within 3-5 days.</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p>Questions &amp; Concerns:</p> <ol style="list-style-type: none"> <li>1. Vital records in Detroit are not responding despite the updated letterhead.</li> <li>2. 3–9-month delay in ME reports or hospitalizations impacting deadlines.</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>1. Forward email; will follow up.</li> <li>2. State timeframes remain firm. Still must log events and document attempts.</li> <li>3. Phone call or email is sufficient to request ME report; no formal application needed.</li> </ol>		
Action Items	Assigned To	Deadline
None required.		

**New Business Next Meeting: 04/30/25**

**Adjournment: 03/26/2025**

**DWIHN Access Call Center**  
**Yvonne Bostic, MA, LPC (Call Center Director)**  
**QOTAW - Appointment Availability February 2025**  
**Date: 3/26/2025**



**Background:**

The Access Call Center schedules the following types of appointments:

- **Hospital discharge/ follow up appointments** (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.
- **Mental Health initial intake appointments** (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed (SMI, SED, I/DD).
- **SUD intake appointments** for routine (within 14 days), urgent /emergent (within 24-48 hours) levels of care (Outpatient, Withdrawal Management, Residential, Recovery Support Services, MAT).

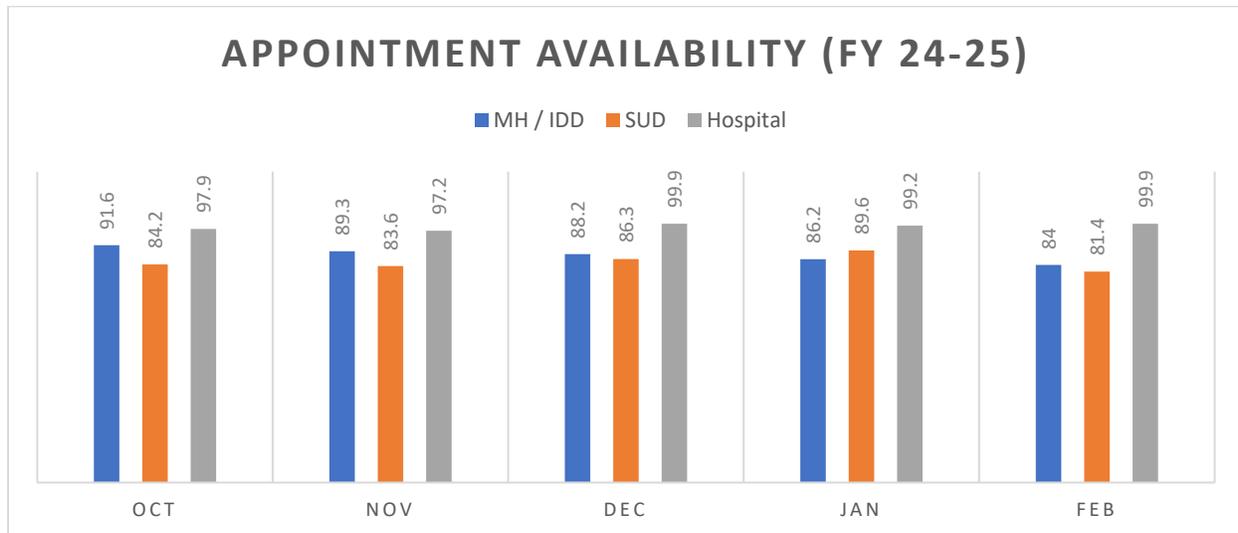
The Access Call Center schedules these types of appointments based on the CRSP (Clinically Responsible Service Providers) availability and ability to provide services, timely.

The appointment availability is based on the number of appointments scheduled within the allotted timeframe.

Rescheduled appointments often impact the data recorded for appointments scheduled within the standard timeframe (7 days and 14 days).

**Summary:**

This report will also include the appointment availability and timeliness of scheduling the appointments for Hospital Discharge Appointments, MH and SUD services.



○ **Appointment Availability Summary:**

- For the month of February 2025 there were 1222 MH (SMI - 728, SED - 217, I/DD- 36 (adult) / 37 (child), ASD Eval - 204) appointments scheduled. There is very little change in appointment availability in this area from January to February (decrease by 2%); (October 91.6%, November 89.3%, December 88.2%, January 86%, **February 84%**).
- For the month of February 2025 there were 692 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 652, Child 40); appointment availability was 99.9%; which is an increase by .7% from last month. (October 97.9%, November 97.2%, December 99.9%, January 99.2%, **February 99.9%**)
- For the month of February 2025 there were 1,487 SUD appointments scheduled; SUD appointment availability decreased by approx. 8%, from December to January (October 84.2%, November 83.6%, December 86.3%, January 89.6%, **February 81.4%**).

