



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

- | | | |
|------|--|------------------|
| I. | Announcements | A. Siebert |
| II. | Substance Use Disorder (SUD)(Table) | G. Lindsey |
| III. | Recipient Rights | A. Hardrick |
| IV. | QAPIP Effectiveness | |
| | <i>Customer Services</i> | |
| | + (Website): Brochures and Materials | D. Johnson |
| | <i>Quality Improvement</i> | |
| | + MDHHS Waivers & iSPA Updates | D. Dobija |
| | + Medicaid Claims Verification Reviews | D. Dobija |
| | + HEDIS Updates | L. Harmon |
| | + CE/SE Updates | C. Spight-Mackey |
| | <i>Policy/Procedures Updates:</i> | |
| | + UM/Provider Local and Alternative Dispute Resolution | T. Bridges |
| | + Independent Review | T. Bridges |
| | + Benefits Policy | T. Bridges |
| | + Local Appeal Procedures(Table) | D. Johnson |
| | + Peer Services | E. Thomas |
| V. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, March 25, 2025
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.
Note Taker: DeJa Jackson

1) Item: Announcements:

- MDHHS Waiver Review:
 - Timeline: March 11 – May 28
 - Preparation included:
 - Uploading 800+ staff files and progress notes
 - Granting reviewer access to electronic records
 - Conducting preliminary audits on 160 cases
- 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
 - First-time survey distributed to members and guardians
 - Results will be brought back to committee
- Credentialing Update:
 - 100% of SUD providers are fully credentialed
- Staffing Announcements:
 - Eric Hutchinson – New VP of Clinical Operations
 - Dorian Johnson – Promoted to Director of Customer Service



- Training Announcements:
 - March 30
 - Topic: Staffing requirements (1:1, 2:1)
 - April 27
 - Topic: HCBS requirements & BTPRC processes
 - May 18
 - Topic: Billing practices for behavior treatment
 - Includes:
 - Q&A sessions
 - June Recap Summary
 - Target audience:
 - Residential providers, AFC homes, coordinators, committees

2). Item: Substance Use Disorder (SUD) – G.Lindsey/ M. Yascolt

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		
No SUD Updates (Tabled)		
Provider Feedback	Assigned To	Deadline
No additional provider feedback.		
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		
Andre Hardrick, Recipient Rights Supervisor, provided ORR Updates: • Mandatory New Hire Recipient Rights Training ▪ Must be completed within 30 days of hire • Providers must: ▪ Ensure staff registration during onboarding ▪ Maintain documentation for audits		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None required.		



4) Item: QAPIP Effectiveness

Goal: Customer Services

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

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

Discussion		
Dorian Johnson, Director of Customer Service, shared the following with the work group: <i>(CS Website): Brochures and Materials</i> • Website navigation tutorial for member materials & brochures • Two access options: ○ Brochure ordering ○ Direct downloads • Current challenge: ○ Documents stored in a single repository • Work underway with IT to improve organization • Contact Information: ○ Phone: 888-490-9698 ○ Email: pihpcustomerservice@dwin.org		
Provider Feedback	Assigned To	Deadline
Questions: 1. Member Handbook Availability? 2. Missing Meeting Invitations. 3. How do you know when updates occur? Answers: 1. In the final review for this FY, the release is expected soon. Communication will be sent to providers once available. 2. Issue acknowledged; will correct distribution lists. 3. Notifications will be sent to providers.		
Action Items	Assigned To	Deadline
Customer Service will notify the provider network once the Member Handbook is complete and available.	Customer Service (DWIHN) Dorian Johnson	June 30, 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		
Danielle Dobija, Quality Administrator – Performance Monitoring, shared the following: <i>MDHHS Waivers & iSPA Updates</i> • HCBS Training: ○ Now available on Detroit Wayne Connect • Modules: ○ Module 1 (separate) ○ Modules 2 & 3 (combined) • MDHHS Review – Early Findings ○ Issues identified: ▪ Objectives not measurable ▪ Missing service details (scope, frequency, duration) ▪ Services not delivered as outlined without documentation <i>Medicaid Claims Verification Reviews</i> • Timeline: ○ Begins April 1, 2026 ○ Notices expected week of April 13 • Providers: ○ Typically, 2-week turnaround • Required documentation: ○ Background checks (date-specific) ○ Education (degree/transcripts) ○ Licenses/certifications ○ Resume ○ Training records Please refer to the handout “3.25.2026 QOTAW_Performance Monitoring.pdf” for additional information.		
	Assigned To	Deadline



