



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, August 27, 2025
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.

- | | | |
|------|---|------------------|
| I. | Announcements | T. Greason |
| II. | Substance Use Disorder (SUD) | G. Lindsey |
| III. | Recipient Rights (Table) | P. McCalister |
| IV. | <i>Policy Review</i> | |
| | ✚ ADA Accommodations | M. McManis |
| | ✚ Investigation Policy | S. Jackson |
| V. | QAPIP Effectiveness | |
| | <i>Compliance</i> | |
| | ✚ Compliance Academy | A. Ling |
| | ✚ HEDIS Roll-Out | V. Politowski |
| | <i>Quality Improvement</i> | |
| | ✚ Developing and writing an HCBS-compliant IPOS | D. Dobija |
| | ✚ BTAC Q3 Analysis | F. Nadeem |
| | ✚ CE/SE Module Updates | C. Spight-Mackey |
| | • Death Certificate Process | |
| VI. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, August 27, 2025
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.
Note Taker: DeJa Jackson

1) Item: Announcements:

- Matthew Yaskaut was promoted to SUD Director.
- Melissa Moody, VP of Clinical Operations, departed on August 23.
- MDHHS RFP for PIHPs due Sept 29.
- Crisis/Discharge Training Dates:
 Sept 15 (9–12)
 Sept 22 (1–4)
- Overdose Awareness Day: Aug 29 at WCCC Downriver.
- HCBS Training: Continues virtually for Support Coordinators.

2). Item: Substance Use Disorder (SUD) – 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		
Gregory Lindsey, Administrator SUD Department, shared the following SUD updates: <ul style="list-style-type: none"> • Overdose Awareness is important due to the national average of 200+ deaths/day. • SUD Conference: Sept 8–9, Grand Traverse Resort (Hybrid). • Recovery Walk & Rally: Sept 12 at Belle Isle, featuring: <ul style="list-style-type: none"> ▪ Priya Mann (Keynote speaker) ▪ Larry Lee & The Back in the day Band ▪ Games, training, community celebration 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None required.		



3) Item: Recipient Rights – Polly McCalister

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		
No current ORR Update.		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None required.		



4) Item: Policy Review

Goal: Review/discussion of approved policies

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>Melissa McManis, Provider Network Manager, shared the following updates for the ADA Accommodations procedure:</p> <p>Purpose: To provide guidelines to ensure the collection and maintenance of providers' ADA Accommodations status for contracted site locations in MHWIN and the DWIHN Provider Directory. Every vendor and contact site location will have completed ADA Accommodations section in MHWIN. Data will be collected and entered in MHWIN to complete the ADA Accommodations Section</p> <ul style="list-style-type: none"> • MCO staff and provider network managers must maintain updated ADA accommodation details in MHWIN for each vendor/site. • Providers responsible for updates; PNM can assist. <p>Refer to policy/procedure "American Disabilities Act (ADA) Accommodations Provider Compliance and Audit Procedure" for more information.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None required.		



4) Item: Policy Review

Goal: Review/discussion of approved policies

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>Sheree Jackson, VP of Corporate Compliance shared the following updates for the Investigation Policy:</p> <p>Purpose: All Detroit Wayne Integrated Health Network ("DWIHN") employees, contractors, and providers have an affirmative duty to report anything that a reasonable person might think is a violation of the DWIHN's Compliance Plan, Standard of Conduct Policy, Conflict of Interest Policy, Fraud, Waste and Abuse Policy and/or state or federal law hereinafter "violation" or "violations". To provide a mechanism to respond to and investigate alleged offenses of federal, state, and local laws and regulations, as applicable, to the DWIHN's operations</p> <p>Key Updates:</p> <ul style="list-style-type: none"> • Changes driven by MDHHS & ICO requirements. • Expanded scope: Now includes Mobile Crisis, CCBHC, and DCO staff. • Investigations must start within 5 business days. • Introduced "credible allegation of fraud" rules (Over \$5,000 triggers OIG/AG notification). • Expanded evidence: Now includes audio/video logs. • Clear appeal/rebuttal process (fraud cases excluded from appeals). • Monthly/quarterly reporting obligations formalized. 		
Provider Feedback	Assigned To	Deadline
None provided.		
Action Items	Assigned To	Deadline
None required.		



5) Item: QAPIP Effectiveness

Goal: Compliance

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>Andrew Ling, Senior Compliance Auditing Specialist, shared the following:</p> <p>Compliance Academy: Beginning May 13th, 2025, the DWIHN Compliance Department started to conduct Provider Compliance Training virtually, via Zoom, which includes a training-the-trainer model. The training is inclusive of Frequent noncompliance issues, risk mitigation suggestions, and scenario-based learning.</p> <ul style="list-style-type: none"> • Next provider Compliance Academy: <ul style="list-style-type: none"> ▪ CRSP: September 9th and 11th 2025 ▪ Residential: September 23rd and 25th 2025 ▪ Outpatient: October 7th and 9th 2025 ▪ ABA: October 21st and 23rd 2025 • Once registration is open, please use the DWC Events Calendar to register. • When and who to contact: <ul style="list-style-type: none"> ▪ If you have questions, suggestions or concerns related to the Compliance Academy: Andrew Ling, Aling@dwihn.org ▪ If you have a question pertaining to an active compliance review: Your designated reviewer is listed in the notification letter sent to your agency. ▪ If you have a question pertaining to a closed case/compliance review. This means no further action is required from your agency as outlined in the notification of review. John Shafer Jshafer@dwihn.org ▪ If you have concerns about sanctions or actions being taken against your agency: Sheree Jackson Sjackson@dwihn.org <p>Refer to handout “ Compliance Academy QOTAW” for more information.</p>		
Provider Feedback	Assigned To	Deadline
None provided.		
Action Items	Assigned To	Deadline
None.		



