



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, February 25, 2026**  
**Via Zoom Link Platform**  
**9:30 a.m. – 11:30 a.m.**

- |      |  |                      |
|------|--|----------------------|
| I.   | Announcements                                | A. Siebert           |
| II.  | Substance Use Disorder (SUD)                 | G. Lindsey           |
| III. | Recipient Rights                             | A. Hardrick          |
| IV.  | <b>QAPIP Effectiveness</b>                   |                      |
|      | <b><i>Quality Improvement</i></b>            |                      |
|      | ✚ HEDIS Updates                              | L. Harmon/T. Greason |
|      | ✚ CE/SE Updates                              | T. Greason           |
|      | ✚ QAPIP                                      | A. Siebert           |
|      | ○ Description 2026-2028                      |                      |
|      | ○ Evaluation FY2025                          |                      |
|      | ○ Work Plan FY2026                           |                      |
|      | <b><i>Policy/Procedures Updates:</i></b>     |                      |
|      | ✚ DWIHN Access Call Center Program           | Y. Bostic            |
|      | ✚ Community Living Supports                  | L. Gogliotti         |
|      | ✚ Children’s Home and Community-Based Waiver | L. Gogliotti         |
| V.   | Adjournment                                  |                      |



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**9:30 a.m. – 11:30 a.m.**  
**Note Taker: DeJa Jackson**

**1) Item: Announcements:**

- State Review:
  - Review period: March 11 – May 22
  - All documentation must be uploaded to the CRM system by March 4, 2026
  - Includes staff files, progress notes, and interviews with members.
  - Customer Service Engagement Unit acknowledged for assisting with beneficiary coordination
  
- Behavior Treatment Satisfaction Survey:
  - Led by Fareeha Nadeem (Senior Psychologist)
  - Approximately 700 members/guardians identified
  - Purpose:
    - Assess understanding of behavior treatment services
    - Determine if goals are being met
    - Measure satisfaction
  - Launch is planned for early March
  - Results will be brought back to the committee
  
- Provider Meetings Reminder
  - CRSP Meeting: February 28 (10:00 AM)
  - Residential Meeting: February 28 (11:30 AM)
  - Registration via DWIHN website
  
- A three-part Technical Assistance Training Series designed to provide guidance and support related to Behavior Treatment Services requirements will be scheduled for:
  - March 30
  - April 27
  - May 18



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

**Goal: Updates from SUD**

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

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

Discussion		
<p>Gregory Lindsey, Contract Manager SUD, provided the group with SUD Updates:</p> <ul style="list-style-type: none"> <li>• Block Grant Funding Changes:               <ul style="list-style-type: none"> <li>○ 3-year utilization analysis conducted</li> <li>○ Allocation caps now set per provider</li> <li>○ Block Grant limited to priority populations</li> <li>○ Providers encouraged to transition members to Medicaid when possible</li> </ul> </li> <li>• MI HealthLink Transition               <ul style="list-style-type: none"> <li>○ Transition to SUD High SNP</li> <li>○ Only HAP, AmeriCare, and Humana accepted</li> <li>○ Other plans must be billed directly</li> </ul> </li> <li>• Recipient Rights Advisor Meeting               <ul style="list-style-type: none"> <li>○ March 4, 2026 at 9:30 AM</li> <li>○ Technical assistance and compliance review</li> </ul> </li> <li>• Conferences               <ul style="list-style-type: none"> <li>○ Substance Use Impact Conference: April 23 (Laurel Manor)</li> <li>○ RX Summit: April 6–9 (Nashville)</li> </ul> </li> </ul>		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None Required.		