**Barriers continue to be:**

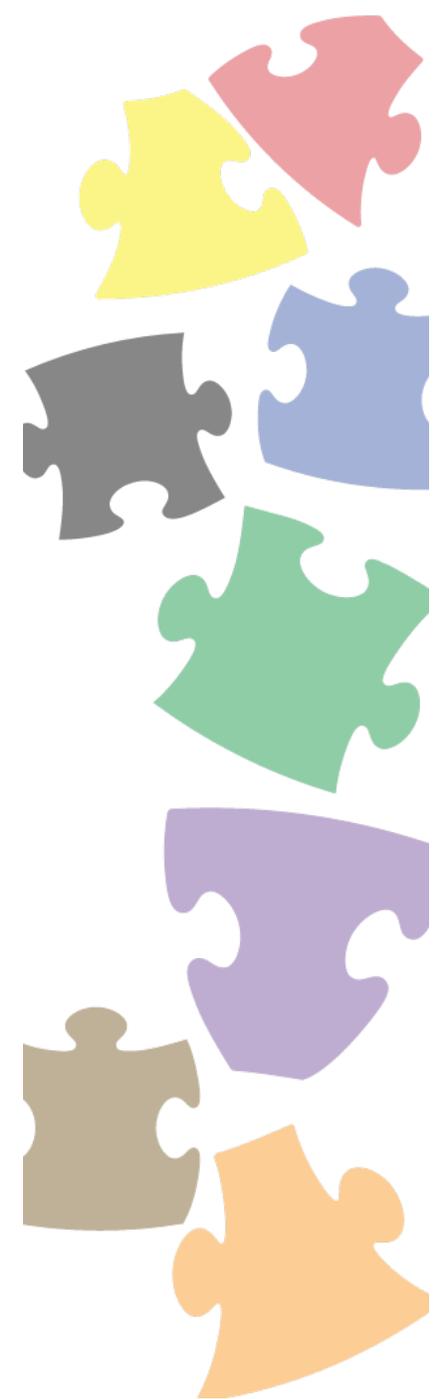
- Providers continue to report that staffing shortages and turnover continue to be the greatest barrier to appointment availability.
  - CRSP providers have reported hiring additional staff that are currently in the training process, but still experience challenging turnover rates due to resignations.
  - DWIHN Quality, DWIHN Provider Network Managers, Child / Adult Initiatives, DWIHN Integrated Care and Access Call Center Administrators meet with CRSPs every 45 days to discuss performance and barriers

**Plans and Interventions:**

- During the 30-45 day CRSP Performance Indicator Meetings, Monthly CRSP Provider Meetings and Quarterly Customer Service Provider Meetings, CRSP providers will be reminded to increase the frequency in which appointments are added to the intake calendars to help coordinate appointments timely and decrease the use of additional phone calls and emails to request appointments.
- CRSP will also be reminded to update appointment status in MHWIN to aid in reporting process.



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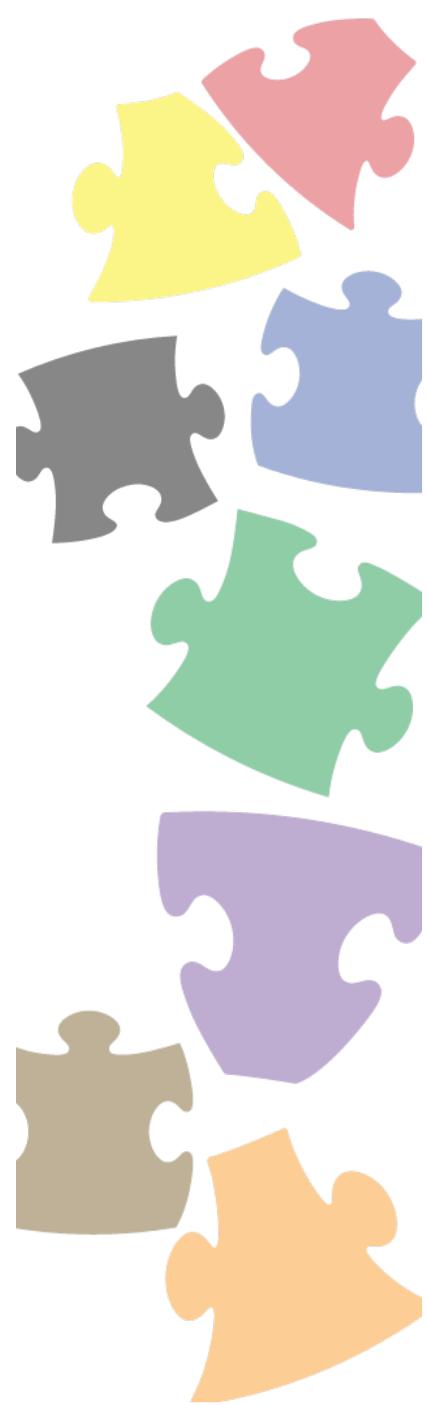