5) Item: QAPIP Effectiveness

Goal: HEDIS Roll-Out 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>Vicky Politowski, Director of Integrated Health, shared the following: HEDIS Roll-Out: In October 2023, the Bureau of Specialty Behavioral Health Services began a comprehensive review of the existing quality assessment and performance improvement program toward the goal of developing and implementing a new program. The transformed program will be more comprehensive, better defined, and with a more rigorous methodology that aligns with other state and national requirements</p> <ul style="list-style-type: none"> Year 1 The first year will focus on aligning reporting requirements for PIHPs with CMS Core Set Reporting. By the end of YR1 measure roll-out, all required CMS Core Set measures will be available to PIHP. It is recommended that all measures be stratified by race/ethnicity. In 2025, PIHPs will still be responsible for reporting MMBPIS measures. MDDHS will be responsible for the YR1 measures. Year 2 The second year will focus on rolling out the stratification of measures, along with adding several key measures. In alignment with 2025 CMS Core Set Reporting requirements, measures will be rolled out stratified by race and ethnicity, gender, and geography. Year 3 The third year will focus on implementing patient experience and Home and Community Based Services (HCBS) measures. Both standard CAHPS (included in the required CMS Quality Rating System) and HCBS CAHPS measures are included. All plans (MCOs, PIHPs, and PAHPs) are required to have a QRS publicly available by 2027. Additionally, HEDIS tools will be provided, including a HEDIS Scorecard, and training is offered. IHC and QI teams will conduct a HEDIS Roll-Out Meeting to review and discuss upcoming changes and requirements. Refer to the handout “ DWIHN HEDIS Measures. ppt” for more information. 		
Provider Feedback	Assigned To	Deadline
None provided.		
Action Items	Assigned To	Deadline
The IHC and QI team will host a HEDIS Roll-Out Meeting with assigned providers.	IHC/QI	September 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		
<p>Danielle Dobija, QI Administrator – Performance Monitoring, shared the following updates for the HCBS monitoring rules:</p> <p>HCBS Complaint IPOS:</p> <ul style="list-style-type: none"> ○ Who: Members who are currently restricted under a BTP or other means ○ What: Review IPOS for HCBS compliance ○ When: Members currently restricted under a BTP, IPOS must be reviewed and confirmed compliant by December 30, 2025. ○ Members currently restricted under other means, IPOS must be reviewed and confirmed compliant by April 1, 2026. <p>Next Steps:</p> <ul style="list-style-type: none"> ● Tracking sheet with instructions ● HCBS Compliant IPOS Checklist (in MH-WIN) <ul style="list-style-type: none"> ▪ Required elements of a modification/restriction in an IPOS ● HCBS Compliant IPOS guidance <p>Refer to the handout “QOTAW Performance Monitoring 8.27.2025” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
None provided.		
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>Fareeha Nadeem, Clinical Specialist - Quality Improvement shared the following:</p> <p>BTAC Q3 Analysis:</p> <p>Background:</p> <ul style="list-style-type: none"> ○ 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. <p>Trends and Patterns:</p> <ul style="list-style-type: none"> ○ 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 <p>●</p>		



<p>Continuous Quality Improvement Efforts:</p> <ul style="list-style-type: none"> ○ DWIHN continues to take the following remediation 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. <p>Refer to the handout “ BTAC Q3 Analysis.PPT” for more information.</p>		
Provider Feedback	Assigned To	Deadline
None provided.		
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>Carla Spight-Mackey, Clinical Specialist- Quality Improvement, shared the following CE/SE updates:</p> <p>Death Certificate Process:</p> <ul style="list-style-type: none"> ○ Beginning September 1, 2025, all death certificates for members beginning FY2024 going forward, CE/SE team will order all death certificates from vital records and the ME’s office. ○ Providers will no longer be responsible for this process. 		
Provider Feedback	Assigned To	Deadline
None provided		
Action Items	Assigned To	Deadline
None required.		

New Business Next Meeting: 10/29/25

Adjournment: 08/27/2025

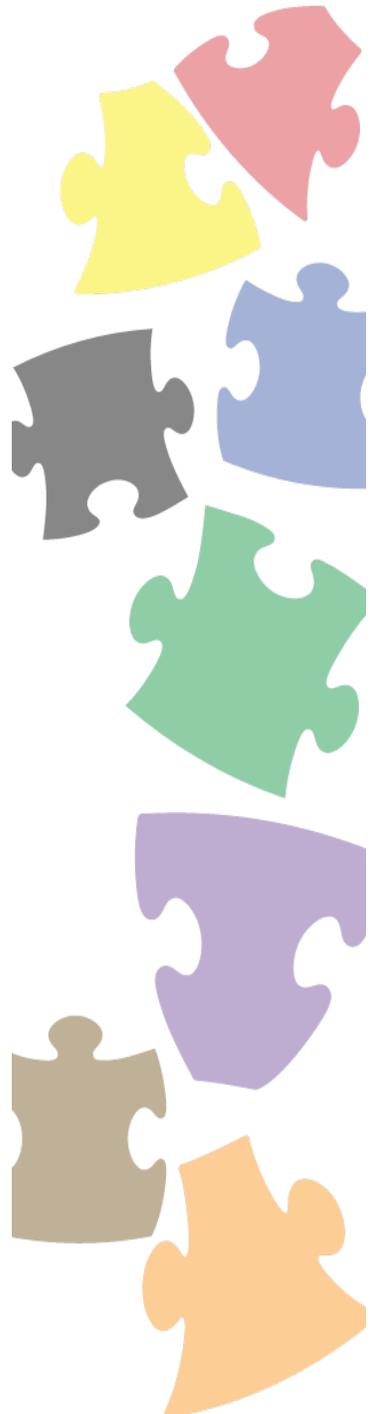


DWIHN
Your Link to Holistic Healthcare



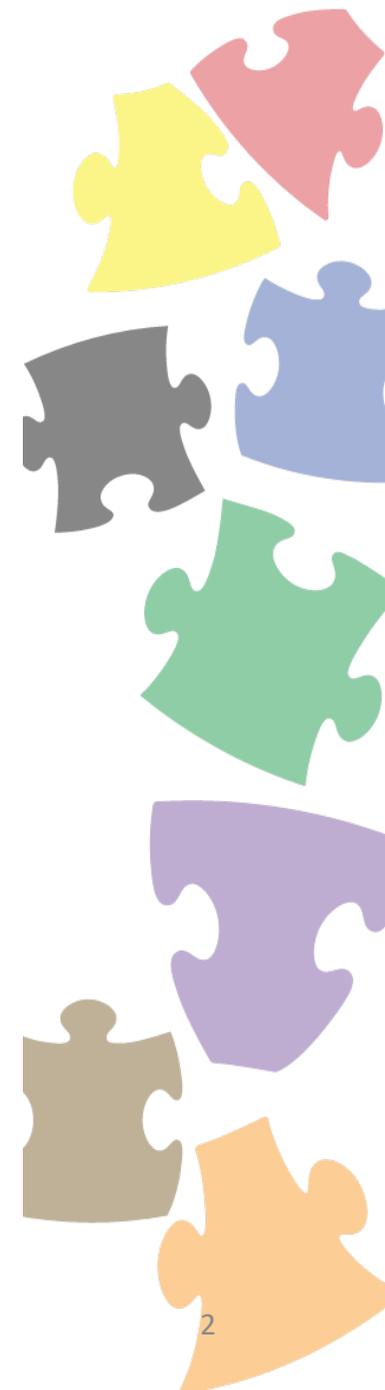
Detroit Free Press
DETROIT HEALTHCARE NETWORK

Corporate Compliance Department



Compliance Academy

- Beginning May 13th, 2025, the DWIHN Compliance Department started to conduct Provider Compliance Training
 - Virtual, via Zoom
 - Train the trainer model
 - A review of
 - Frequent noncompliance issues
 - Risk mitigation suggestions
 - Scenario based learning
 - Resources
 - Contact information
 - Next provider Compliance Academy:
 - CRSP: September 9th and 11th 2025
 - Residential: September 23rd and 25th 2025
 - Outpatient: October 7th and 9th 2025
 - ABA: October 21st and 23rd 2025
 - Once registration is open, please use the DWC Events Calendar to register



When and Who to contact

If you have questions, suggestion or concerns related to the Compliance Academy.
Please contact Andrew Ling, Senior Compliance Auditing Specialist, Aling@dwihn.org

If you have a question pertaining to an active compliance review?
Your designated reviewer is listed in the notification letter sent to your agency, along with their name and contact details.

