



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, January 28, 2026
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.
Note Taker: DeJa Jackson

1) Item: Announcements:

- Fareeha Nadeem has been promoted to Sr. Psychologist (Quality Improvement)
- Starting in FY2026, Performance Measures will incorporate HEDIS Metrics. The Michigan Mission-Based Performance Indicators system will be phased out, except for Indicator #2a, which measures access and the timeliness of first requests. The Quality Improvement (QI) department will continue to monitor and track any concerning trends and report these during the 45-day provider meetings. The Quality and Integrated Health Care (IHC) teams have been meeting with providers to implement the new process.
- Beginning January 1, 2026, new timelines for prior authorization requests will be implemented. Standard (non-urgent) prior authorization requests must be approved or denied within 7 calendar days of submission. Expedited (urgent) prior authorization requests will be resolved within 72 hours. If you have any questions about these changes, please contact Marlana Hampton, Director of Utilization Management.
- DWIHN's web page has been updated. QI is continuing to meet with IT to add documentation, including HCBS, CE/SE reporting, and training documents.



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	Assigned To	Deadline
No current updates for SUD. Tabled for February, 2026		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None		

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	Assigned To	Deadline
No current ORR Update. Tabled for February, 2026		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
None		



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>Sara Denney, Clinical Specialist, Quality Improvement shared the following:</p> <p>The MDHHS 1915(c) Waiver and 1915 (i) SPA Review will take place from March 11 –May 22, 2026. Each CRSP that will be included in the review should have received Notification & Instructions Letter with the following attachments:</p> <ul style="list-style-type: none"> ○ Professional Staff Qualifications forms ○ List of Waiver Beneficiaries selected for review ○ Demographic Excel Spreadsheet <p>The timeframe for the review is the 12 full months prior to the start date of this review and can include the current as well as the previous year’s IPOS</p> <ul style="list-style-type: none"> ○ March 1, 2025 - Current <p>The Demographic Excel Spreadsheet must be completed and returned to Michael Shaw's MH-WIN message box by Wed., January 28, 2026. Each CRSP is also instructed to submit their contact person(s) name & phone/email address to DWIHN by Wednesday, February 11, 2026</p> <p>Access to Electronic Health Records will be needed by MDHHS Reviewers for the duration of the review (3/11/2026 – 5/22/2026). Please provide login information and any tools that may help navigate the electronic health records involved to DWIHN by Wednesday, February 11, 2026.</p> <p>Non-EMR Clinical Case Records: Upload into the All Scanned and Uploaded Documents section of the member’s MH-WIN Profile, by Wed., February 11, 2026 See the Non-EMR Clinical Record Guidance for details Upload into few as possible files or documents.</p> <p>Please refer to the handout “CRSP Preparation 1915(c) Waiver and 1915 (i) SPA Review for additional information.</p>		



Provider Feedback	Assigned To	Deadline
<p>Questions/Concerns:</p> <p>Questions:</p> <ol style="list-style-type: none"> 1. What about the medversant credentialing document? 2. Can you discuss the human service degree being grandfathered? 3. Is there a reason Medversant can't be used for this? 4. So, does that mean we all stop using Medversant and, move forward with just having our internal credentialing processes if we are an accredited organization? 5. Can you please specify what other documents should be included as proof of credentialing besides resume and training certificates? 6. Do we need to advocate to MDHHS around this to effect consideration for change? 7. Is there any way this can be something that's done on a next review? 8. If a staff member provided services to a selected consumer who is no longer with the agency, is there a need to include credentialing information, or should they make a note of the staff is no longer employed when submitting the credentialing documentation? 9. Do you have the standards that will be reviewed? <p>Answers:</p> <ol style="list-style-type: none"> 1. The Medversant credentialing document will <u>not</u> be accepted. 2. If the person had a human services degree, one of the requirements is that for a QIDP, QMHP, you have to have a year of service with that population prior to working with them. So, if you've already had your degree and have been performing that role prior to January 1st, 2008, they're not going to be looking for that evidence, because of the time frame, they're assuming that you've already completed the requirements. 3. Medversant does not provide the certificates; it's not primary source verification. It's not thorough enough for the state. 4. The QI team can't direct you not to use Medversant; you have to do whatever's required by your contract. 5. Sara D. provided an example of the Sample HSW Professional Coversheet. 6. Sara D. will consult with the (Danielle Dobija) Quality Department Administrator, and discuss these concerns, and suggest recommendations to discuss changes with MDHHS. 7. It is a very short time frame. DWIHN received notification from the state on January 15th. The QI team continues to gather as much information and notify all the providers as soon as possible. 		



<p>The process itself has not changed in the 8 years. The information the QI team is requesting has been the same every two years we are reviewed. The DWIHN QI team has consistently communicated with the state, requesting that they provide us with the lists and all requirements as soon as possible. Once received from the state, we provide all required documents to the network. We can continue to take this feedback in this process to MDHHS.</p> <ol style="list-style-type: none"> 8. Make note of the termination date. 9. There are standards to be shared with the network. Sara will verify with Danielle Dobija after this meeting, for clarity regarding if and when we will send the standards out to the selected providers. 		
Action Items	Assigned To	Deadline
Questions will be submitted to Danielle Dobija for reference and feedback.	S. Denny (QI)	February 6, 2026



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>Sara Denney, Clinical Specialist, Quality Improvement, shared the following:</p> <ul style="list-style-type: none"> • The MDHHS 5515 Form was revised in September 2025. • Moving forward, please begin using the revised form by 2/01/2026. <p>Please refer to the handout “MDHHS 5515 Slide.pdf” for additional information.</p>		
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 CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Eugene Gillespie, Clinical Specialist, Quality Improvement, shared the IPOS HCBS documentation compliance to include the following:</p> <p>Setting Satisfaction:</p> <ul style="list-style-type: none"> ○ The IPOS must establish the following: ○ The person's satisfaction with their current living situation. ○ Interest in exploring other opportunities, ○ Inclusion of other settings less restrictive than the current setting. <p>The discussion will be reflected in the IPOS and must include:</p> <ul style="list-style-type: none"> ○ An identified goal of changing their living situation, with clearly defined steps that will be taken to support the individual if this is their wish. ○ All settings (by name) are considered when the individual is exploring other living arrangements. This must include non-disability-specific settings. <p>Please review to the attached document "HCBS Documentation.pdf. for additional information.</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions:</p> <ol style="list-style-type: none"> 1. If the requirements noted above are documented in progress notes, will this be accepted? 2. How are we supposed to know specific housing options when completing the IPOS if we have not yet started assisting the person served with housing resources? <p>Answers:</p> <ol style="list-style-type: none"> 1. Documentation must be in the IPOS, not just the progress notes. You can use the progress notes to show that you did talk to the members about these things, but it has to be documented in the IPOS. 2. DWIHN’s residential department will discuss/review with the member their living arrangements. Information for the least restrictive living arrangements will be shared with the CRSP. 		
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>Fareeha Nadeem, Sr. Psychologist, shared the following with the workgroup: BTAC Annual Report FY2025:</p> <ul style="list-style-type: none"> • Strengths: <ul style="list-style-type: none"> ○ Strong compliance with state reporting and data submission. ○ Improved reporting of 911 calls and sentinel events vs. prior year. ○ Decrease in behavior treatment plans, aligning with state goal for independence. • FY 25 Data Highlights <ul style="list-style-type: none"> ○ 1,454 plans reviewed ○ Quarterly decline in active plans observed. ○ Continued restrictive/intrusive intervention use tracked. ○ High psychotropic medication utilization noted. • System Challenges <ul style="list-style-type: none"> ○ Under-reporting or incorrect categorization of events. ○ EHR data integration limitations. ○ Provider staffing shortages. • FY 26 Priorities <ul style="list-style-type: none"> ○ Additional trainings (internal & providers). ○ Continued technical assistance. ○ Improved sentinel event and 911 reporting accuracy. <p>Please refer to the handout “ BTAC Annual Report FY 2025.pdf” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
None provided.		
Action Items	Assigned To	Deadline