**3) Item: Recipient Rights – Andre Hardrick**

**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>Andre Hardrick, Office of Recipients' Rights, provided ORR Updates:</p> <ul style="list-style-type: none"> <li>• Providers out of compliance with new hire recipient rights training may incur a \$50 fee per Section 3.7.1 of the contract.</li> <li>• Implementation memo forthcoming.</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p><b>Questions:</b></p> <ol style="list-style-type: none"> <li>1. Is the \$50 fee one-time or per violation?</li> <li>2. How will providers be informed of penalties?</li> <li>3. Is this already in the contract?</li> <li>4. If staff complete training late, are we still penalized?</li> <li>5. Are all staff required in MHWIN?</li> <li>6. Should SUD staff wait to enter MHWIN before training?</li> <li>7. What about staff hired prior to 2005?</li> <li>8. Are certificates from other counties accepted?</li> </ol> <p><b>Answers:</b></p> <ol style="list-style-type: none"> <li>1. Process clarification forthcoming. Could include repeat penalties if non-compliance continues.</li> <li>2. Notification via Provider Network Manager and formal memo.</li> <li>3. Yes, Section 3.7.1. Not previously enforced; enforcement is beginning due to increased non-compliance.</li> <li>4. Case-by-case review; chronic lateness may result in enforcement.</li> <li>5. Yes, all staff servicing DWIHN members <b>must</b> be in MHWIN. Administrative-only staff may be excluded per policy.</li> <li>6. Email ORR trainers; SUD staff must now be entered into MHWIN.</li> </ol>		



<p>7. ORR maintains records from 2005 forward. If evidence exists, no retraining is required. Without documentation, retraining is required.</p> <p>8. Yes, if from Oakland, Macomb, or Washtenaw; others verified individually.</p>		
Action Items	Assigned To	Deadline
None Required.		



**4) Item: QAPIP Effectiveness**

**Goal: Policy/Procedures Updates**

**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, DWIHN Access Call Center Director, shared the following:</p> <p><b><i>DWIHN Access Call Center Program</i></b></p> <ul style="list-style-type: none"> <li>• Access Call Center Program Description &amp; Scope of Services:               <ul style="list-style-type: none"> <li>○ 24/7 availability</li> <li>○ No Wrong Door philosophy</li> <li>○ Telephonic screening</li> <li>○ Hospital discharge follow-ups within 7 days</li> <li>○ Intake appointments within 14 days</li> <li>○ SUD urgent services within 24–48 hours</li> </ul> </li>   <li>• January Timeliness Data:               <ul style="list-style-type: none"> <li>○ Mental Health/IDD Intake: 89%</li> <li>○ Hospital Discharge: 95%</li> <li>○ SUD Intake: 92%</li> <li>○ Mental Health Walk-ins: 92%</li> <li>○ SUD Walk-ins: 89%</li> <li>○ Urgent/Emergent Crisis: 98%</li> </ul> </li>   <li>• Barriers Identified:               <ul style="list-style-type: none"> <li>○ Limited CRISP intake availability</li> <li>○ Temporary intake closures</li> <li>○ Staffing onboarding delays</li> </ul> </li> </ul>				



Provider Feedback	Assigned To	Deadline
<p><b>Questions:</b></p> <ol style="list-style-type: none"> <li>1. What if a client with private insurance only is scheduled under General Fund?</li> <li>2. Are access delays addressed in policy?</li> </ol> <p><b>Answers:</b></p> <ol style="list-style-type: none"> <li>1. Notify <a href="mailto:AccessCenter@dwin.org">AccessCenter@dwin.org</a>. The file will be corrected. If the provider is credentialed, they may bill private insurance.</li> <li>2. Will review screening/eligibility policies and highlight relevant sections. Possible policy revision.</li> </ol>		
Action Items	Assigned To	Deadline
None Required.		