If you have a question pertaining to a closed case/compliance review. This means you have submitted your CAP, and no further action is required from your agency?
Please contact John Shafer, Compliance Special Investigations Unit Administrator, Jshafer@dwihn.org

If you have concerns about sanctions or actions being taken against your agency.
Please contact Sheree Jackson, Vice President of Compliance, Sjackson@dwihn.org



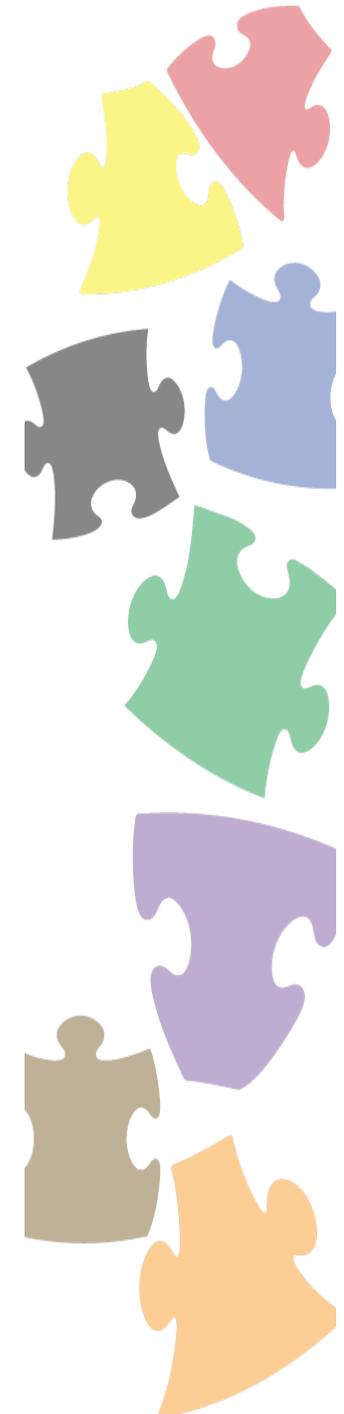


DWIHN
Your Link to Holistic Healthcare



DWIHN HEDIS

QOTAW
8/27/2025





DWIHN
Your Link to Holistic Healthcare



Detroit Free Press
MEMBER OF THE GUYTON GROUP

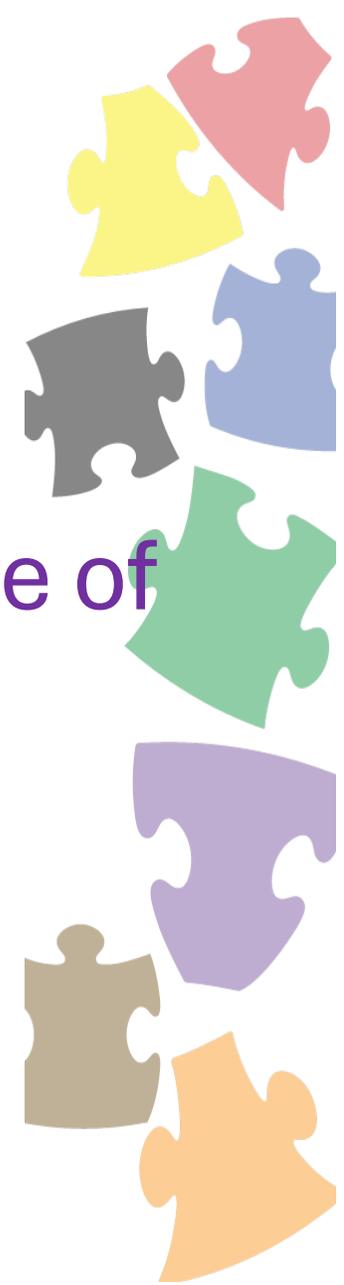
The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of performance data developed and maintained by the National Committee for Quality Assurance (NCQA), and is the most widely used standardized performance measure in the managed care industry. HEDIS is part of an integrated system to establish accountability in managed care.

Behavioral health has multiple measures that include ensuring continuity of care, for example; appropriate psychotropic medication management/adherence, follow up after hospitalization, and diabetes monitoring. Detroit-Wayne Integrated Health Network collects HEDIS data to measure and improve the quality of care that the members receive

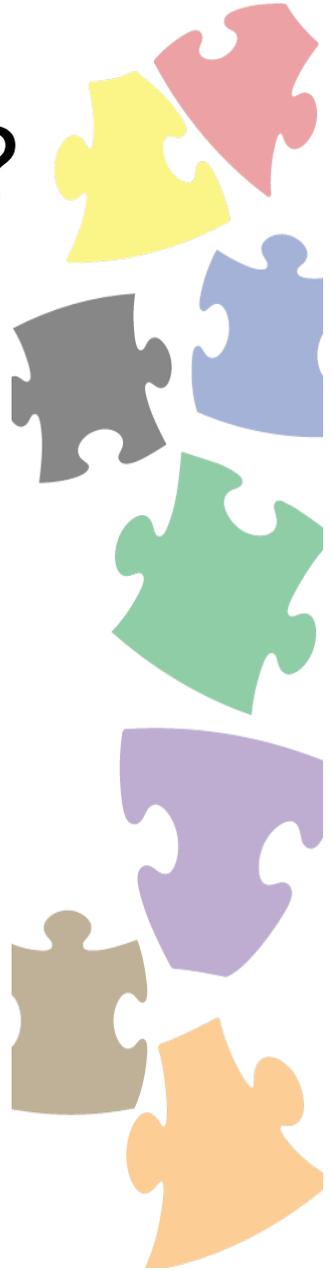




Key performance HEDIS measures that are monitored by DWIHN Quality Department, State of Michigan, and Health Plans.



What is in DWIHN HEDIS SCORECARD?



The HEDIS Quality Scorecard includes 24 HEDIS measures

HEDIS Quality Scorecard includes DWIHN total score, CRSP Total score, members included in score and if they met the measure.