Provider Feedback		
Questions: 1. Are transcripts sufficient for qualifications? Answers: 1. Yes, if relevant sections are highlighted.		
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		
Lauren Harmon, Clinical Specialist - Performance Improvement, shared the following: HEDIS Update: ○ Transition from MMBPI to HEDIS (effective October 2025) ○ Only Indicator 2A remains state reported. Key HEDIS Measures Reviewed: ○ Follow-up after hospitalization (FUH 7 & 30) ○ Antidepressant medication management (AMM) ○ Adherence to Antipsychotic medication for individuals with Schizophrenia (SAA) ○ Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Anti- Psychotic Medications (SSD) ○ Initiation and Engagement of Substance Use Disorder Treatment (IET) ○ Follow-Up Care for Children Prescribed ADHD Medication (ADD) ○ Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) ○ Follow up after Emergency Department visit for mental illness (FUM 30) ○ Pharmacotherapy for Opioid Use Disorder (ODU) Key Takeaways: ○ PIPs limited to measures with established reporting history ○ Ensures fair accountability and provider readiness ○ Expanded measure set begins next reporting cycle ○ Continued focus on data transparency and quality improvement ○ Providers must access the Vital Data platform to monitor metrics. Please refer to the handout “Quality Performance Improvement Plan Powerpoint (Revised) 3.24.26.pptx” for additional information.		



Provider Feedback	Assigned To	Deadline
Questions: 1. Can benchmarks be prorated quarterly? Answers: 1. DWIHN cannot adjust NCQA/state benchmarks		
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		
Carla Spight-Mackey, Clinical Specialist, Performance Improvement, shared the following: <i>CE/SE Updates:</i> • Staff must include credentials in signatures • Training Schedule: ○ April 9 ○ May 14 ○ June 11 • Training paused until October to allow for FY review and cleanup. • Registration Guidelines: ○ Max 75 participants ○ Large providers limited to 10 staff initially ○ Additional requests via email • Critical Events: ○ 120 outstanding events need additional information ○ Providers will receive follow-up lists		
Provider Feedback	Assigned To	Deadline
None provided.		
Action Items	Assigned To	Deadline
None required.		



4) Item: QAPIP Effectiveness

Goal: Policy/Procedure

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

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

Discussion		
Tasha Bridges, UM Administrator, shared the following policy/procedure updates: <i>UM/Provider Local and Alternative Dispute Resolution</i> (Informational only (no updates)) • Applies to: ○ Uninsured/underinsured members • Used for: ○ Redetermination requests • Process: ○ Called Local & Alternative Dispute Resolution (not appeal) • Located in PolicyStat <i>Independent Review:</i> • External review of medical necessity determinations • Updates: ○ Removed My HealthLink ○ Added Michigan High SNP <i>Benefits Policy:</i> • Defines covered services under benefit plans • Updates: ○ Removed My HealthLink ○ Added Michigan Hide D-SNP		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None required.		



4) Item: QAPIP Effectiveness

Goal: Policy/Procedure

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

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

Discussion		
Elaine Thomas, Customer Service Engagement Manager, shared the following policy/procedure updates with the workgroup: <i>Peer Services:</i> • Policy finalized March 2026 • Applies to contractors and subcontractors • Updates: ○ Removed redundant application language ○ Removed CVO references ○ Removed My HealthLink, added Michigan Hide D-SNP ○ Streamlined and clarified policy language		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None required.		

New Business Next Meeting: 4/29/26

Adjournment: 03/25/2026

Home and Community Based Services

Announcement

The HCBS Training required for case managers / supports coordinators is now available on Detroit Wayne Connect.

Modules 2 & 3 are combined into a single training module. Module 1 remains a separate training module.