**4) Item: QAPIP Effectiveness**

**Goal: Policy/Procedures Updates**

**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>Luke Gogliotti, Children's Initiatives, shared the following with the workgroup:</p> <p><b>Community Living Supports Procedure</b></p> <ul style="list-style-type: none"> <li>• New Proposed Update: Community Living Supports (CLS) staff may bill while accompanying member to ER until admitted to unit (MDHHS clarification).</li> </ul> <p><b>Children's Home and Community-Based Waiver Procedure:</b></p> <ul style="list-style-type: none"> <li>• Medicaid eligibility based on child income</li> <li>• Must meet I/DD criteria and risk of out-of-home placement</li> <li>• Equine therapy newly added benefit</li> <li>• Pre-screen eliminated</li> <li>• Clinical judgment + MiChildANS now determine eligibility</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p><b>Questions:</b></p> <ol style="list-style-type: none"> <li>1. Billing allowed in ER?</li> </ol> <p><b>Answers:</b></p> <ol style="list-style-type: none"> <li>1. Yes, The CLS staff can concurrently bill with the hospital staff.</li> </ol>		
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 #1** CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Lauren Harmon, Quality Improvement, shared the following:</p> <p><b>HEDIS Updates:</b></p> <ul style="list-style-type: none"> <li>• Transition from MMBPI to HEDIS (effective October 2025)</li> <li>• Only Indicator 2A remains state-reported.</li> <li>• Key HEDIS Measures include the following:               <ul style="list-style-type: none"> <li>○ FUH (7 &amp; 30)</li> <li>○ AMM</li> <li>○ SSA</li> <li>○ SSD</li> <li>○ IET</li> <li>○ ADD</li> <li>○ APP</li> <li>○ SMD</li> <li>○ OUD</li> </ul> </li> <li>• HEDIS Goals were also shared with the workgroup.</li> <li>• Performance Improvement Plans (PIPs) will begin to be issued in March for FY2025. More information regarding the roll-out of plans is forthcoming.</li> <li>• Providers are required to access Vital Data platform to monitor metrics.</li> </ul> <p>Please review the handout “ DWIHN HEDIS PowerPoint pptx updated 2.24.26.pptx” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
Additional information regarding the roll-out of Performance Improvement Plans (PIP’s) will be forthcoming. QI will continue to meet with assigned providers every 45 days as required to review measures and their noted progress.	QI Team/Assigned CRSP’s.	Ongoing no less than every 45 days for assigned providers.



**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>Tania Greason, Quality Improvement, shared the following:</p> <p><b>CE/SE Updates:</b></p> <ul style="list-style-type: none"> <li>As the CE/SE DWIHN team requests information from providers, please be mindful of the time frame.</li> <li>Please always check your MHWIN secure email address for any communication the team sends. As each organization adds new team members, a training schedule is established. Your team cannot process critical sentinel events unless they complete the actual training. Also, please make sure you reach out to our team if you have additional questions.</li> </ul>		
Provider Feedback	Assigned To	Deadline
None Provided.		
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 1** CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
April Siebert, Director of Quality Improvement, shared the following:  <b><i>QAPIP Description 2026-2028, Evaluation FY2025, Work Plan FY2026</i></b> <ul style="list-style-type: none"> <li>All of the documents have been approved by the committee and the full Board as required and are available on our website.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
None Required.		