All data can be exported to an excel or PDF document.

Goals are based on MDHHS standards or in line with Medicaid Health Plans.



DWIHN
Your Link to Holistic Healthcare



Detroit Free Press



DWIHN
Your Link to Holistic Healthcare



Detroit Free Press
DETROIT'S LEADING NEWS SOURCE

Adult Measures



Antidepressant Medication Management (AMM)- Adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.

Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks). Goal 66.93%

Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months). Goal 50.71%



Follow Up After Hospitalization 30 day (FUH) Follow-up care with a mental health clinician (therapist/Psychiatrist) within 30 days of discharge from inpatient hospitalization. Goal 58%



DWIHN
Your Link to Holistic Healthcare

TOP
WORK
PLACES
2023-2024

Detroit Free Press
PART OF HALLMARK MEDIA NETWORK

Follow Up after Emergency Room Visit for Mental Illness (FUM) Follow-up care with a mental health (therapist/Psychiatrist) provider within 30 days. Goal 61.05%

Adherence to Antipsychotics Medication for Individuals with Schizophrenia (SAA) Assesses adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. Goal 66.28%

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) Adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Goal 85.71%

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medication (SSD) adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Goal 80.99%



Glycemic Status Assessment for Patients with Diabetes (GSD)

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:
No goal set

Glycemic Status <8.0%.
Glycemic Status >9.0%



Screening for Depression and Follow Up Plan (CDF-HH)

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. No goal set



Metabolic Monitoring for Children and Adolescents On Antipsychotics (APM-E) Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.

Follow Up Care for Children Prescribed ADHD Medications (ADD-E) Assess follow-up care for children prescribed ADHD medication:

Initiation Phase: Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. Goal 64%

Continuation and Maintenance Phase: Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase. Goal 76%





DWIHN
Your Link to Holistic Healthcare

TOP
WORK
PLACES
2023-2024

Detroit Free Press
HEALTH CARE SERVICES

Substance Use Disorders

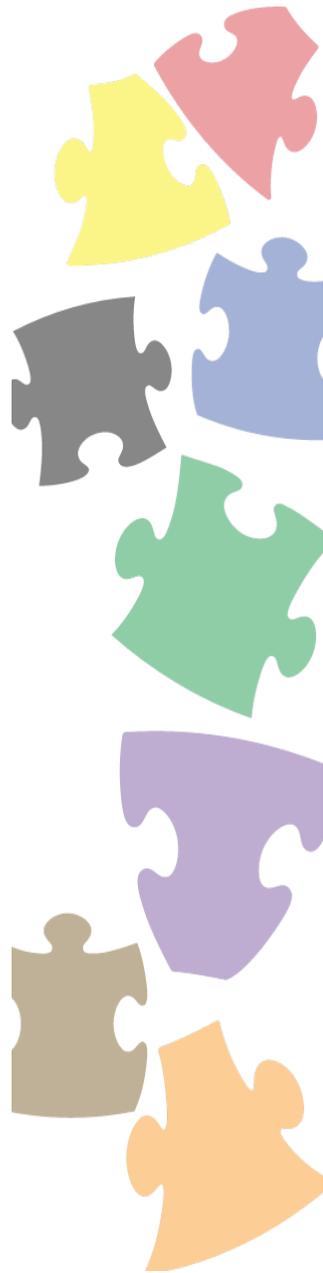
Initiation and Engagement of Substance Use Disorder Treatment 14 and 34 day (IET) Assesses new episodes of substance use disorder (SUD) in adults and adolescents 13 years of age.

Initiation of SUD Treatment: New episodes, after which the individual initiated treatment through an inpatient SUD admission, outpatient visit, telehealth or intensive outpatient encounter or partial hospitalization, or received medication within 14 days of diagnosis. Goal 40%

Engagement of SUD Treatment: New episodes, after which the individual initiated treatment and had two or more additional SUD services or medications within 34 days of the initiation visit. Goal 14%

Follow UP After Emergency Department Visit for Substance Use (FUA) Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD with in 30 days. No goal

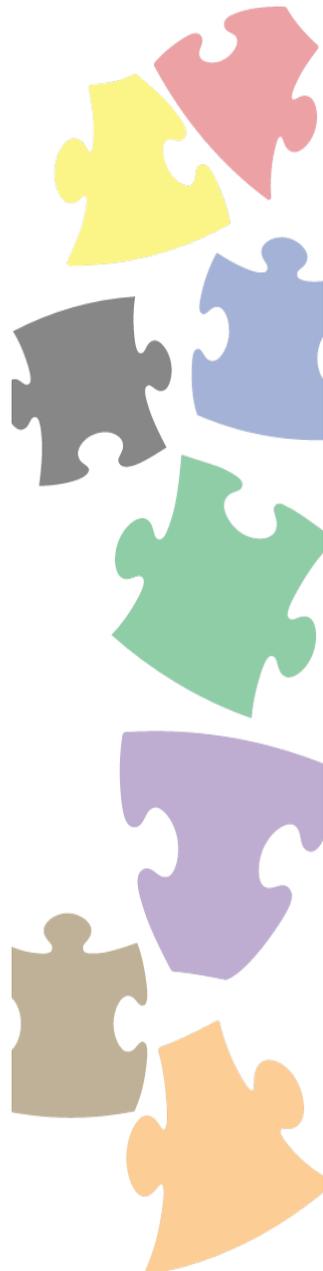
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH) Assesses the percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members age 16 and older that continue for at least 180 days (6 months) No goal



Detroit Free Press
PART OF THE DETROIT NEWS NETWORK

Follow UP After Emergency Department Visit for Substance Use (FUA) Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD with in 30 days. No goal

Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH) Assesses the percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members age 16 and older that continue for at least 180 days (6 months) No goal



HCBS Compliant IPOS

Who: Members who are currently restricted under a BTP or other means

What: Review IPOS for HCBS compliance



HCBS Compliant IPOS

When:

Members who are currently restricted under a BTP, their IPOS must be reviewed and confirmed compliant by **December 30, 2025**

Members who are currently restricted under other means (physical health & safety), their IPOS must be reviewed and confirmed compliant by **April 1, 2026**