None required.		
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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>Micah Lindsey, Clinical Specialist, Performance Improvement shared the following: CE/SE Updates:</p> <ul style="list-style-type: none"> • There has been a few changes to the subcategories of the events. Nothing drastically different, just cutting out a lot of subcategories so there is no repeating information. • Training dates, guidance manual, and the sign up will be available on the website. <p>Please continue to reach out to the CE/SE team at DWIHN for additional questions and or support. Refer to the handout “ CE/SE Training Manual.pdf” for CE/SE training dates.</p>		
Provider Feedback	Assigned To	Deadline
None provided.		
Action Items	Assigned To	Deadline
None required.		



DETROIT WAYNE
INTEGRATED HEALTH NETWORK
Quality Operations Technical Assistance Workgroup

Remote Review Preparation Power Point

2026 MDHHS 1915(c) Waiver and 1915 (i) SPA

Review Dates:

March 11 – May 22, 2026



MDHHS Review Team

Chris Fisher, Site Review Analyst

Uratile Sijiye, Site Review Analyst

Antonio Vasquez, Site Review Analyst

Rolandia Harris, Children's Waiver Program (CWP) & Children's Serious Emotional Disturbance Waiver (SEDW)

Bethany Sebree & Megan Drolett, SED Clinical Reviews

Kim Hoga, CWP Reviewer

Tammy Sattelberg, SEDW Reviewer

Heather Glidden, CWP & SEDW Credentialing



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DWIHN Contacts

Danielle Dobija– Quality Administrator ddobija@dwihn.org

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Remote Review Preparations

You should have received

Notification & Instructions Letter with the following attachments

- Professional Staff Qualifications forms
- List of Waiver Beneficiaries selected for review
- Demographic Excel Spreadsheet to be completed and returned to The MH-WIN message box of Michael Shaw by Wed., Jan. 28, 2026



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Remote Review Preparations

Submit your contact person(s) name & phone / email address to DWIHN by **Wednesday, February 11, 2026**

Access to Electronic Health Records will be needed by MDHHS Reviewers for the duration of the review (3/11/2026 – 5/22/2026).

Please provide login information, as well as any tools that may be helpful in navigating the electronic health records involved, to DWIHN by **Wednesday, February 11, 2026**



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Remote Review Preparations

Non-EMR Clinical Case Records

Upload into the All Scanned and Uploaded Documents section of the member's MH-WIN Profile, by Wed., February 11, 2026

See the Non-EMR Clinical Record Guidance for details

Upload into few as possible files or documents



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Time Frame for Review

The timeframe for the review is **the 12 full months prior to the start date of this review** and can include the current as well as the previous year's IPOS

March 1, 2025 - Current



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Size of Review

MDHHS Selected a total of **160** member records to review.

9 CWP

13 SEDW

33 HSW

105 iSPA



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Qualified Providers

Professional Staff - Requiring licensure/certification

Credentialing Documents

Only submit evidence on currently employed staff (who worked with selected beneficiaries over the last 12 months).



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Qualified Providers

Credentialing documents

There are 3 different MDHHS Professional Staff Credentialing coversheets for the four waiver programs;

- CWP & SEDW Professional Staff Qualifications
- HSW Professional Staff Qualifications
- iSPA Professional Staff Qualifications



Qualified Providers

Credentialing documents

For each employee, complete the worksheet that corresponds to the employee's position and the waiver program the beneficiary they are supporting is enrolled in.

- Only make entries in the white, non- grayed out boxes



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Qualified Providers

Credentialing documents

- Ensure worksheets are completed with dates that correspond to the documentation that is also attached.
- Check marks are not acceptable. Please complete using specific dates the requirement was met.
- If a professional works with more than one beneficiary, you may list each WSA # on the form in the section for child/beneficiary



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Qualified Providers

Credentialing documents

Proof of QIDP, CMHP, and/or QMHP status requires more than a credentialing form. Documents used to verify status must be submitted as evidence, as well (i.e., resume, employment application in which job duties/provided, populations served are detailed, etc.).

Note: Individual with a human services degree hired and performing in the role of QIDP / QMHP prior to January 1, 2008, will be grandfathered in.



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Qualified Providers

Credentialing documents

**New HCBS Training Requirement for Case Managers /
Supports Coordinators:**

HCBS Training upon hire

HCBS training annually



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Qualified Providers

CWP, SEDW, HSW, ISPA Aide Qualifications

- Complete worksheets with dates that correspond to the supporting documentation you are providing.
- Check marks are not acceptable. Please indicate specific dates.
- Only submit evidence on currently employed staff, who worked with the WSA over the last 12 months.



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2025**

Qualified Providers

Sample HSW Professional Coversheet



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
HSW Professional Staff Qualifications

MDHHS Staff Only:

Compliance: Yes No

WSA Case ID(s): 2468 HSW

PIHP/CMHSP: _____

Staff Name: John Doe

Lives in a Licensed AFC: YES NO

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SERVICE PROVIDED (please indicate which professional staff by checking box, if applicable)	Qualified Intellectual Disability Professional (one year experience w/ the IDD population)*	Current License, Certification, Registration or degree	Criminal background prior to hire	Criminal background check ongoing	HCBS Training at hire (adults after 10/01/25)	HCBS Training Ongoing (Annual Thereafter)
Supports Coordinator	7/01/24	LMSW 4/30/26	5/1/24	5/1/25	8/9/25	n/a
<input type="checkbox"/> Family Training <input type="checkbox"/> RN (PDN only)						
<input type="checkbox"/> ***SC Asst <input type="checkbox"/> ***Supports Broker						
Other: Prescriber/ Nurse Practitioner						

**Support partner must complete the MDHHS statewide training Curriculum and be provided regular supervision and team consultation by the treating professionals.

***SC Assistant/Supports Broker must be 18 years of age.

*If not QIDP upon hire evidence of supervisor being a QIPD and evidence of supervision such as a supervision note during the first year of hire.