Under the Trainings > Supplementary Courses tab, you will find the course listed in two sections within the Supplementary Courses tab:

- New Courses
- Support Coordinator category



FY2026 MDHHS Waiver & iSPA Review

MDHHS feedback:

Measurable objectives

Specific amount, scope, duration, and frequency of service

Use of range language

Services being provided as specified in the IPOS



FY2026 Q1 & Q2 Medicaid Claims Verification Reviews

Random Sample of Medicaid Claims will be pulled next week, Wed., April 1, 2026.

Notices requesting evidence will begin the week of April 13, 2026.

Two week turn around time to submit evidence (May 1- 8, 2026)



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FY2026 Q1 & Q2 Medicaid Claims Verification Reviews

Professional Staff Qualifications

Copy of

- criminal background check **relative to the date of service**
- staff's education
 - degree certificate or transcript
- staff's professional license (if applicable)



FY2026 Q1 & Q2 Medicaid Claims Verification Reviews

Professional Staff Qualifications (cont.)

Copy of

- Professional Certification (if applicable)
- Staff's Credentials
 - Identify what credential the staff has and provide the population specific training hours



FY2026 Q1 & Q2 Medicaid Claims Verification Reviews

Professional Staff Qualifications (cont.): Population specific training hours

- CMHP (Child Mental Health Practitioner): 24 hours annual youth specific training
- QMHP (Qualified Mental Health Practitioner): 5 hours annual SMI specific training
- QIDP (Qualified Intellectual/Disability Practitioner): 5 hours annual I/DD specific training
- BCBA credential: 32 CEUs biennially; BCaBA credential (20 CEUs biennially)
- SATP (Substance Abuse Treatment Practitioner): 20 hours annual SUD specific training
- SATS (Substance Abuse Treatment Specialist): 20 hours annual SUD specific training
- Wraparound Facilitator: Initial 3-day new facilitator training, plus 2 annual MDHHS trainings
- SUD Medical Director: 30 hours ongoing accredited education in SUD specific topics every 3 years



FY2026 Q1 & Q2 Medicaid Claims Verification Reviews

Professional Staff Qualifications (cont.)

Copy of

- If staff's credentialing is in progress, there is evidence of supervision.
 - Supervision notes with date of supervision, person providing supervision, person receiving supervision, topics (PHI can be removed). Can be group or individual supervision. Staff meeting minutes do not meet supervision criteria.



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FY2026 Q1 & Q2 Medicaid Claims Verification Reviews

Professional Staff Qualifications (cont.)

Copy of

- Staff resume
- First aid certification (**autism staff only**)



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Questions

Quality Department's HCBS Team

HCBSInforPIHP@dwihn.org

Tiffani Harris

Eugene Giles pie

Andrea Guilbault

Kiara Longmire





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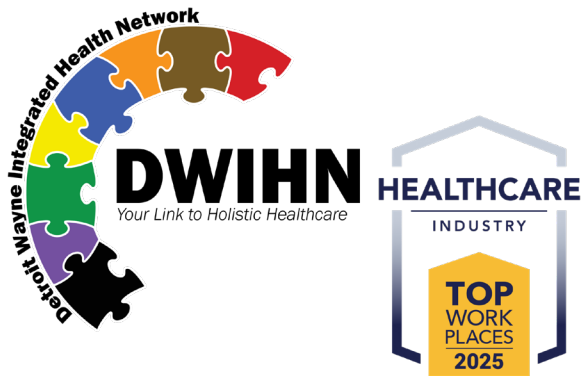
Performance Improvement Plan (PIP) HEDIS Measures

October–December 2025 Reporting Period
Detroit Wayne Integrated Health Network
March 25, 2026



Purpose

- Finalization for the quarter of October–December 2025 performance data
- Overview of PIP measures for this reporting period
- Clarification on measure inclusion/exclusion
- Preview of upcoming 2026 PIP measures



Reporting Timeline & Measurement Structure

- HEDIS measures are based on the **calendar year**
 - Example: 2025 measurement year = January 1 – December 31, 2025
- For performance monitoring, the Quality Improvement Team **divides the year into quarters**:
 - Q1: January – March (Data finalizes at the end of June for the quarter)
 - Q2: April – June (Data finalizes at the end of September for the quarter)
 - Q3: July – September (Data finalizes at the end of December for the quarter)
 - Q4: October – December (Data finalizes at the end of the March closing out the year)

PIP Measures (Oct–Dec 2025 Reporting Period)

PIPs will be issued each quarter, not just for the full calendar year.

