



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Administration Bldg. 8726 Woodward, 1st Floor Board Room Wednesday, August 14, 2024 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order
- II. Moment of Silence
- III. Roll Call
- IV. Approval of the Agenda
- V. Follow-Up Items from Previous Meeting
 - A. **Adult Initiatives' Quarterly Report** – Provide information on activities of DWIHN related to caretakers of people with dementia as this had become a huge issue with the aging population; Provide information on Returning Citizens and what we are doing at DWIHN for providing services for the Med Drop program.
 - B. **PIHP Crisis Services Quarterly Report** – Provide trends on how many people kept their follow-up appointments, if they did not make it to their first appointment; how many people made it to their appointment in 30 days and did not make their follow-up appointment; and how many people did not make their first appointment but made it to their second appointment or rescheduled.
- VI. Approval of the Minutes – July 10, 2024
- VII. Report(s)
 - A. Chief Medical Officer
 - B. Corporate Compliance

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Kevin McNamara, Vice Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, MD
William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

Manny Singla, Interim President and CEO



VIII. Quarterly Reports

- A. Access Call Center
- B. Innovation and Community Engagement
- C. Residential Services
- D. Substance Use Disorder

IX. Cyber Security Status Presentation

X. Strategic Plan Pillar - Quality

XI. Quality Review(s) - None

XII. VP of Clinical Operations' Executive Summary

XIII. Unfinished Business

- A. **BA #24-01 (Revised 2)** – Children's Initiatives' MDHHS Grants – Additional Funding
- B. **BA #24-06 (Revised 8)** – DWIHN Provider Network System FY 24
- C. **BA #24-12 (Revised 5)** – Substance Use Disorder Treatment Provider Network FY 24 – 5th Annual Men's Conference
- D. **BA #24-47 (Revised)** – MI Health Link Demonstration Project FY 24

XIV. New Business (Staff Recommendations)

- A. **BA #24-40** – Community Policing Development - City of Detroit COPS CIT

XV. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time up to two (2) minutes (***The Board Liaison will notify the Chair when the time limit has been met***). Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

XVI. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JULY 10, 2024

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:18 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Commissioner Jonathan Kinloch; Angela Bullock; Dr. Lynne Carter; and Bernard Parker</p> <p>Committee Member(s) Excused: William Phillips</p> <p>Board Member(s) Present: Dr. Cynthia Tauveg, Chair</p> <p>Substance Use Disorder Oversight Policy Board Member(s) Virtual: Thomas Adams, SUD Chair</p> <p>Staff: Brooke Blackwell; Judy Davis; Monifa Gray; Sheree Jackson; Marianne Lyons; Melissa Moody; Manny Singla; Yolanda Turner; Dan West; and Rai Williams</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Commissioner Kinloch called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

DISCUSSION	Commissioner Kinloch called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. Motion: It was moved by Dr. Carter and supported by Mr. Parker to approve the agenda. Commissioner Kinloch asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Children’s Initiatives’ Quarterly Report – Cassandra Phipps, Director of Children Initiatives submitted and provided an update on the Children’s Initiatives’ Quarterly report. It was reported:</p> <ol style="list-style-type: none"> 1. School Success Initiatives - Provide a breakdown by age of the SSI health ratings and concerns for Tiers 2 and 3 – The main health concern was asthma followed by allergies and headaches. The total population was 32 youths and children. The highest percentage of health concerns are ages 6 to 11 years old. The second highest percentage of health concerns are ages 12 to 17 years old. 2. Juvenile Restorative Program – The program that was housed at the Eastern Market will be moving to a new location in Dearborn and they have been there for a couple of months. The grand opening is Thursday, July 11, 2024. The program provides transportation to the new location. The program has family sessions and a home-based component. The program is a day treatment program with no overnight stays.
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the June 12, 2024, meeting minutes. Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to approve the June 12, 2024, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the June 12, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<ol style="list-style-type: none"> A. Chief Medical Officer – <i>The Chief Medical Officer’s report was deferred to August 14, 2024</i> B. Corporate Compliance – <i>There was no Corporate Compliance report to review this month.</i>
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VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	<p>A. Adults Initiatives – Marianne Lyons, Director of Adults Initiatives submitted and gave highlights of the Adults Initiatives’ quarterly report. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1: Assertive Community Treatment (ACT) – There are eight (8) ACT provider service agencies in Wayne County and currently 462 members receiving ACT services. The ACT program experienced a total of 44 psychiatric hospitalizations which totaled 532 inpatient days compared to 58 inpatient hospitalizations in FY 24 (Q2) totaling 865 days. This is an 18.51% decrease in the number of hospitalizations and 38.61% decrease in the number of inpatient days. There were four (4) ACT Fidelity Reviews this quarter and scores have not been determined. Discussion ensued around ACT program members not receiving services after 5:00 p.m. The ACT model is a 24-hour program. The issue has been addressed with the CRPSs and information will be tracked monthly. 2. Activity 2: Med Drop – There are 72 members who participated in the program this quarter. Data was provided for April, May and June’s successful med drops completed. The program received 17 new referrals
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this quarter; nine (9) new cases were enrolled in the program; only three (3) members receiving services were hospitalized during this quarter compared to six (6) members in FY 23 (Q3). Staff introduced the program to Kingswood Psychiatric Hospital and began collaborating to make Med Drop a part of their discharge planning process for the members that would be eligible.