# Reducing the Racial Disparity of African Americans Seen for Follow-Up Care Within 7 Days of Discharge From a Psychiatric Inpatient Unit



# RACIAL DISPARITY BACKGROUND

- DWIHN has been closely monitoring its hospitalizations as well as working to reduce the number of members needing hospitalization services.
- DWIHN recognizes that providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.
- Studies have also proven that poor integration of follow-up treatment in the continuum of psychiatric care leaves many individuals, particularly African Americans, with poor-quality of ongoing treatment. Based on a Michigan Health Endowment study, disparities in quality of care exist in all counties and PIHP regions, for most measures. There were differences in the extent of the disparity depending on the measure, county, and year. County-level rates for the White population are consistently higher than the statewide average.



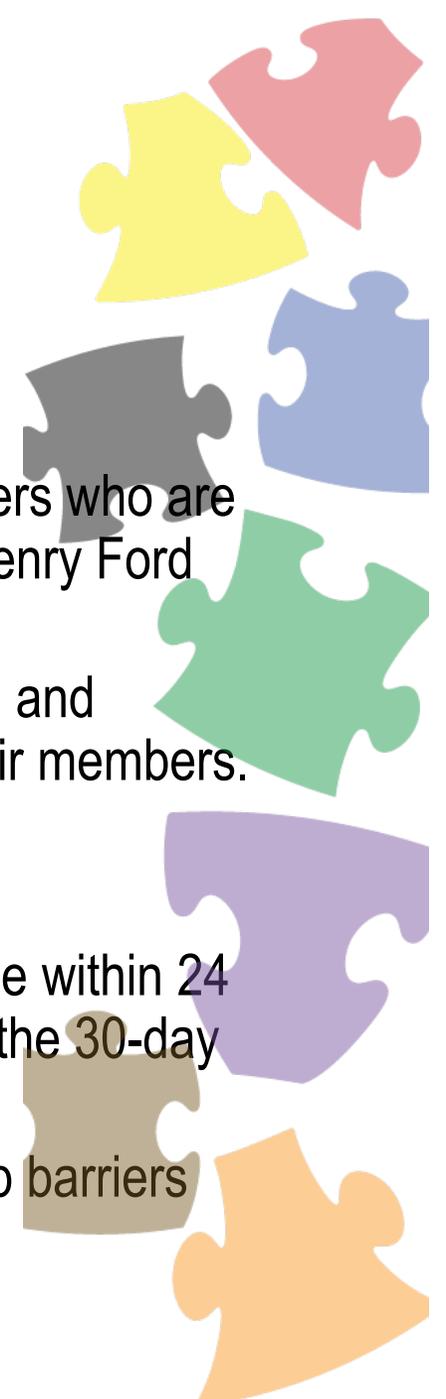
# RACIAL DISPARITY BARRIERS

- Poor coordination of care
- Hospitalized members unassigned to CRSPs
- Reduction of telehealth services
- Lack of technology
- Difficulty getting an appointment within required timeframes
- Lack of resources
- Staff biases
- Historical mistrust of providers
- Mental health stigma
- Staff shortages
- Failure to engage members resulting in no shows, cancelations, rescheduling of appointments or refusal of services