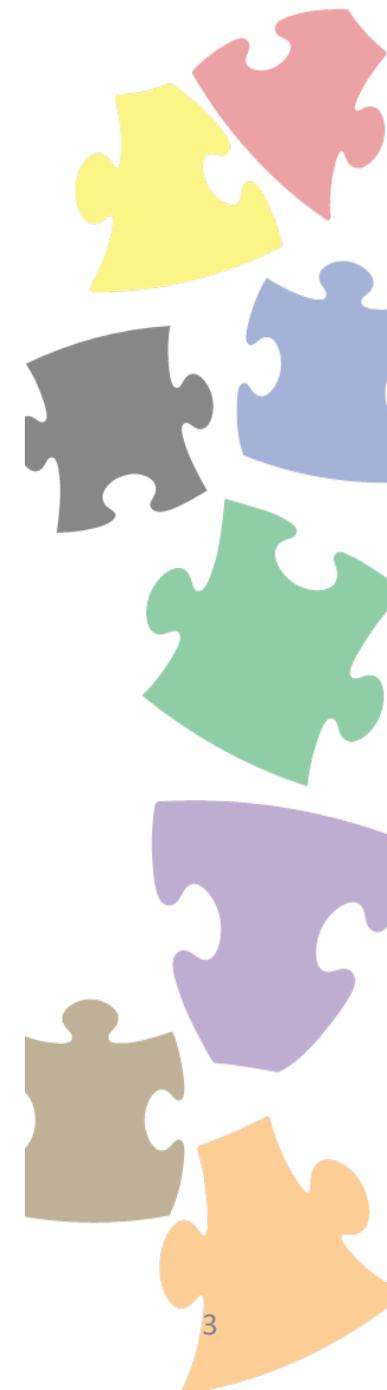
Why: 441.301(c)(4)(vi)(F) Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.



HCBS Compliant IPOS

Details: All Behavioral Health CRSP providers are required to conduct an IPOS review of all members who are currently under a restrictive intrusive Behavior Treatment Plan (BTP). Any plans found to be non-compliant must be amended and brought into compliance with the HCBS rule.

Purpose: To ensure all restrictions are identified and reflect the required elements of a modification/ restriction in their IPOS



HCBS Compliant IPOS

Next Steps:

- Tracking sheet with instructions
- HCBS Compliant IPOS Checklist (in MH-WIN)
 - required elements of a modification/ restriction in an IPOS
- HCBS compliant IPOS guidance



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.

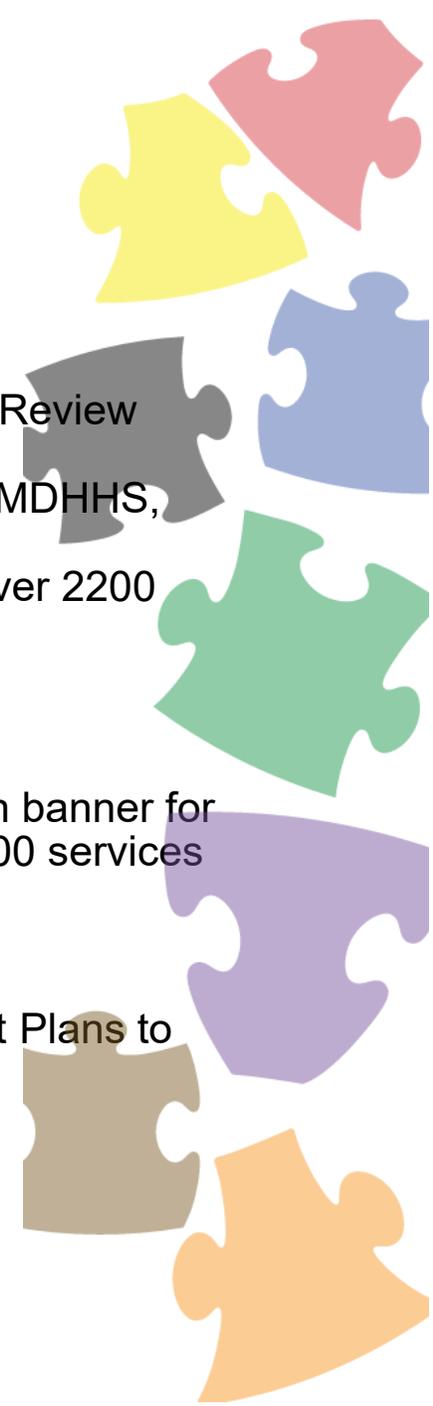


BTAC JOURNEY OVER THE YEARS

- 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

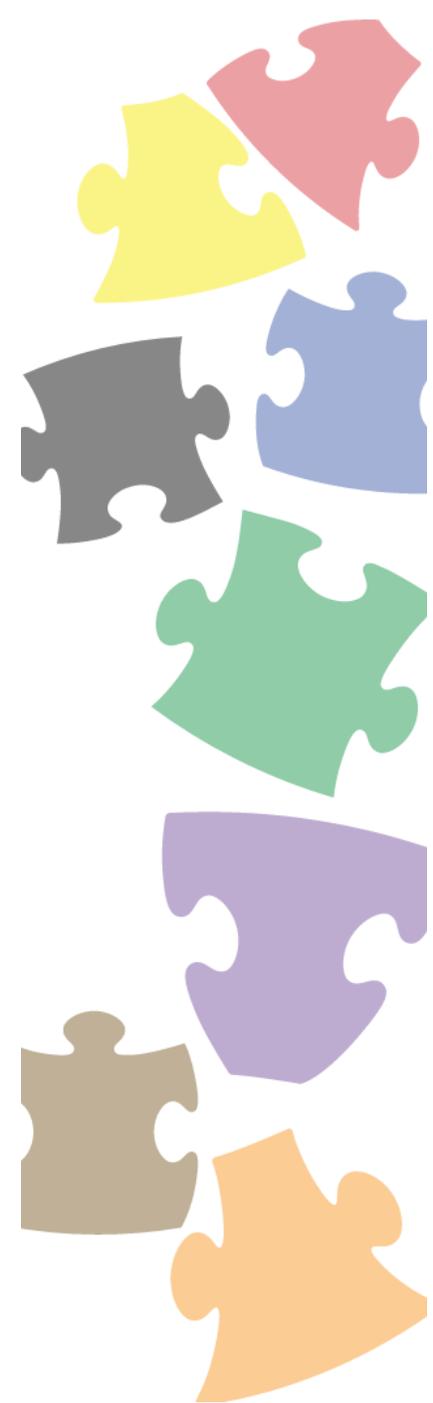
- Network BTPRCs collect, review, and report to DWIHN quarterly, where intrusive and restrictive techniques have been approved for use with individuals and where physical management or 911 calls to law enforcement have been used in an emergency behavioral situation.
- The BTPRC data provides DWIHN an 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.