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Qualified Providers

Sample CWP-SEDW Professional Coversheet



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
CWP-SEDW Professional Staff Qualifications

MDHHS Staff Only:

Compliance: Yes No

WSA Case ID(s): 13579 CWP SEDW

PIHP/CMHSP: _____

Staff Name: Jane Doe

Date of Hire: 5/15/2024

CWP- SEDW Professional Staff Qualifications Review													
SERVICE PROVIDED (please indicate which professional staff by checking box, if applicable)	Category of Care Training (CWP only)	Child Mental Health Professional or Evidence of Supervision	SED-W 24 hr. Child Specific Annual training (calendar year or Fiscal year)	Qualified Intellectual Disability Professional (Transcript needed if not Licensed) or Evidence of Supervision	Current License, Certification, Registration or degree	Criminal background prior to hire and ongoing	Evidence of HCBS Training at hire.	Evidence of HCBS training ongoing. (For those serving adults)	Registered Art Therapist (ATR-BC)	Certified by the (NCTRC)	Board Certified National (MT-BC)	Nationally certified in Therapeutic Massage and Bodywork (NCBTMB)	Completed MDHHS training curriculum
Children's Home and Community Based Services Waiver (CWP)													
Case Manager													
<input type="checkbox"/> Clinical Therapist													
<input type="checkbox"/> Family Training													
<input type="checkbox"/> Non-Family Training													
Massage Therapist													
Children's Serious Emotional Disturbance Waiver (SEDW)													
<input checked="" type="checkbox"/> *Wraparound Coordinator		11/01/24	11/01/24		LMSW 4/30/26	5/1/24	5/1/25						
<input type="checkbox"/> Clinical Therapist													
<input type="checkbox"/> Family Training													
<input type="checkbox"/> Non-Family Training													
**Family Support and Training													
<input type="checkbox"/> CWP OR <input type="checkbox"/> SEDW													



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Qualified Providers

Sample CWP-SEDW Professional Coversheet



CWP- SEDW Professional Staff Qualifications Review												
SERVICE PROVIDED (please indicate which professional staff by checking box, if applicable)	Category of Care Training (CWP only)	Child Mental Health Professional or Evidence of Supervision	SED-W 24 hr. Child Specific Annual training (calendar year or Fiscal year)	Qualified Intellectual Disability Professional (Transcript needed if not Licensed) or Evidence of Supervision	Current License, Certification, Registration or degree	Criminal background prior to hire and ongoing	Evidence of HCBS Training at hire. Evidence of HCBS training ongoing. (For those serving adults)	Registered Art Therapist (ATR-BC)	Certified by the (NCTRC)	Board Certified National (MT-BC)	Nationally certified in Therapeutic Massage and Bodywork (NCBTMB)	Completed MDHHS training curriculum
<input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech Language Pathologist <input type="checkbox"/> RN/LPN <input type="checkbox"/> Other (please specify):												
Recreation Therapeutic Specialist												
Art Therapist												
Music Therapist												
<input type="checkbox"/> Dietician <input type="checkbox"/> MD/DO (or NP/PA supervised by MD/DO)												

*Wraparound Coordinator: must have 3 days new facilitator training and 2 MDHHS trainings/year; Wraparound Supervisor must have 2 MDHHS trainings/year, including 1 supervisor training.

**Support partner must complete the MDHHS statewide training Curriculum and be provided regular supervision and team consultation by the treating professionals.

***SC Assistant/Supports Broker must be 18 years of age.



Qualified Providers

Sample iSPA Professional Coversheet



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
BH 1915(i) State Plan Amendment (ISP) Professional Staff Qualifications

MDHHS Staff Only:

Compliance: Yes

WSA Case ID(s): 987456 ISP

PIHP/CMHSP: _____

Staff Name: Jane Jones

iSPA Population: I/DD SMI SED

Date of Hire: 5/15/24

Lives in a Licensed AFC: YES NO



ISP Professional Staff Qualifications Review

SERVICE PROVIDED (please indicate which professional staff by checking box, if applicable)	Bachelor's Degree in a human services field and one year experience w/population being served	Mental Health Professional (MHP)	Qualified Mental Health Professional (QMHP) or Evidence of Supervision	Qualified Intellectual Disability Professional (Transcript needed if not Licensed) or Evidence of Supervision	Current License, Certification, Registration or degree	Criminal background prior to hire. Criminal background check ongoing	Evidence of HCBS Training at hire. Evidence of HCBS training ongoing. (For those serving adults only)	MDHHS Certification Training as applicable (PSP) 2 years exp. providing service or lived exp.
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BH 1915(i) State Plan Amendment (ISP)

<input type="checkbox"/> Evaluator of needs-based criteria QIDP, QMHP or MHP							TA FY26	
Supports Coordinator			5/15/24		LMSW 4/30/26	5/1/24 5/1/25	8/9/25	
<input type="checkbox"/> Case Manager Is a QIDP or QMHP or Evidence of Supervision								
<input type="checkbox"/> Family Support and Training (MHP, CMHP, QMHP, QIDP, or PSP*)								
<input type="checkbox"/> Housing Assistance (MHP, QMHP, QIDP) <input type="checkbox"/> Peer Support Specialist <input type="checkbox"/> Certified Peer Recovery Coach								



Qualified Providers

Evidence of training on the IPOS

Evidence of training must identify:

- who was trained
- content of training, i.e., date of IPOS
- who the trainer was (including title) and
- when (specific date) the staff was trained



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Evidence of training on the IPOS

IPOS training is expected to be provided by the SC/CM (except for Clinical Treatment goals, where the Clinician who authored those goals is expected to provide that training).

If the SC/CM trained a Supervisor (who then goes on to train direct care staff under his/her supervision) evidence of the Supervisor's being trained by the SC/CM will also need to be provided.



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Qualified Providers

Staff Documentation Collection Process

Complete the MDHHS Staff Form(s) as instructed
Assemble the supporting evidence in order of the
header on the MDHHS Staff Form



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Qualified Providers

Staff Documentation Collection Process

Ex: For CWP case manager / supports coordinator the order would be

- MDHHS Coversheet
- Category of Care training certificate
- QIDP Credentialing documents
 - All documents used to credential the employee
- License / degree
- Prior to hire and ongoing Criminal background check
 - all pages
- HCBS Training



Qualified Providers

Staff Documentation Collection Process

Scan all documents in order as one PDF file per employee and label as the waiver program (CWP / HSW), staff first name, last name, WSA #(s)

HSW_Joe Smith_WSA#1234_WSA#3456

CWP_Jane Doe_WSA#2345



Qualified Providers

Staff Documentation Collection Process

- All staff files are to be submitted no later than **Wednesday, February 11, 2026**
- If any information is missing or illegible we will contact you to make the necessary changes



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Clinical Case Record Review

will include review of:

- Establishment of eligibility/ medical necessity of recommended services, through assessment of needs.
- Evidence of Freedom of Choice among providers/services.
- The development of the IPOS/Wraparound Plan, informed by assessed needs and choices (including pre-planning activities), that is person-centered/family-centered and addressing health/safety needs.