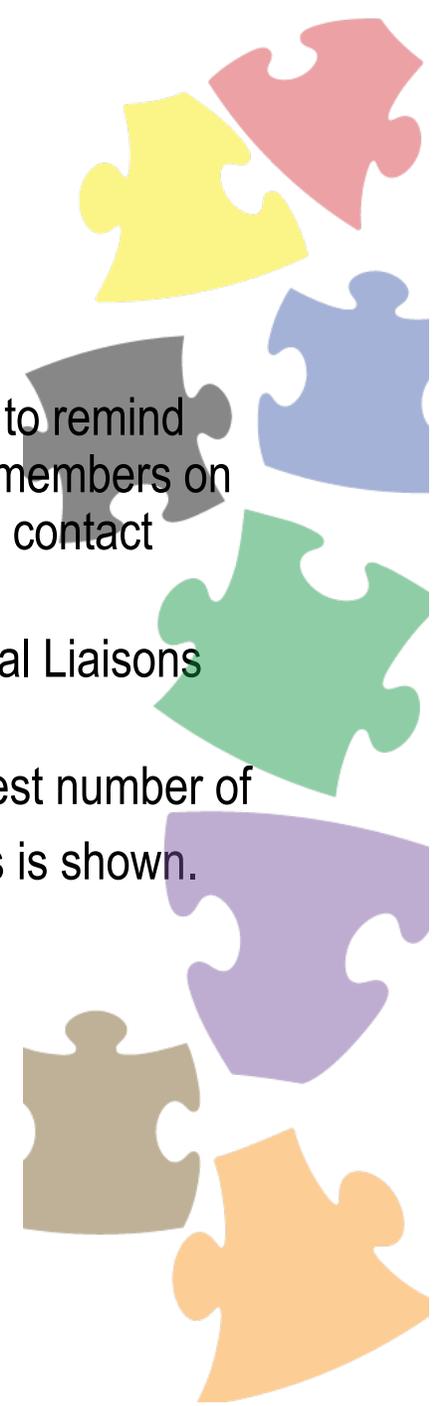
# RACIAL DISPARITY INTERVENTIONS

- DWIHN's Crisis Department Clinical Specialist are meeting with hospitalized members who are admitted without a CRSP at BCA Stonecrest, Beaumont Behavioral, and the new Henry Ford Behavioral to engage, collaborate, and improve participation in follow-up services.
- A Clinical Specialist also visits kids at other hospitals at times if they have no CRSP, and DWIHN is partnering with Team, CCIH, and LBS so they use our process to see their members.
- DWIHN has contracted with two agencies (Mariners Inn and Godspeed) to provide transportation for non-emergent appointments.
- DWIHN's IT team created an automated drive for racial disparity rates to be available within 24 hours of report. This data assists in providing CRSPs with their most recent data at the 30-day meetings.
- DWIHN's Customer Service department completed a phone survey to gather the top barriers for members missing follow-up appointments.