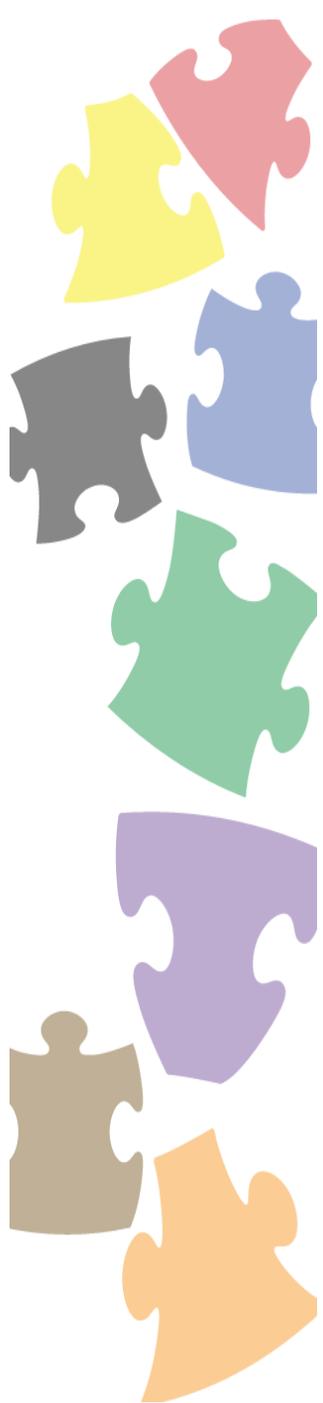
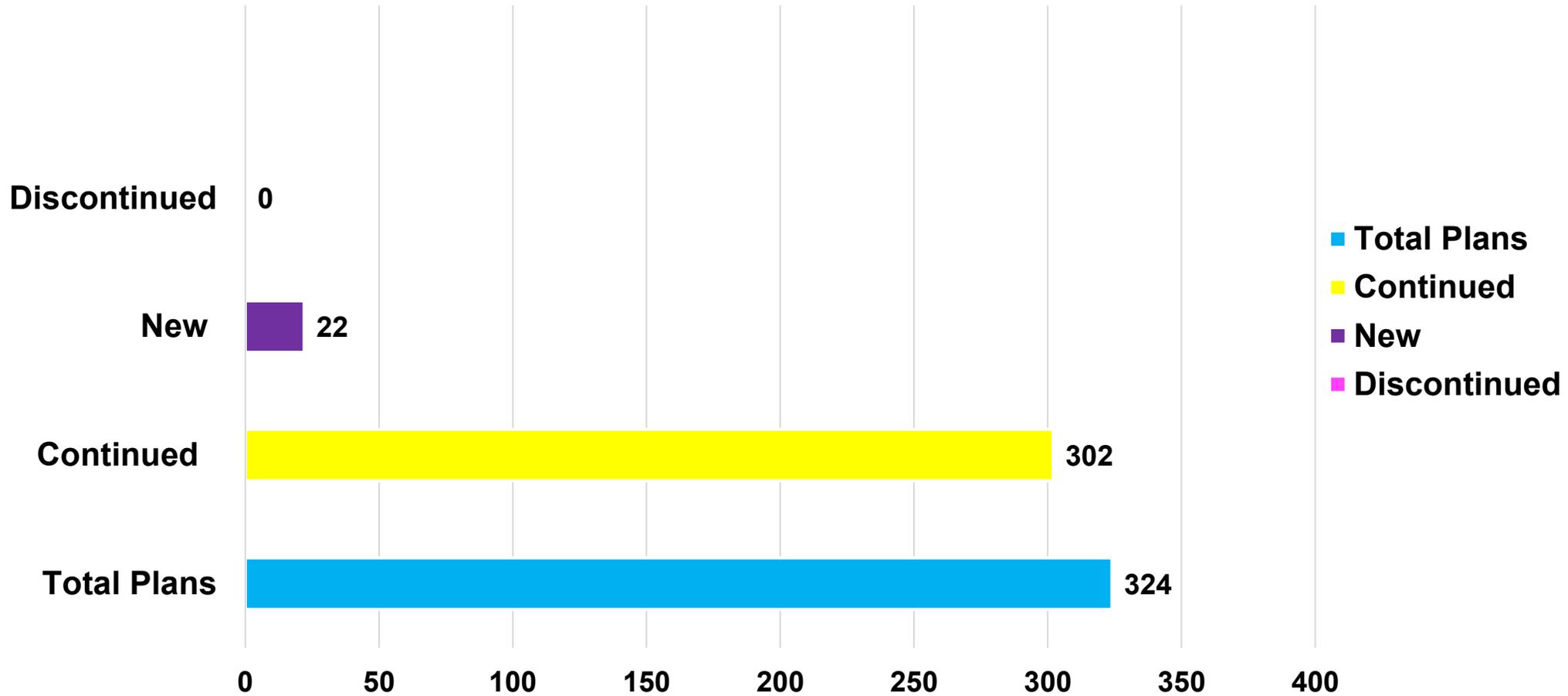
DATA COLLECTION

The following BTPRC submitted the data included in this report:

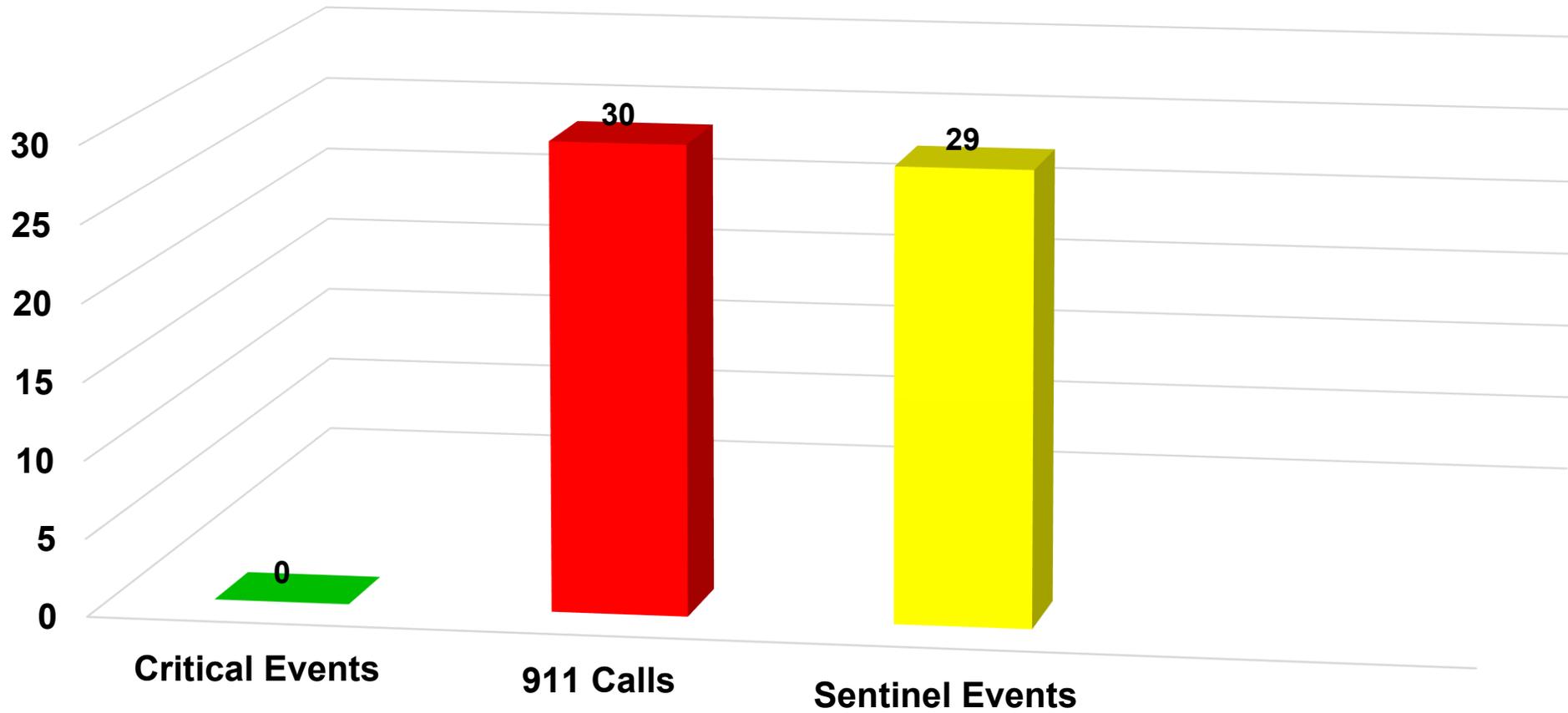
- Community Living Services, Inc.
- Hegira Downriver
- Gesher Human Services.
- The Guidance Center.
- Team Wellness Center.
- Neighborhood Service Organization
- Easterseals-MORC, Inc.
- PsyGenics, Inc.
- Wayne Center.



