



Quality Improvement Steering Committee (QISC)
January 27, 2026
10:30 am – 12:00 pm
Via Zoom Link Platform
Agenda

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|--|------------------------------|
| I. Welcome | T. Greason |
| II. Authority Updates | S. Faheem |
| III. Approval of Agenda | S. Faheem/Committee |
| IV. Approval of Minutes | Dr. Faheem/Committee |
| ○ October 28, 2025 | |
| V. QAPIP Effectiveness | |
| • Integrated Health Care (IHC) | A. Bond |
| ○ <i>CCM Program Description FY2025</i> | |
| ○ <i>CCM Program Evaluation FY2025</i> | |
| • Customer Service (CS) | D. Johnson |
| ○ <i>CS Annual Evaluation/Report FY2025</i> | |
| • Quality Improvement | A. Siebert/T. Greason |
| ○ <i>QAPIP Program Description FY2026-2028</i> | |
| ○ <i>QAPIP Evaluation and Work Plan FY2025</i> | |
| ○ <i>QAPIP Work Plan FY2026</i> | |
| ○ <i>BTAC Annual Report FY2025</i> | F. Nadeem |



Quality Improvement Steering Committee (QISC)

January 27, 2026

10:30am – 12:00pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

Committee Chairs: Dr. Shama Faheem, DWIHN Chief Medical Officer, and Tania Greason, DWIHN Provider Network QI Administrator

1) Item: Welcome: Tania asked the committee to put their names, email addresses, and organization into the chat for attendance.

2) Item: Authority Updates: Dr. Faheem shared the following updates: Transition to HEDIS-only performance monitoring by the state to streamline provider focus on nationally recognized measures. Providers are expected to regularly monitor HEDIS data, track trends, and implement corrective or performance-improvement plans if outcomes decline. Crisis services restructuring introduced New Intensive Crisis Stabilization Services umbrella, including crisis hub, call line, mobile crisis, behavioral health urgent care, and crisis stabilization units. Providers must obtain state certification under new guidelines. Crisis service utilization and member reach are improving. PIHP rebid decision remains pending from the state.

3) Item: Approval of Agenda: Agenda for January 27th, 2026, approved with revisions.

4) Item: Approval of Minutes: QISC Meeting Minutes for October 28th, 2025, approved by Dr. S. Faheem and the QISC Committee.



5) Item: QAPIP Effectiveness

Goal: Integrated Health Care (IHC)

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

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

Discussion				
<p>Ashley Bond, Integrated Health Care Manager, shared a discussion for approval of the outcomes for the following reports:</p> <p>CCM Program Description & Evaluation FY2025</p> <ul style="list-style-type: none"> • Program Description Changes: <ul style="list-style-type: none"> ○ Added child functioning assessment (WHODAS-Child) domains. ○ Expanded mental status exam documentation expectations. ○ Discontinued HEDIS measure UAM45. ○ Vital Data Records: New reports: Added predictive high-risk reports identifying missed outpatient appointments after Psychiatric admission. Members with multiple unmet HEDIS measures. • Fiscal 2025 Outcomes: <ul style="list-style-type: none"> ○ Clinical Improvements: <ul style="list-style-type: none"> ▪ PHQ: Depression scores improved: 18% at 30 days, 17% at 60 days, 27% at 90 days. ▪ WHO-DAS: Disability/functioning scores improved: 10% in 30 days, 11% at 60 days, 18% at 90 days. ○ Utilization Changes: <ul style="list-style-type: none"> ▪ Emergency department visits: 34% decrease ▪ Hospital admissions: 50% decrease ▪ Outpatient engagement: 67% increase ○ Care Coordination: <ul style="list-style-type: none"> ▪ PCP engagement increased from 56% to 73%. ▪ CRSP behavioral health engagement increased from 34% to 81%. ○ Satisfaction: <ul style="list-style-type: none"> ▪ 97.8% overall satisfaction among respondents. ▪ Survey return rate 61%. 				



<ul style="list-style-type: none"> • Improvement Priorities for FY2026: <ul style="list-style-type: none"> ○ Goal improvements in at least 85% of CCM Members ○ Emergency Department Utilization and Hospital Admissions ○ Improving member participation for longer than 60 days ○ Increase in FUH appointment attendance (primary focus on African American Members) ○ Increasing member Satisfaction Survey return rates to 75% ○ Connecting members to Primary Care Physicians ○ Promoting smoking cessation ○ Addressing food insecurities <p>Please refer to the handouts “2025 CCM Program Description” and “CCM Evaluation 2025” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback provided.		
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC members approved the <i>Complex Case Management Evaluation (CCM) FY2025</i> and the 2025 CCM Program Description as written.	Dr. Faheem and the QISC	January 27, 2026