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Clinical Case Record Review

- Goals/objectives that are in the voice of the person served, that are measurable/outcome based.
- Services are provided as specified in the plan, in amount/scope/duration/frequency recommended, with billings consistent with services provided.
- That the plan is reviewed as indicated or amended as needed and updated annually.
- Behavioral treatment plans are in accordance with the Technical Requirement for Behavioral Treatment Plan Review Committees



Clinical Case Record Review

New for 2026 – Focus on HCBS compliance

- That Medicaid funded services and supports be integrated in and support full access to the greater community.
- Provide opportunities for seeking employment and work in competitive, integrated settings.
- Engagement in community life.
- Control personal resources and receive services in the community to the same degree of access as individuals not receiving such services and supports.
- Beneficiaries who reside in a Specialized Residential Adult Foster Care Setting have a signed Summary of Rights document.
- Completed IPOS with identified restrictions/modifications are in compliance with HCBS requirements.
- That the PCP be used to identify and reflect choice of services and supports funded by the mental health system.



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Clinical Case Record Review HCBS Requirements (cont.)

Community Integration:

The IPOS must include the following:

- A community integration goal.
- A minimum of two meaningful community activities per week.
- Areas of interest to the individual, things the person enjoys doing.
- How the beneficiary will be supported to the extent needed/desired to engage in the activity.

A meaningful activity is:

- Defined by the interests and desires of the beneficiary.

An opportunity to engage with others in the greater community in ways the beneficiary prefers.



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Clinical Case Record Review HCBS Requirements (cont.)

Employment:

- Individuals must be provided the opportunity to seek employment or work in individual integrated settings.
- The IPOS must reflect the following:
 - Individual's interest and desires to seek employment.
 - The actions necessary to reach the goal of employment.
 - Includes clearly defined steps that will be taken to support the person in their goal.
 - All types of employment and specific settings that can or will be explored which includes non-disability specific and Competitive Integrated Employment opportunities.



Clinical Case Record Review HCBS Requirements (cont.)

Employment (Cont):

The IPOS must reflect the following cont.:

- All settings considered must be identified by name in the individual's IPOS.

If the individual does not wish to pursue this type of opportunity that will be documented in the IPOS and include the following:

- Types of settings/jobs/volunteer activities discussed.
- Any barriers identified in the discussion and how these barriers will be addressed.



Clinical Case Record Review HCBS Requirements (cont.)

Setting Satisfaction:

The IPOS must establish the following:

- the persons satisfaction with their current living situation.
- any interest in exploring other opportunities,
- includes other less restrictive than the current setting.

The discussion will be reflected in the IPOS and must include:

- An identified goal of changing their living situation, with clearly defined steps that will be taken to support the individual if this is their wish.
- All settings (by name) considered when the individual is exploring other living arrangement. This must include non-disability specific settings.



Clinical Case Record Review HCBS Requirements (cont.)

Setting Satisfaction cont.:

- The IPOS must establish the persons satisfaction with their current living situation and any interest in exploring other opportunities. The discussion will be reflected in the IPOS and must include:
- Any barriers and how they will be addressed.
- Identified satisfaction with their current living situation and no desire to explore other living arrangements.



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Clinical Case Record Review HCBS Requirements (cont.)

Qualities of an HCBS Compliant IPOS:

- Written in plain language that is easily understood by the individual.
- Written at a reading level consistent with the individual's ability.
- Be free from clinical jargon to the extent possible.
- Be understandable by the individual and those with limited English proficiency, in accordance with federal law.
- Reflect a robust discussion of the individual's goals, interests and desires and include goals and objectives to indicate such.
- The IPOS is signed (or otherwise agreed to) by the participant regardless of guardianship status.



Review Process – Agenda

Your organization has been provided a tentative agenda.

We anticipate a final agenda by 2/03/2026.



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Review Process – Comment Sheets

During the site review process, comment sheets with possible citations will be forwarded to the PIHP leads for possible resolution of citations within 2 business days.

- This applies to case records as well as staff files



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Review Process – Teleconferences

Because of the elevated sample size and the need to focus more time on the clinical and credentialing reviews, MDHHS **will not** be holding teleconferences.

Teleconferences will be held only in the following circumstances:

- Requested by MDHHS if it sees the need to meet with the PIHP/CMHSP about concerns related to their reviews (that they believe would be better addressed through a teleconference).



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Review Process - Member Interviews

The **full sample** pulled will be used as the interview sample. The interviewer will try to reach a minimum of 50% , attainment on interviews. The number of interviews conducted may go above the 50% of the sample pull.

Marie Eagle from the ARC of Michigan will be conducting the interviews



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Review Process - Member Interviews

Marie Eagle will utilize the completed demographic spreadsheet to contact the recipient/family/guardian to schedule the interviews

DWIHN Customer Service representatives, Michael Shaw and Elaine Thomas will be collecting the demographic spreadsheets and submitting to Marie Eagle.



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Review Process - Member Interviews

We are requesting each CRSP inform the member's selected that they will be receiving a letter containing detailed information about the interview process and notice that they will be contacted by someone from the ARC of Michigan, to see if they would like to be interviewed.



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Review Process - Member Interviews

- Interviews (approx. 60/90 minutes in length) will be scheduled around the convenience of the person/family served.
- Possible locations could include the CMH office, the recipient's home, or remotely (pending web cam/phone availability).
- Beneficiaries are welcome to bring or have present a preferred support person, if that is their choice.



Review Process - Member Interviews

Interview Topics

Person-Centered Planning

The ARC will be looking for evidence that the individual's choices and preferences are driving the process and that the focus of the plan is to build a life in the community.



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Review Process - Member Interviews

Interview Topics

HCBS Requirements (per HCBS Final Rule):

- That Medicaid funded services and supports be integrated in and support full access to the greater community.
- Provide opportunities for seeking employment and work in competitive, integrated settings.
- Engagement in community life.
- Control personal resources and receive services in the community to the same degree of access as individuals not receiving such services and supports. (42 CFR 441,700 et. Seq.)
- That the PCP be used to identify and reflect choice of services and supports funded by the mental health system.



Review Process - Member Interviews

Interview Topics

PCP and Youth: Per MDHHS Family-Driven Policy and Practice Guidelines

The ARC will be looking for evidence of:

- For minor children, a PCP that recognizes the needs of the entire family, and when age appropriate, youth guided, with transition-age planning in moving towards person-focused, vs family-focused.



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Review Process - Member Interviews

Interview Topics

Independent Facilitation

The ARC will be looking for evidence of understanding the Independent Facilitation option and its use.



Review Process - Member Interviews

Interview Topics

- The person/family served is not only engaged in the decision-making process but directs the planning process.
- Pre-Planning has been meaningful/robust.
- The Plan reflects a life in the community.
- The goals they want have been established, as well as how to accomplish those goals.
- The Plan reflects the life they choose.
- That they are aware of the supports and services available to them, to meet their goals.
- They have access to the formal PCP process anytime their goals, desires, needs or circumstances change.
- The Plan reflects inclusion of community/natural resources.



MDHHS 5515 Form

Please be aware that the MDHHS 5515 Form was revised in September 2025

MDHHS-5515, CONSENT TO SHARE BEHAVIORAL HEALTH INFORMATION
Michigan Department of Health and Human Services (MDHHS)
(Revised 9-25)

Use this form to give or take away your consent to share information about your:

- Mental and behavioral health services. This will be referred to as “behavioral health” throughout this form.
- Diagnosis, referral, and treatment for an alcohol or substance use disorder. This will be referred to as “substance use disorder” throughout this form.