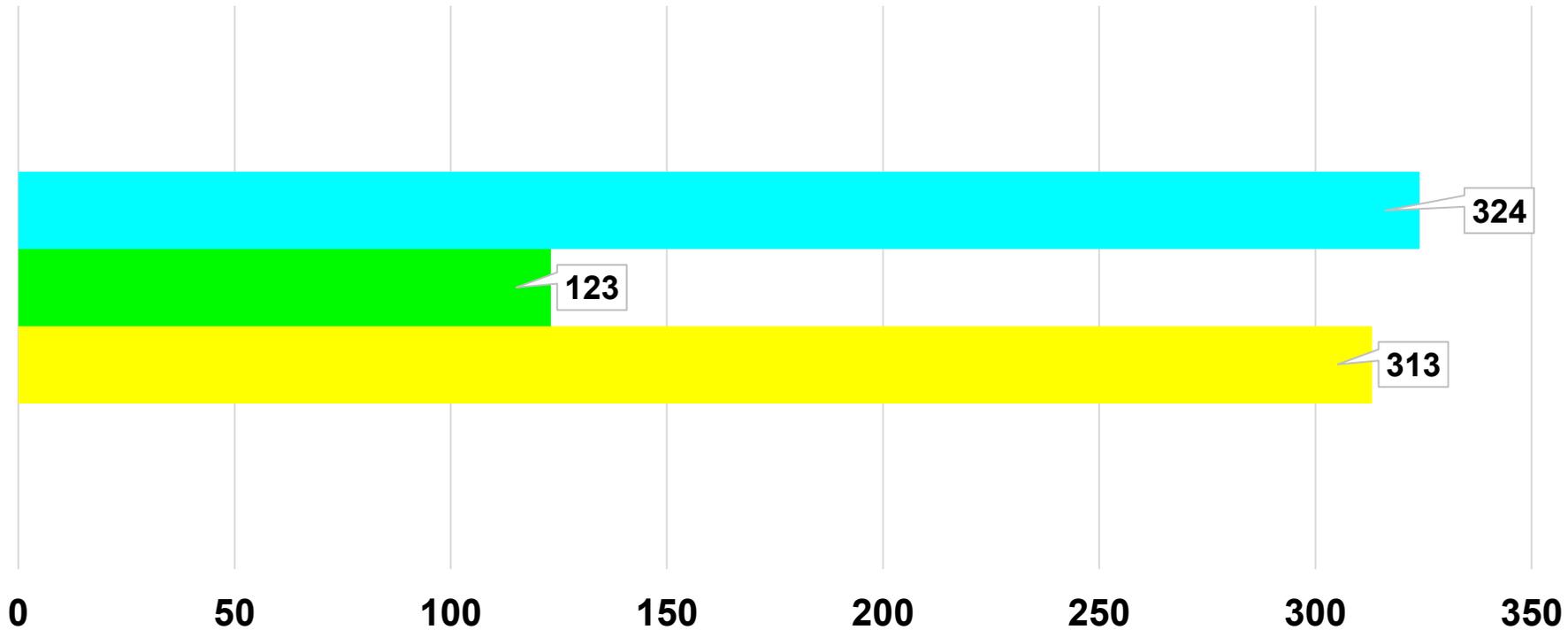
TOTAL BEHAVIOR TREATMENT PLAN SUBMITTED



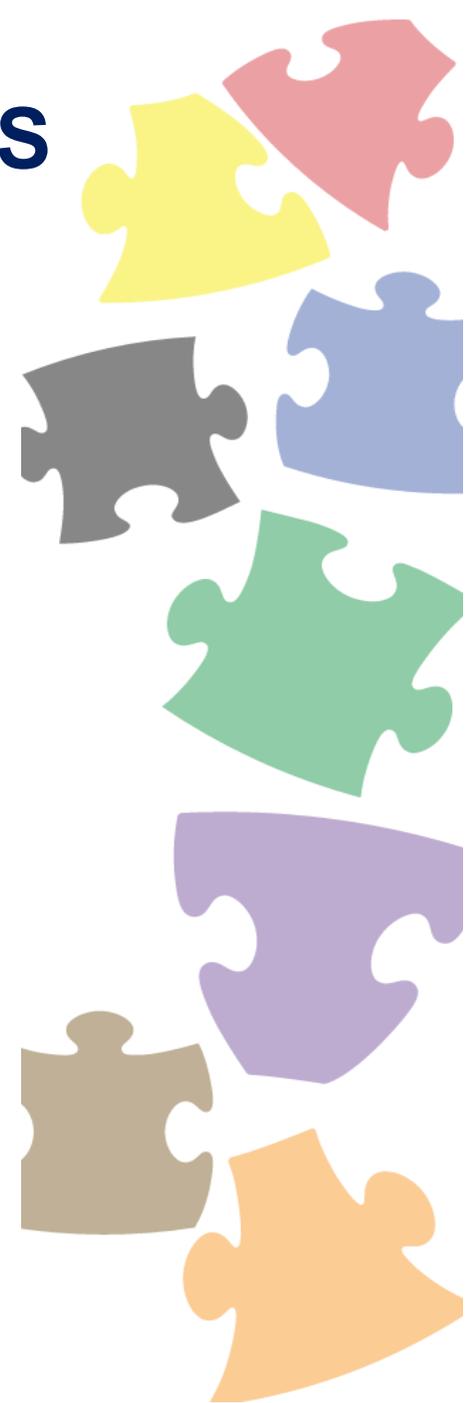
911 CALLS/SENTINEL EVENTS



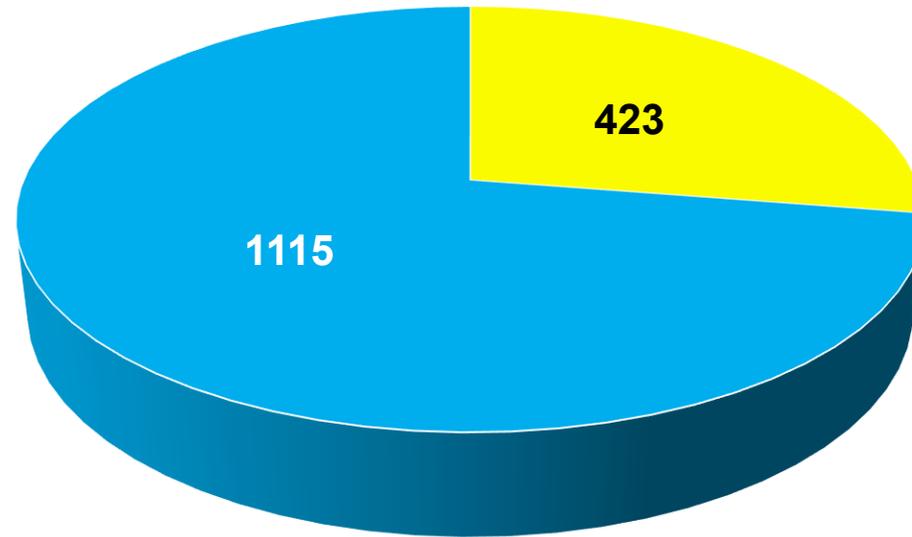
RESTRICTIVE AND INTRUSIVE INTERVENTIONS



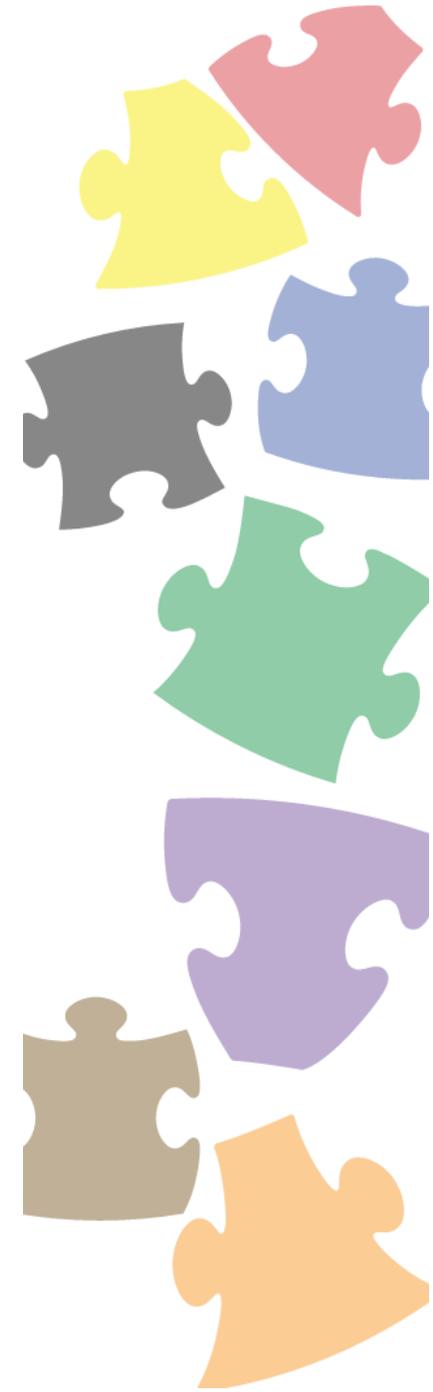
■ Positive Behavior Support ■ Intrusive ■ Restrictive



REPORTED MEDICATIONS



■ Antipsychotic ■ Other Psychotropic



TRENDS AND PATTERNS