PIPs will be issued for:

- FUH 30-Day (Follow-Up After Hospitalization for Mental Illness)
 - Adult
 - Children
- SAA (Adherence to Antipsychotics Medication)
- SSD (Diabetes Screening for Antipsychotic Use)



Rationale for Selected Measures

- Measures were **actively monitored prior to January 2026**
- Providers received **ongoing performance data**
- Providers had **opportunity to implement improvement strategies**
- Ensures **fair and informed performance evaluation**



Newly Monitored Measures (Not Included in PIPs for the October-December 2025 Reporting Period)

Monitoring began in January 2026 for the following measures:

- FUM 30 (Follow-Up After ED Visit for Mental Illness)
 - Children and Adults
- APM (Metabolic Monitoring)
 - Ages 1-11 and 12-17
- APP (Psychosocial Care for Youth on Antipsychotics)
 - Ages 1-11 and 12-17
- ADD (ADHD Medication Follow-Up Care)
 - Initiation and Continuation
- IET (Initiation and Engagement of Treatment) {SUD Providers Only}
 - Initiation Total Within 14 Days of Diagnosis and Engagement Total Within 34 Days
- FUA 30 (Follow-Up After Emergency Department Visit for Substance Use) {SUD Providers Only}
 - Children and Adult



Why These Measures Are Excluded for the October-December 2025 Reporting Period

- The Quality team began overseeing HEDIS measures at the beginning of 2026.
- First provider-level reporting occurred **February 2026**.
- New HEDIS measures were **not introduced until 2026**.



Looking Ahead: Performance Improvement Plans for 2026

- PIPs may be issued for:
 - FUH 30 (Adults & Children)
 - FUM 30 (Adults & Children)
 - SAA
 - SSD
 - APP (Ages 1–11, 12–17)
 - ADD (Initiation & Continuation)
 - APM (Ages 1–11, 12–17)
 - IET 14 & 34 {SUD Providers Only}
 - FUA 30 (Adults & Children){SUD Providers Only}



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Key Takeaways

- PIPs limited to measures with **established reporting history**
- Ensures **fair accountability and provider readiness**
- Expanded measure set begins **next reporting cycle**
- Continued focus on **data transparency and quality improvement**



Quality Team Contact Information

- April Siebert – Director of Quality Improvement asiebert@dwihn.org
- Tania Greason – Quality Improvement Administrator
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- Lauren Harmon – Clinical Specialist, Performance Improvement
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- Angel McGhee – Data Analyst AMcGhee2@dwihn.org





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BEHAVIOR TREATMENT SERVICES Technical Assistance Training Series

Join us for a three-part Technical Assistance Training Series designed to provide guidance, and support related to Behavior Treatment Services requirements

SESSION I – March 30, 2026.

 **10:30 a.m. – 12:00 p.m.**

Topic: 1:1 Staffing Requirements

Focus: MDHHS requirements and best practices related to individualized staffing needs and documentation expectations.

SESSION II – April 27, 2026

 **10:30 a.m. – 12:00 p.m.**

Topics: Compliance with HCBS Requirements for Behavior Treatment Services and Procedures

Focus: Review compliance with HCBS requirements for behavior treatment plan development, review procedures, and implementation standards.

SESSION III – May 18, 2026

 **10:30 a.m. – 12:00 p.m.**

Topic: Billing Codes for Behavior Treatment

Focus: Learn best practices for billing compliance and proper use of behavior treatment service codes.

Intended Audience

- Current BTPRC members
- Recipient Rights staff
- OT evaluators
- Supports coordinators
- Therapists
- Case managers
- Quality Improvement (QI) staff
- AFC staff
- Others responsible for writing, reviewing, monitoring, or participating in BTPRC processes

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