Moving forward, please begin using the revised form by 2/01/2026.





DETROIT WAYNE INTEGRATED HEALTH NETWORK

Quality Operations Technical Assistance Workgroup
January 28, 2026



HCBS Final Rule

Setting Satisfaction:

The IPOS must establish the following:

- the persons satisfaction with their current living situation.
- any interest in exploring other opportunities,
- includes other less restrictive than the current setting.

The discussion will be reflected in the IPOS and must include:

- An identified goal of changing their living situation, with clearly defined steps that will be taken to support the individual if this is their wish.
- All settings (**by name**) considered when the individual is exploring other living arrangement. This must include non-disability specific settings.



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HCBS Final Rule

Naming Housing Options Explored in the IPOS

Question: Do we have to name the DWIHN contracted homes offered to members?

MDHHS Answer: Yes, the specific names of the settings considered must be identified by name in the IPOS.

Challenge: How does a case manager / supports coordinator obtain this information?

Answer: The DWIHN Residential Department will include in the body of the email the list of contracted homes explored when sending the Placement Notification.

Effective date: 1/12/2026



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HCBS Final Rule

Naming Housing Options Explored in the IPOS

Documentation Location Recommendation: utilize the Housing section in the Supports for Well-Being section of the IPOS

Documentation Language Recommendation (Specific to naming the housing options explored): The individual (and legal representative, if applicable) explored the following settings, A, B, C, & D, and selected B; or something similar.



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2025

HCBS Final Rule

MDHHS Feedback

The CM/SC will also need to "ensure and document that a discussion was held regarding the persons interest in a non-disability specific setting, private apartment etc. You can clarify if resources impact the ability to live in in the chosen setting. So, if the person wants to live in their own home and does not have the resources that would be identified and then the goal should be to help the person get as many of the elements he wants from a private home in a setting he can afford short term with a clearly documented conversation and plan in the IPOS and where applicable a plan to get to the long term goal of having the resources to get his own place long term consistent with the individual's wishes.



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HCBS Final Rule

MDHHS Feedback

Similarly, if the person wants to move in with his family and this is not an option the desire will be recognized in the IPOS along with the factors that make this a problem or impossibility and then a plan will be developed that identifies what the things are about the family home that he wants to have in a setting that is possible for him. Also are there changes he can make or things he can learn that would eventually lead to living with his family? If not, this should be indicated, if so, they should be planned for.



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HCBS Final Rule

MDHHS Feedback

When the person identifies the desire to be more independent but there are skills that need to be learned before the person could be successful/safe in a more independent setting those have to be documented, offered and planned for in the IPOS.

This is an annual requirement so it will be worth developing a solid process.



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HCBS Final Rule

Questions related to HCBS

HCBSInforPIHP@dwihn.org

Thank you.



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BEHAVIOR TREATMENT ADVISORY COMMITTEE ANNUAL REPORT FY 2024-2025

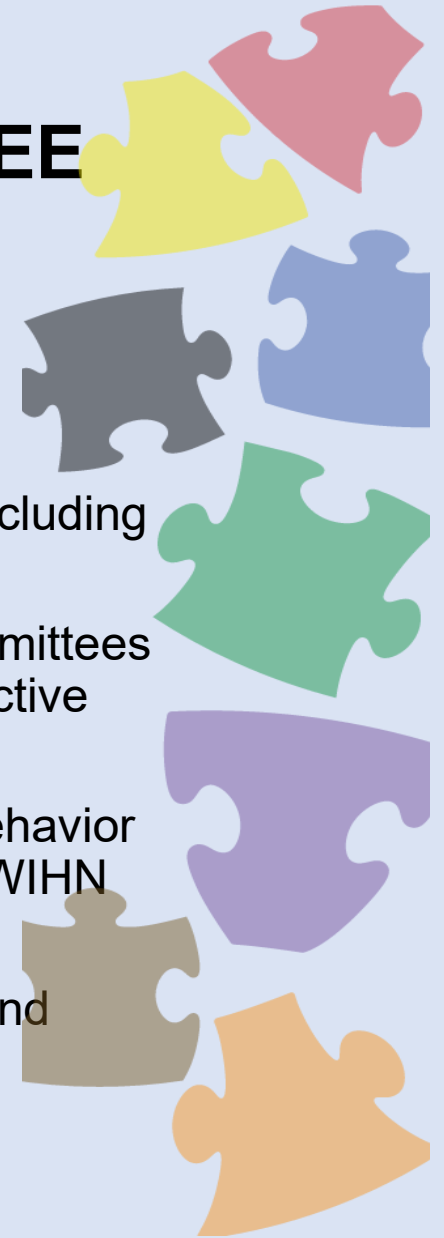


Fareeha Nadeem, MA, LLP., Senior Psychologist, Quality Improvement.

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.



NOTABLE STRENGTHS

Full PIHP Compliance:

DWIHN achieved full compliance with the PIHP Administrative Processes of Behavior Treatment Review (B.1) for the sixth consecutive year, as confirmed by the MDHHS Habilitation Supports Waiver 1915(c) Review.

MDHHS Commendation:

During the April 2024 Habilitation Supports Waiver Review, MDHHS issued a special commendation for DWIHN's BTAC quarterly reports and the high-quality graphic illustrations of behavior treatment data.

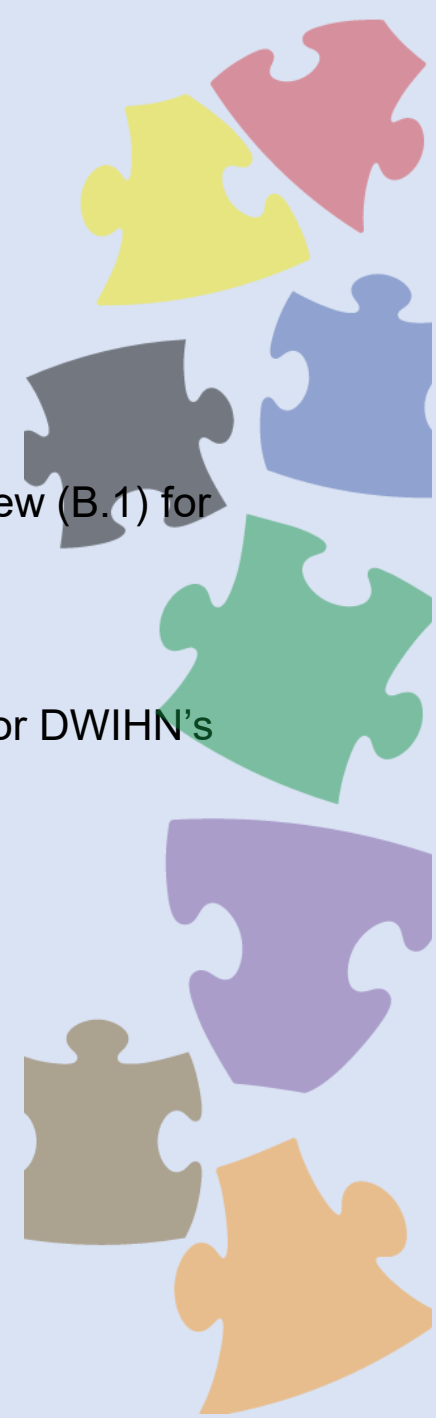
"The graphic representation of BTC data supported the understanding of (the) data."