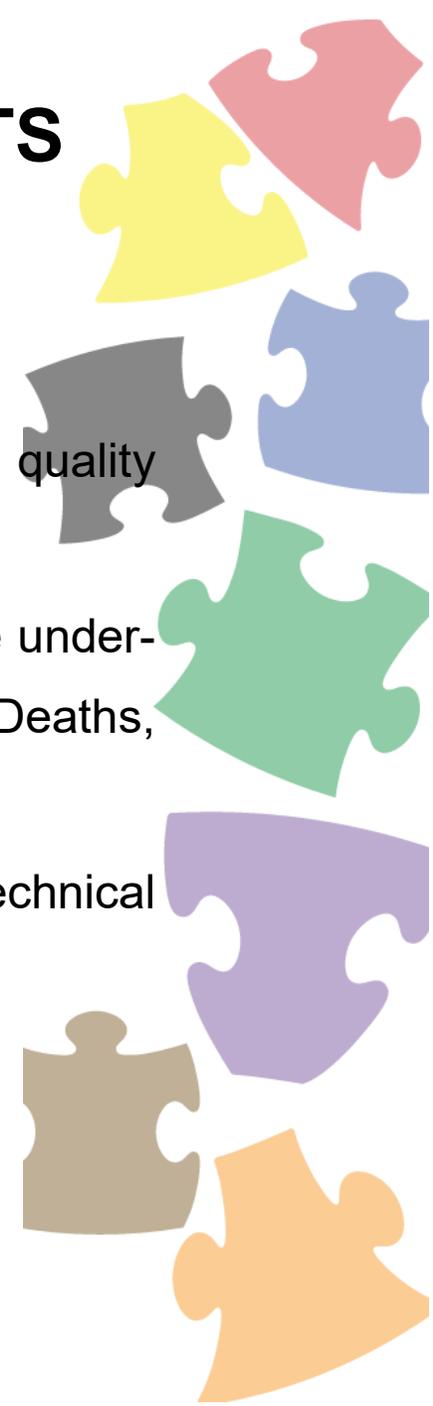
- The required data of Behavior Treatment beneficiaries, including 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management, is still under-reported. DWIHN continues to work with network providers to address this issue.
- The network BTPRCs have an electronic health record system that is 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.



**THANK
YOU!**