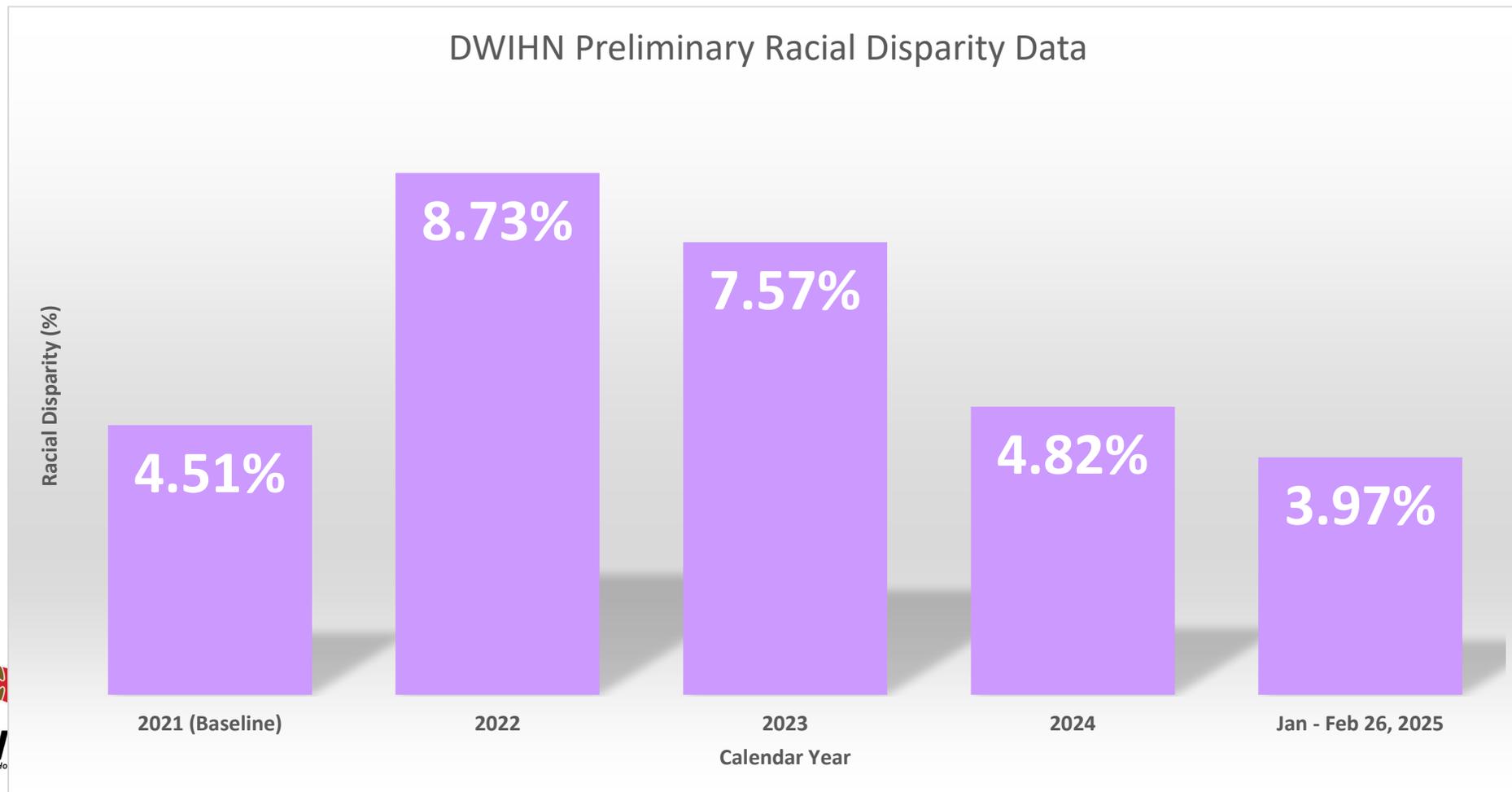


# RACIAL DISPARITY INTERVENTIONS CONT'D.

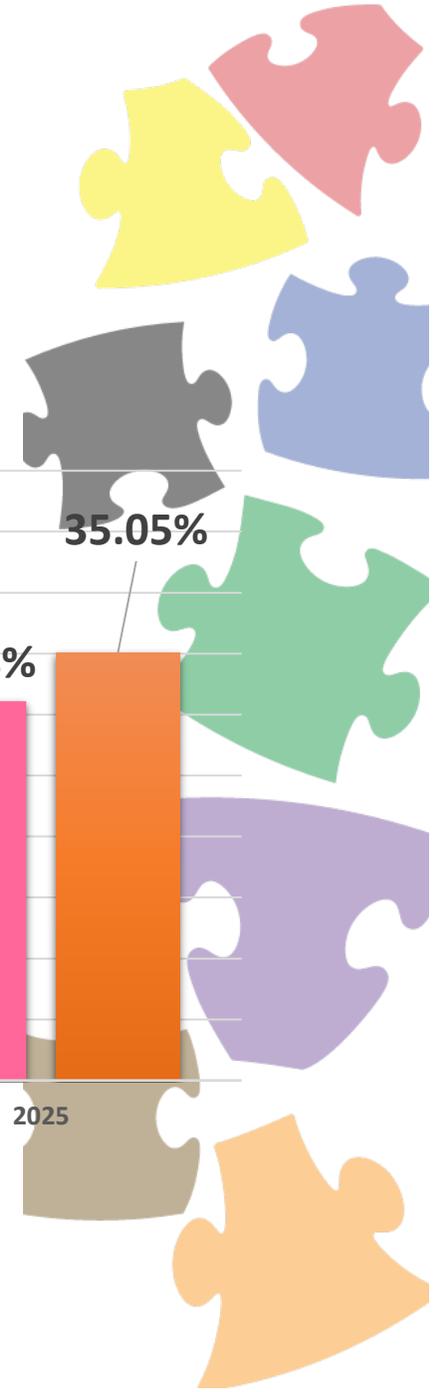
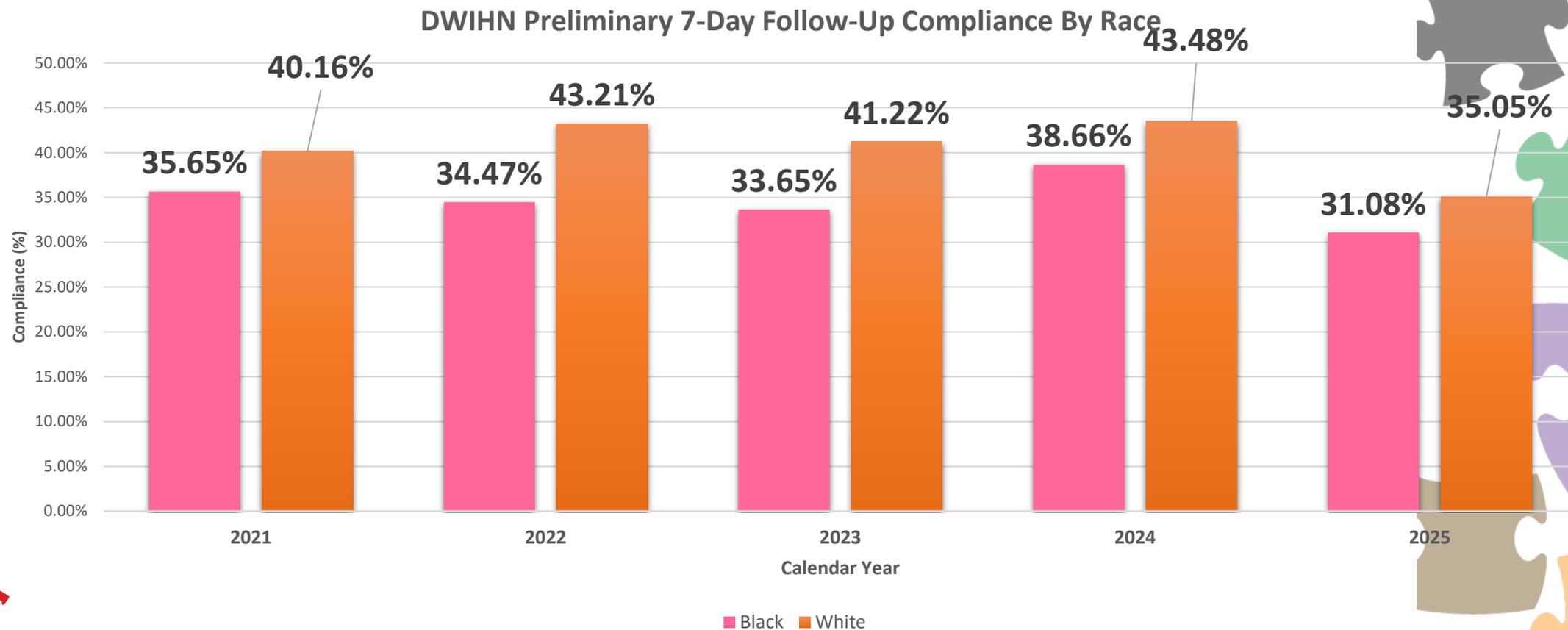
- DWIHN's Integrated Care Department's Care Coordinators began making calls to members to remind members including all African American members of their follow-up appointment. Educated members on the importance of keeping their appointment and addressing any barriers. Coordinators also contact hospital social workers prior to a member's discharge to discuss discharge planning.
- As of October 2023, DWIHN has added the racial disparity topic to the agenda of the Hospital Liaisons meeting to discuss ongoing issues as they arise.
- As of August 2023, DWIHN started meeting every 45 days with 6 of its CRSPs with the largest number of events and/or greatest disparities. DWIHN intends to continue these meetings until progress is shown.