Improvement in under-reporting of 911 Calls and Sentinel Events:

- During FY 2025, the number of reported 911 calls for members on Behavior Treatment Plans=**120**
- The number of reported events for members on Behavior Treatment Plans: **157 events**

FY 2024

- *Reported 911 calls=114*
- *Reported events=74*



TECHNICAL ASSISTANCE AND CAPACITY BUILDING

Quality Improvement facilitated **two** MDHHS-led technical assistance sessions on the updated Technical Requirements:

- **November 2024 (157 participants)**
- **June 2025 (321 participants)**

During FY 2024-2025, BTAC staff provided technical assistance to the following providers:

- ACCESS Community Services
- Community Living Services, Inc.
- Central City Integrated Health
- Geshar Human Services
- The Guidance Center
- Hope Network
- Lincoln Behavioral Services
- MI-Side Development Center
- Neighborhood Services Organization
- Hegira Downriver
- PsyGenics, Inc.
- Wayne Center



TECHNICAL ASSISTANCE AND CAPACITY BUILDING

Annual Review Volume

- In FY2025, DWIHN-contracted Behavior Treatment Plan Review Committees (BTPRCs) reviewed **1,454 Behavior Treatment Plans**, reflecting a **decrease of 143 plans (8.9%)** from the previous fiscal year.

Case Validation Reviews

- Network providers presented **10 complex cases** involving severe behavioral challenges for BTAC case validation review during FY2024–2025.

Inter-departmental Consultations

BTAC staff provided technical assistance to the following DWIHN departments:

- Adult's Initiatives
- Children's Initiatives
- Clinical Practice Improvements
- Office of Recipient Rights
- Residential Department Utilization Management



TECHNICAL ASSISTANCE AND CAPACITY BUILDING

MDHHS Quarterly Reports and Statewide Engagement

- BTPRC requirements remained in effect for both outpatient and residential provider contracts for FY2024–2025.
- DWIHN continued to submit **quarterly behavior treatment data analysis reports** to MDHHS, identifying system-wide trends and areas for improvement.
- QI staff maintained active participation in:
 - **MDHHS Behavior Treatment Workgroup**
 - **MDHHS Developmental Disabilities Committee**
- These efforts support statewide quality improvement, regulatory compliance, and continued enhancement of behavior treatment practices.
-



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.

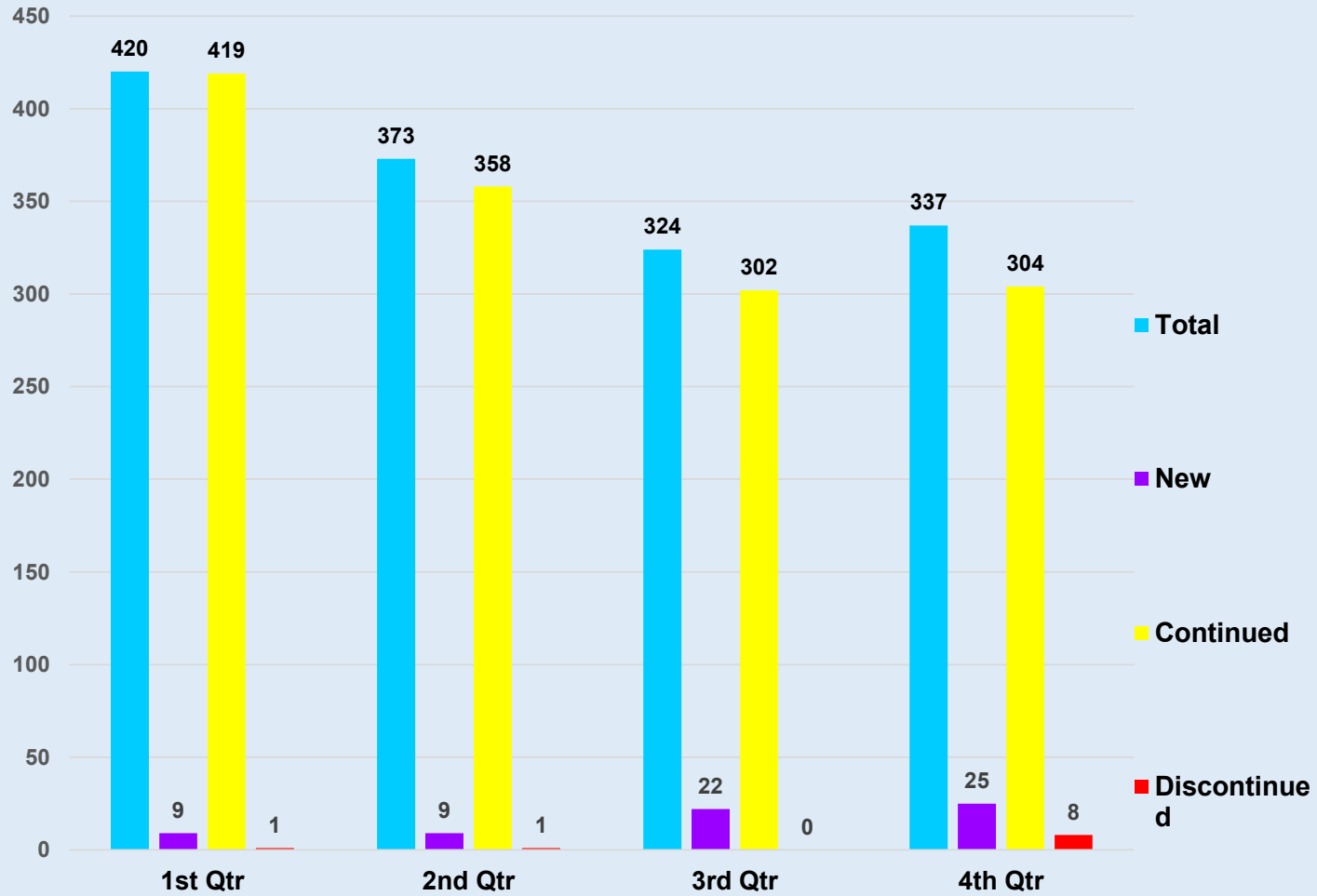
DATA COLLECTION

The following BTPRC submitted the data included in this report:

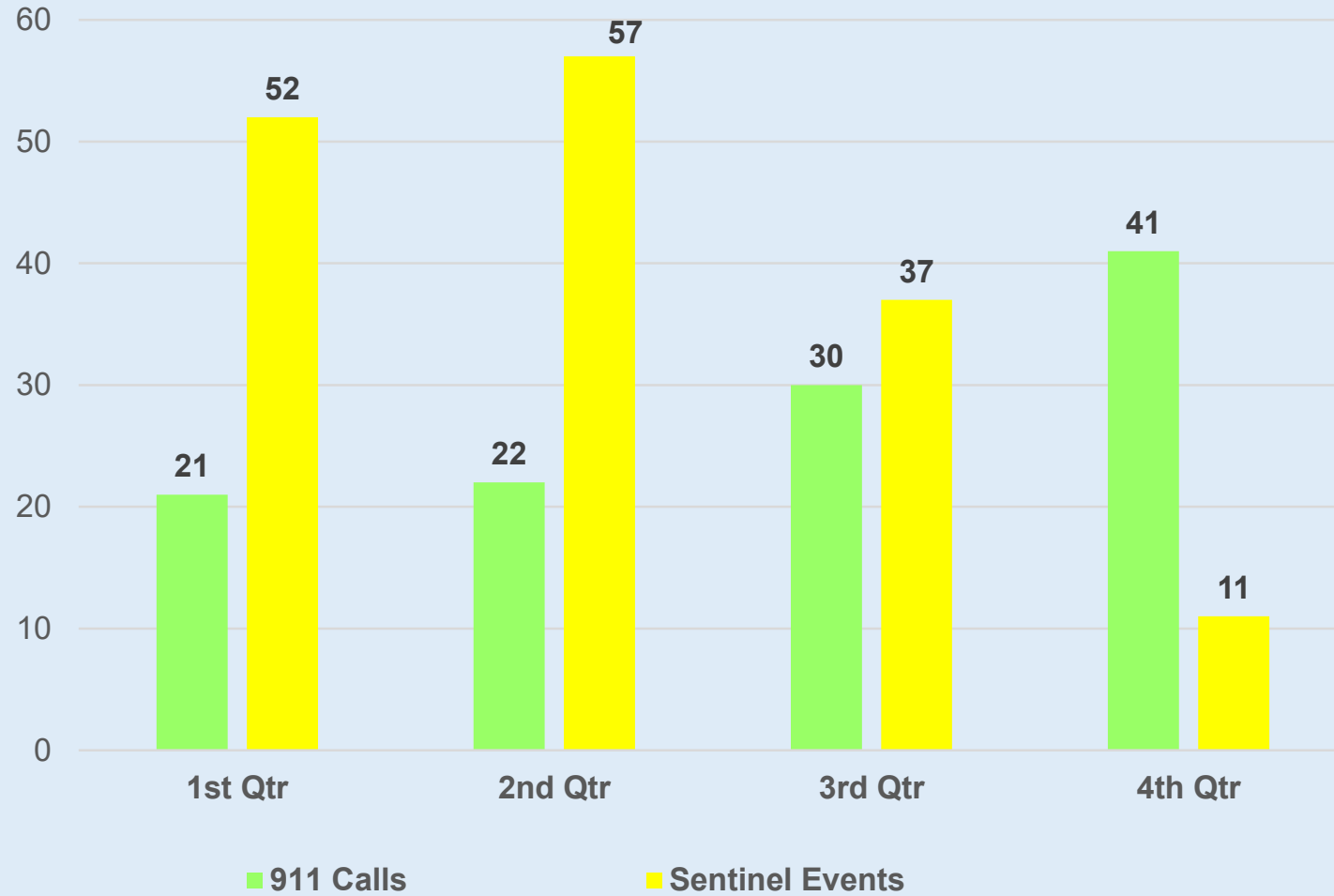
- Community Living Services, Inc.
- Development Center, Inc.
- Hegira Downriver
- The Children's Center.
- The Guidance Center.
- Team Wellness Center.
- Neighborhood Service Organization
- Easterseals-MORC, Inc.
- PsyGenics, Inc.
- Wayne Center.