**New Business Next Meeting: 3/25/26**

**Adjournment: 02/25/2026**

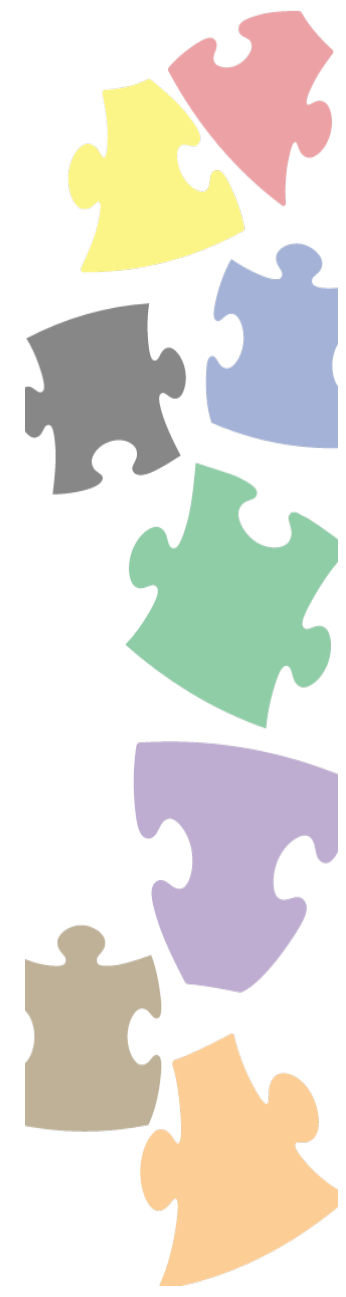


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# HEDIS Presentation

DWIHN's Quality Department





# DWHIHN HEDIS MEASURES Definitions and Goals



# Key performance HEDIS measures monitored by the State of Michigan and Health Plans.

- FUH 30: Follow Up after hospitalization – Goal: 79% Discharges for beneficiaries who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and had a follow-up visit with a mental health provider
- FUH 7: Follow Up After Hospitalization for Mental Illness - Follow-up care with a mental health (therapist/Psychiatrist) provider within 7 days.
- SAA: Adherence to Antipsychotic medication for individuals with Schizophrenia - Beneficiaries diagnosed with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.
- AMM: Antidepressant medication management - 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
  - Acute Phase – Beneficiaries who remained on an antidepressant medications for at least 12 weeks
  - Continuation Phase – Beneficiaries who remained of medications for at least 6 months
- SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Anti-Psychotic Medications – Beneficiaries, ages 18 to 64, with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.



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# Measures that will be monitored by only DWIHN

- APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics - Children and Adolescents Ages 1 to 17 Years Who Had Two or More Antipsychotic Prescriptions and Had Metabolic Testing, both blood glucose and cholesterol testing.
- APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Children and Adolescents Ages 1 to 17 Who Had a New Prescription for an Antipsychotic Medication and Had Documentation of Psychosocial Care as First-Line Treatment.
- SMD: Diabetes Monitoring for People With Diabetes and Schizophrenia - members 18 – 64 years of age with schizophrenia or schizoaffective disorder, and diabetes who had both an LDL-C test and an HbA1c test during the MY.
- IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Adolescent and adult members with a new episode of substance use disorder (SUD) who received Initiation of SUD Treatment or Engagement of SUD Treatment.
  - Initiation of SUD Treatment – New SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days
  - Engagement of SUD Treatment – New SUD episodes that have evidence of treatment engagement within 34 days of initiation

The quality team will monitor the system data for APP, IET, SMD, and OUD and will monitor by provider starting Year 2.



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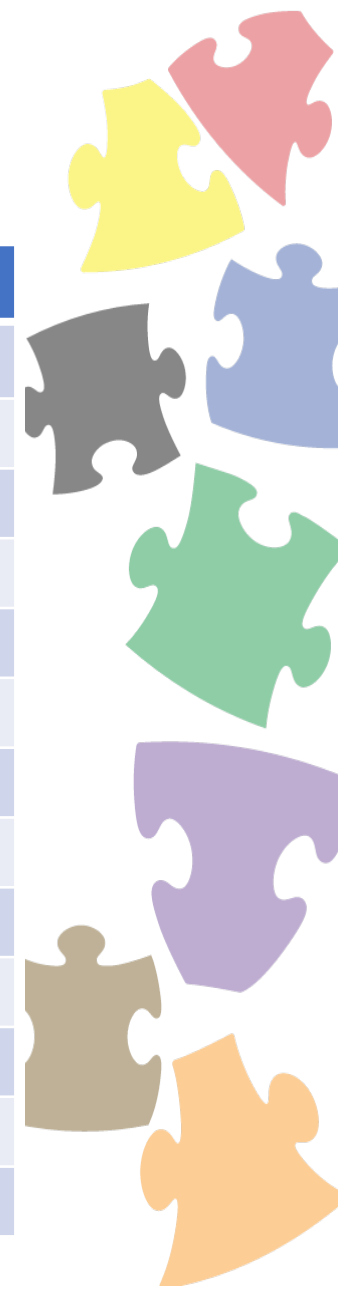
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# HEDIS Goals

Adults	
<u>HEDIS Measure</u>	<u>Goal</u>
AMM Acute	66.93%
AMM Continuation	50.71%
FUH 7	62.00%
FUH 30	62.00%
FUM30	61.05%
IET Initiation	40%
IET Engagement	14%
SAA	66.28%
SMD	85.71%
SSD	80.99%
FUH Race	5%

Children	
<u>HEDIS Measure</u>	<u>Goal</u>
ADD Initiation	64%
ADD Engagement	76%
APM: Ages 1-11	23.36%
APM: Ages 12-17	32.7%
APP: Ages 1-11	67.39%
APP: Ages 12-17	71.16%
APP: All Ages	70.03%
FUH 7	79%
FUH 30	79.00%
FUM30	84.33%
IET Initiation	40%
IET Engagement	14%



- Measures with no goal set: AAP, FUA, OUD