# RACIAL DISPARITY DATA

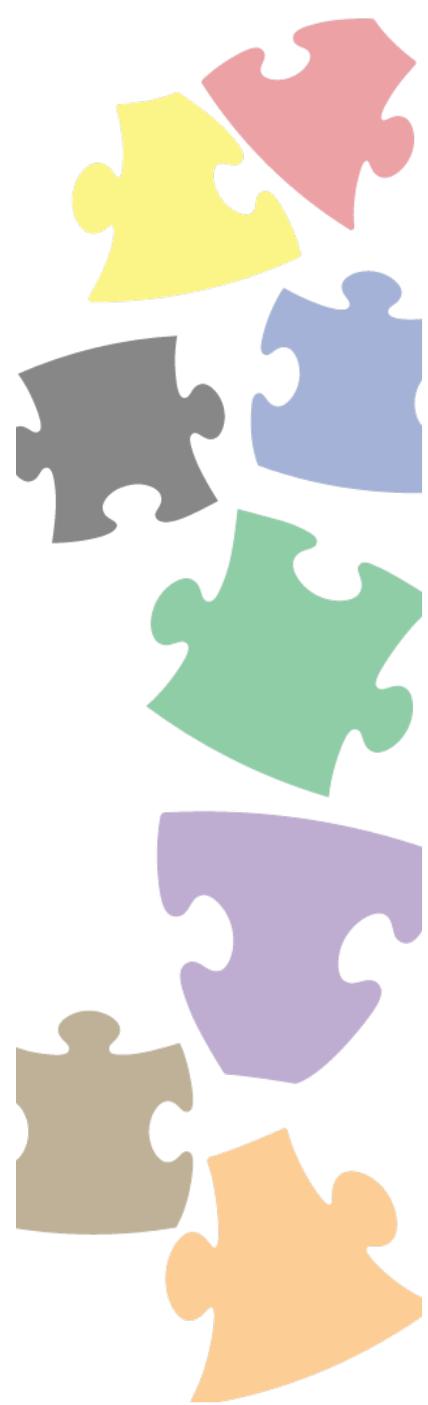


# RACIAL DISPARITY COMPLIANCE DATA



# Racial Disparity Project

- Resubmission of PIP to HSAG is due in June 2025.
- Questions?



# Case Manager / Supports Coordinator Training

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

Training Requirement: **Mandatory**

Required by MDHHS

Interactive live trainings; virtual and in-person

MDHHS developed training modules; total of 3 training modules



# Case Manager / Supports Coordinator Training

## DWIHN Next Steps:

Identify all CM/SCs in DWIHN Network

Identify locations and dates for in-person trainings

Develop virtual training schedule

Set up registration for trainings



# HCBS Provider Meetings (New!)

Who: Providers of Skill Building and Supported Employment programs

What: HCBS requirements – Implementation and maintenance

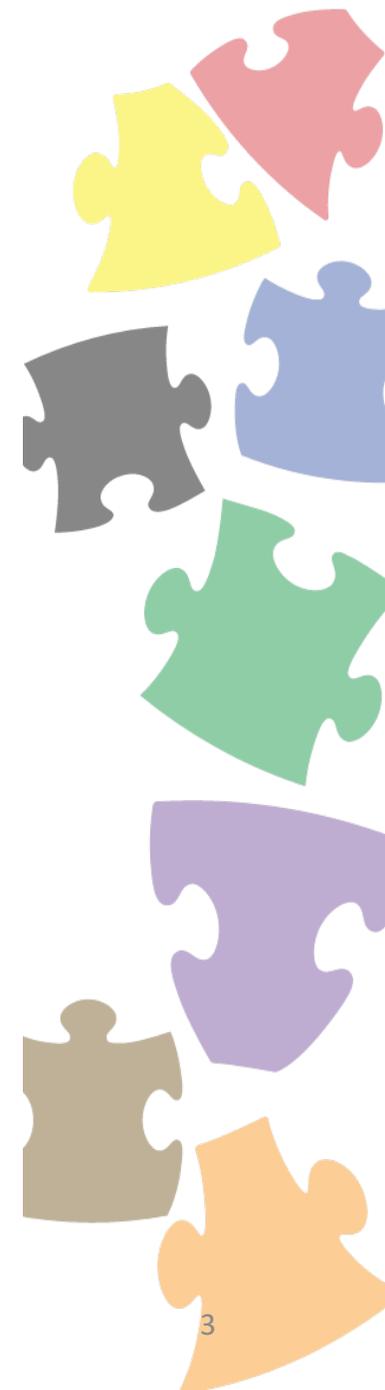
When: 4<sup>th</sup> Tuesday of the month, 11:00 – 12:00

First meeting April 22, 2025

Where: Zoom

<https://dwihn-org.zoom.us/j/84054508949?pwd=NEpo9ku8VPDYycfPcbetepNuQVEqaM.1>

Why: to ensure compliance with HCBS Final Rule through education, training, and ongoing technical assistance