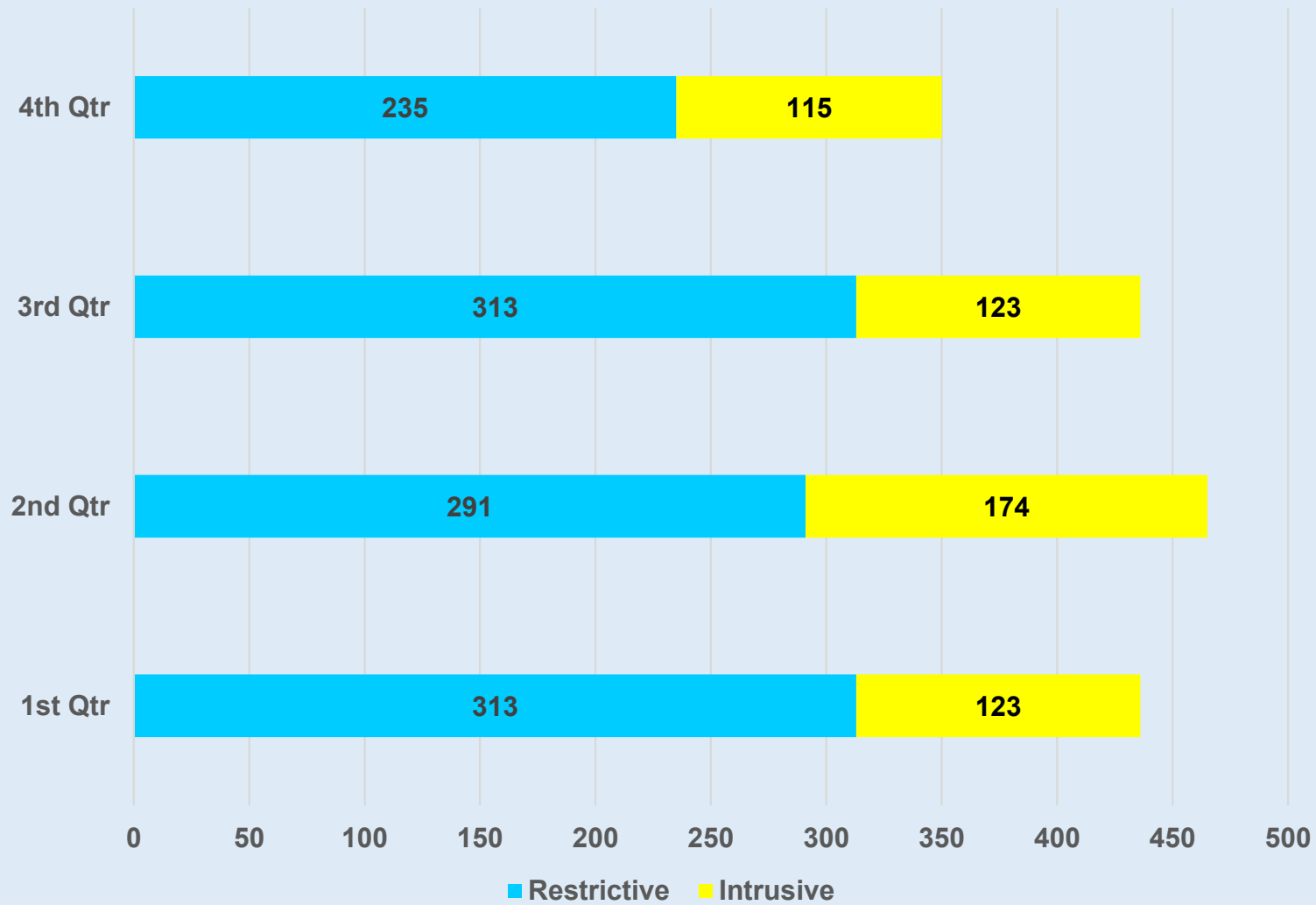
TOTAL BEHAVIOR TREATMENT PLAN SUBMITTED



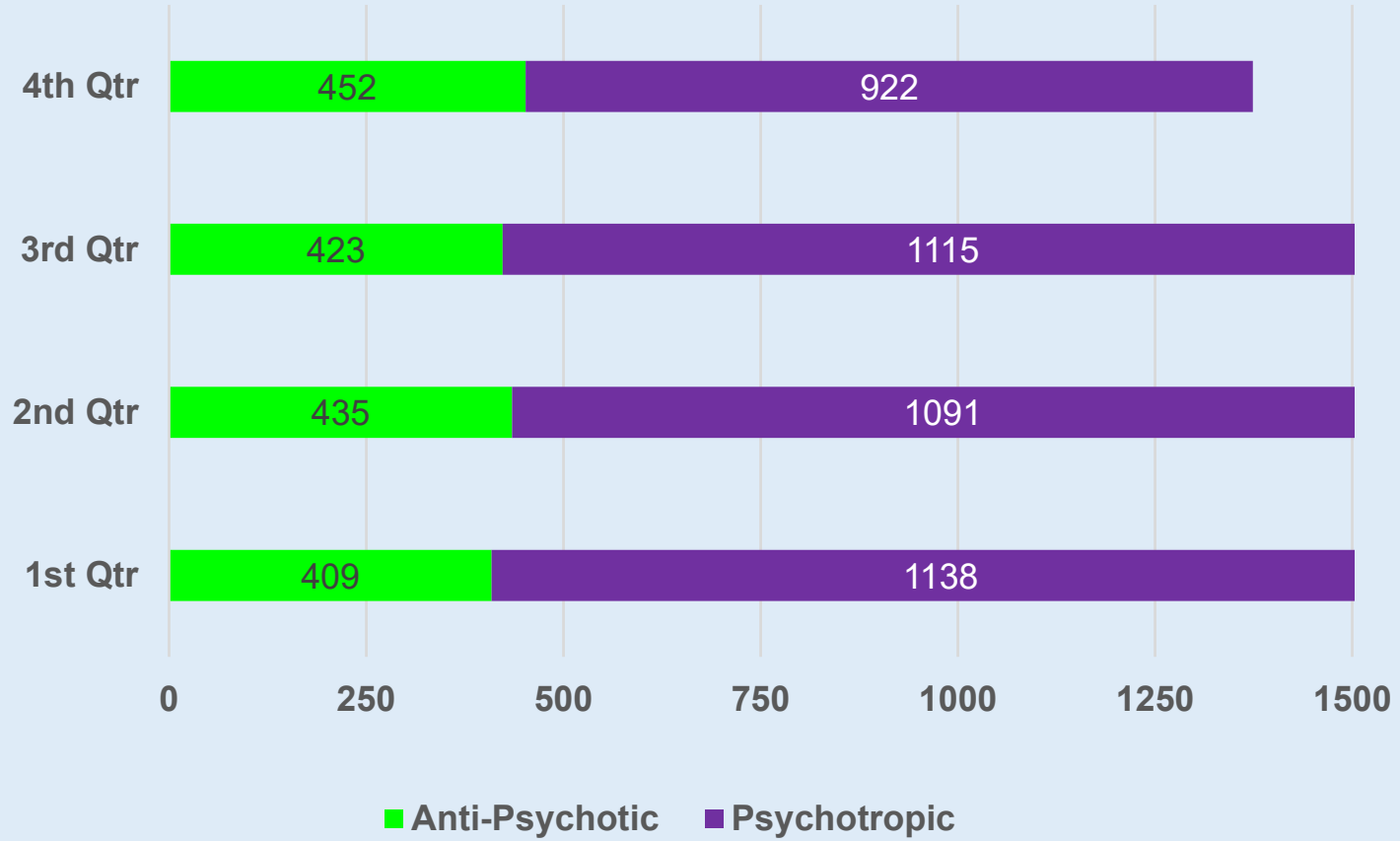
911 CALLS/SENTINEL EVENTS



RESTRICTIVE and INTRUSIVE INTERVENTIONS



REPORTED MEDICATIONS



TRENDS AND PATTERNS

Under-Reporting of Key Data:

- ⇒ Critical indicators (911 calls, deaths, emergency treatment, and use of physical management) remain under-reported.
- ⇒ QI continues targeted efforts with providers to improve reporting accuracy, especially for 911 calls involving Behavior Treatment Plan beneficiaries.

EHR System Limitations:

- ⇒ Network BTPRCs' electronic health record systems do not interface with the DWIHN PCE system (MHWIN), contributing to reporting gaps.

Reporting Errors:

- ⇒ Misclassification of incident types remains a barrier.
- ⇒ The Behavior Treatment category is now live in the Sentinel Events Reporting module in MHWIN to improve reporting accuracy.

Staffing Challenges:

- ⇒ A continued shortage of clinicians meeting MDHHS credentialing requirements for BTPRC participation impacts compliance and timely review capacity.



RECOMMENDATIONS

- ⇒ During FY 2026, a series of trainings has been planned on the MDHHS requirements for Behavior Treatment Services for network providers and DWIHN internal staff.
- ⇒ Update Behavior Treatment Policy with Home And Community-Based Settings Compliance
- ⇒ Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at the PIHP level.
- ⇒ Continue to work with network providers to improve the under-reporting of 911 calls and reportable events.
- ⇒ Network BTPRC electronic data should be patched into the PIHP PCE system to help under-report Sentinel Events of members on BTPs.



Critical/Sentinel Event Reporting Module Training

FY 2025/2026 Training SECOND (2nd) THURSDAY TEAMS WEBINAR 9:00 a.m. – Noon

October 9
November 13

2026

January 8
February 12
March 12
April 9
May 14
June 11

Dates Subject to Change- Register for any session at any time

Registration closes one (1) week prior to the webinar

PARTICIPANTS WILL NOT BE ADMITTED AFTER 9:10 A.M.
Participants camera MUST REMAIN ON for ENTIRE training

This training prepares and updates participants for the electronic submission of the Critical & Sentinel Events into the MHWIN Critical/Sentinel Event Module.

CRSP's may register a maximum of 10 staff per training. Additional training may be available based on the workload of the trainers (Request to Carla Spight Mackey or Micah Lindsey).

Registration is required. Managers/Supervisors must register staff by clicking on the link below and **completing ALL** of the information requested. Email address MUST BE the organization email NOT personal emails.

Space is Limited to the 1st 75 participants. Wait lists will be established.

<https://app.smartsheet.com/b/form/33026fe9b0c7463fadd398bbc8f1c4d4>