5) Item: QAPIP Effectiveness
 Goal: Customer Service (CS)

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

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

Discussion		
<p>Dorian Johnson, Due Process Manager, shared a discussion for approval of the outcomes for the following reports:</p> <p>CS Annual Evaluation/Report FY2025:</p> <ul style="list-style-type: none"> • Welcome Center/Customer Service Call Center: <ul style="list-style-type: none"> ○ Welcome Center handled 12,459 calls (1% abandonment). ○ Call Center handled 10,751 calls (3% abandonment). ○ Both met the state requirement with less than 5% abandonment. • Family Support Subsidy: <ul style="list-style-type: none"> ○ 11,666 Contacts ○ 1,533 Applications Processed ○ 1,086 Approvals • Due Process <ul style="list-style-type: none"> ○ 3,729 grievance communications ○ 79 grievances / 149 complaints ○ 17 appeals, 3 state fair hearings ○ 25,645 ABD notices issued • Quality Monitoring & Engagement <ul style="list-style-type: none"> ○ 41 provider audits completed ○ Ongoing provider training and compliance monitoring ○ Extensive member engagement events, surveys, and outreach initiatives conducted 		
Provider Feedback	Assigned To	Deadline
No provider feedback provided.		
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC members approved the <i>Customer Service Evaluation/Report FY2025</i> as written	Dr. Faheem and the QISC	January 27, 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 CC# _____ UM # _____ CR # _____ RR # _____

Discussion	
<p>April Siebert, Director of Quality Improvement, shared and discussed for approval the outcomes for the following reports:</p> <p>QAPIP FY2026-2028 Description:</p> <ul style="list-style-type: none"> ▪ This plan covers a two-year period. ▪ The QAPIP lays out a comprehensive framework for continuous quality improvement and compliance across all services. ▪ The plan has been updated to reflect the relevant contracts and regulatory guidelines governing DWIHN’s operations. <p>QAPIP Evaluation and Work Plan FY2025 & QAPIP Work Plan FY2026:</p> <p><i>Annual Evaluation FY2025:</i></p> <ul style="list-style-type: none"> ▪ The FY2025 QAPIP Annual Evaluation is based on six pillars of DWIHN’s Strategic Plan: Customer, Access, Quality, Advocacy, Finance, and Workforce. ▪ The QAPIP Evaluation is an annual report that assesses how effectively the organization has achieved the goals outlined in the QAPIP Workplan, emphasizing enhancements in operational efficiency, quality of care, and regulatory compliance. <p><i>FY2025 Evaluation Highlights:</i></p> <ul style="list-style-type: none"> ○ 36 goals established; 32 assessed: <ul style="list-style-type: none"> ▪ 31% met ▪ 50% not met ▪ 19% partially met ▪ Four goals could not be evaluated because the data was not available. • <i>Strong performance:</i> <ul style="list-style-type: none"> ○ Timeliness of Crisis screening ○ Follow-up care hospitals ○ 97% compliance in external quality reviews ○ 100% performance validation score. • <i>Opportunities for Improvements:</i> <ul style="list-style-type: none"> ○ Performance Improvement Projects ○ Adult recidivism rates ○ Documentation compliance issues. ○ Reducing Disparities • <i>FY 2026 Direction:</i> 	



<ul style="list-style-type: none"> ○ Carry forward any unmet goals. ○ Add 11 new HEDIS measures linked to incentives. ○ Plan for quarterly progress reviews. <p>Please refer to the handout “QISC QAPIP PowerPoint Presentation” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback provided		
Action Items	Assigned To	Deadline
<p>Dr. Faheem and the QISC members have approved the QAPIP Program Description for FY2026-2028, the QAPIP Evaluation for FY2025, and the QAPIP Work Plan for FY2026 as written.</p> <p>Once approved by DWIHN’s Full Board, the QAPIP Program Description for FY2026-2028, the QAPIP Evaluation for FY2025, and the QAPIP Work Plan for FY2026 will be made available to stakeholders, providers, and members on DWIHN’s website.</p>	Dr. S. Faheem and QISC	February 27, 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>Fareeha Nadeem, Senior Psychologist, shared and discussed for approval the outcomes for the following reports:</p> <p>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. • FY2026 Priorities: <ul style="list-style-type: none"> ○ Additional trainings (internal & providers). ○ Continued technical assistance. ○ Improved sentinel event and 911 reporting accuracy. ○ Policy updates for home and community-based requirements. 		
Provider Feedback	Assigned To	Deadline
No provider feedback provided		
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC members approved the BTAC Annual Report FY2025 as written		

New Business Next Meeting: February 24, 2026

Adjournment: January 27, 2026