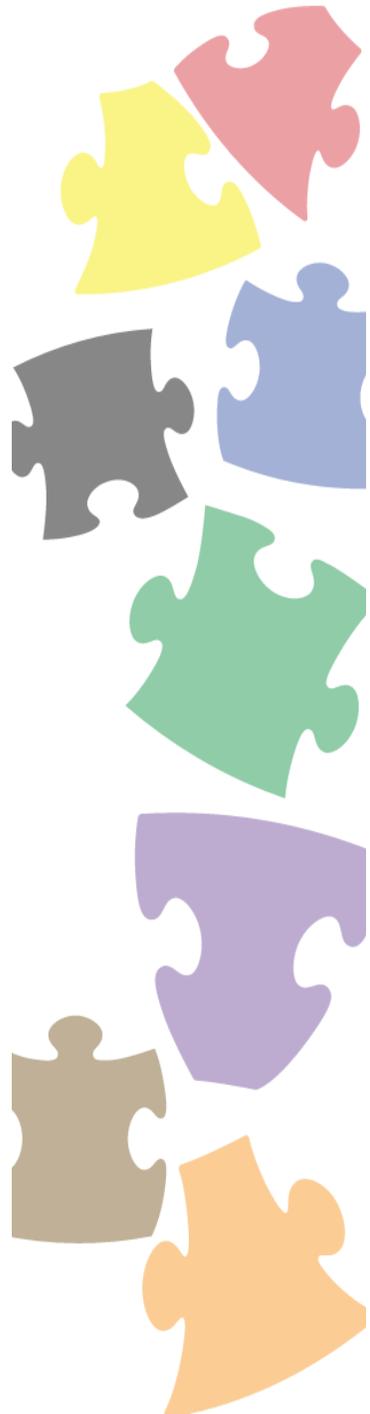


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# Changes to the Medicaid claims Verification Process



# Overview of Changes

## 1. Why?

*We heard you*

## 2. What?

*Minimizing work to be done*

## 3. How?

- a. *Reducing the number of documents to be reviewed*
- b. *Offering options for providing the information*



# What has Changed

## Reduction in evidence to verify claim

1. For per diem codes in which more than one staff provides the service, providers only need to submit staff qualification evidence for one staff member.
2. For professional and non-professional staff qualifications, no longer requiring evidence of:
  - i. Prior to hire CBC
  - ii. Evidence of age 18
  - iii. I-9
3. Direct service providers will no longer be asked to forward a copy of the IPOS they have on site; instead the auditor will look for evidence of valid IPOS in MHWIN.

\*reminder for CRSP to ensure that the signature page of the IPOS is uploaded into MHWIN\*



# What has Changed

## Options for verifying Medicaid Claim Verification evidence

1. For staff who complete required trainings in Detroit Wayne Connect (DWC) **and** have their DWC profile linked to the provider's organization, options include:
  - a. Submitting all training certifications; or
  - b. Uploading evidence of CPR/FA (if applicable) into staff's profile in DWC and the auditor can verify trainings in DWC

Note: Evidence of Criminal Background Check and TB test (if applicable) will still need to be provided in a secure manner and should NOT be uploaded into DWC



# What has Changed

## Options for verifying Medicaid Claim Verification evidence

2. For providers with a remote login EMR system, and who have a significant number of claims to be verified, options include:
  - a. submitting all evidence vial MHWIN message box (or secure email); or
  - b. Arranging a day(s) and time(s) for remote access to the EMR to review Progress Notes and IPOS



# Evidence needed to verify claim

Service delivered by **Professional-level** staff:

- The completed revised staff qualifications checklist
- Progress note to support the claim
- Valid/signed IPOS
- Evidence of Staff qualifications:
  1. Most recent criminal background check (relative to the date of service)
  2. Diploma/transcripts
  3. License
  4. Certification, if applicable
  5. Credentials, if applicable
    - If credentialing is in progress, evidence of supervision is required
  6. Resume to confirm experience for credentials
  8. First Aid Certification, if applicable (required for Autism staff)



# Evidence needed to verify claim

Service delivered by **DSP/Non-Professional-level staff**:

- The completed revised staff qualifications checklist
- Progress note to support the claim
- Evidence of Staff qualifications
  1. Most recent criminal background check
  2. Evidence of being trained on the member's IPOS
  3. TB test results for residential staff
  4. Recipient Rights training
  5. Emergency Preparedness training
  6. Universal Precautions/Infection Control
  7. First Aid/CPR, if applicable
  8. Certification, if applicable



## Contact Information

General email address: [quality@dwihn.org](mailto:quality@dwihn.org)

DeLisa Marshall: [dmarshall@dwihn.org](mailto:dmarshall@dwihn.org)

Dayna Stevens: [dstevens@dwihn.org](mailto:dstevens@dwihn.org)