3. **Activity 3: Evidence-Based Supported Employment (EBSE)** – The total number of individuals served is updated on a monthly and quarterly basis provided by the quarterly IPS report from MDHHS, monthly data obtained from the CRSPs and data gathered internally from MH-WIN to ensure the most accurate information. Data was provided on the total number of members receiving IPS services and the average LOCUS (Level of Care Utilization System) score for FY 24 (Q3). Staff attended the first fidelity review, hosted by The Guidance Center on June 12, 2024. They will be receiving the results of the review in the upcoming weeks for DWIHN’s review.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested information on activities of DWIHN related to caretakers of people with dementia as this has become a huge issue because of the aging population. Information will be provided to the committee at future meetings. **(Action Item)** The committee also requested information on returning citizens and what we are doing at DWIHN for providing services for the Med Drop program. **(Action Item)**

- B. **PIHP Crisis Services** – Daniel West, Director of PIHP Crisis Services submitted and gave highlights of the PIHP Crisis Services’ quarterly report. It was reported that:

1. **Activity 1: Inpatient Discharge Planning, No CRSP upon admission** – Liaisons have improved the percentage of members who received a service within 30 days of discharge from BCA Stonecrest, Beaumont Behavioral Health (BBH) and Henry Ford Kingswood (HFK) after having been admitted without a CRSP. Liaisons met with 176 members on inpatient units and 114 members (65%) received a service within 30 days of discharge.
2. **Activity 2: CRSP Discharge Planning, The Wellness Center (TWC) and Central City Integrated Health (CCIH) partnership** – Since April 2024, Team Wellness met with 75 members at BCA and HFK and 34 members kept their scheduled hospital discharge appointment per CRSP report (45%); CCIH met with 155 members and 53 members kept their hospital discharge appointment (34%). Per DWIHN Access Center’s data during this time last year (April-June 2023), 23% (141/625) of Team Wellness members and 17% (59/344) of CCIH members kept their scheduled hospital appointment.
3. **Activity 3: Reduce Inpatient Hospitalizations** – As compared to October 2022-June 2023, inpatient admissions for adults have decreased slightly and the team found there to be a downward trend in adult admissions since March of this year.
4. **Quarterly Update (Progress on Previous Improvement Plans)** – As a follow-up to the 2nd quarter PCC presentation, the team analyzed adult and child diagnoses upon inpatient admission in the third quarter with a subset of data (100 children, 100 adults). For adults, Schizoaffective

Disorder was the most common diagnosis and Major Depression Disorder was the most common diagnosis for children.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested information on trends of the following:

- How many people kept their following appointments, if they did not make it to their first appointment.
- How many people made their appointments in 30 days and did not make their follow-up appointments.
- How many people did not make their first appointments, but made their 2nd appointments or rescheduled
- The data that needs to be collected on folks who do not follow-up and their characteristics to help identify who is most at risk and developing an intervention.
- Provide information on transportation and other challenges. (*Action Items*)

C. **Managed Care Operations** – Rai Williams, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations’ quarterly report. It was reported:

1. **Activity 1: Credentialing** – For FY 24 (Q3), There were 126 practitioners and 53 providers approved. Credentialing received a 100% audit score for credentialing files during the NCQA accreditation survey. In addition, Credentialing passed all must pass standards for NCQA accreditation. Credentialing continues to collaborate with HR to ensure DWIHN Direct Staff are credentialed appropriately. The team has credentialed over 46 internal staff with this new process.
2. **Activity 2: New Provider Changes to the Network/Provider Challenges**
- The department continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means in recruiting new providers, particularly in areas of shortages (e.g., Autism). In FY 24, (Q2), there was a total of 25 new location/service additions; seven (7) new providers added to the DWIHN network and two (2) open Provider Network Manager positions have been filled. In collaboration with IT, the department has re-established our MCO Provider Hotline in Genesys and provider training compliance across the network will be targeted.
3. **Activity 3: Procedure Code Workgroup (PCWG)** – The PCQG resolved 103 tickets; 265 MDHHS rate updates; 401 new codes and 1,135 provider requested changes in FY 24 (Q3).

Commissioner Kinloch opened the floor for discussion. There was no discussion.

The Chair noted that the Adults Initiatives, PIHP Crisis Services and Managed Care Operations’ quarterly reports have been received and placed on file.

IX. Strategic Plan Pillar

DISCUSSION/ CONCLUSIONS	<i>There was no Strategic Plan Pillar to review this month.</i>
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X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<i>There was no Quality Review(s) to report this month.</i>
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XI. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations' Executive Summary. It was reported that:</p> <p>A. Children's Initiatives – MichiCANS was developed by MDHHS as a screener and comprehensive assessment for children and youth ages 0 to 12 years old. This tool will replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-School and Early Childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. The Devereux Early Childhood Assessment (DECA) will change during October 2024 as well to be administered as an assessment tool for ages 0 to 6 years old. These tools will be required for children and youth with Serious Emotional Disturbances (SED) and Intellectual Developmental Disabilities (I/DD). DWIHN's Access department completed 314 MichiCANS screenings for the month of June 2024. The tool will also be placed as a standalone document in the MH-WIN electronic health record system. The Children Diagnostic Treatment Services and Infant and Early Childhood policies were updated to include the MichiCANS requirements. There were 2,414 members assigned to DWIHN's ABA provider network for June 2024 and there were a total of 233 referrals among the three (3) Individual Diagnostic Evaluation Providers. There were 386 members assigned to Comprehensive Level of Care in FY 24 (Q1), 422 (Q2) and Q3 data was not available at the time of this report.</p> <p>B. Substance Use Disorder (SUD) – DWIHN recently performed a Recovery Supports Assessment (a tool for evaluating the satisfaction levels of individuals receiving substance use disorder services in Region 7). It was distributed in both paper and digital formats to ensure maximum accessibility to participants. There were 467 survey responses (51% opting for the computer format and 49% favoring the traditional paper format). The most agreed upon affirmative statement was "Staff believe that I can recover" (85%) and 6% agree; the most disagreed statement was "I am encouraged to attend agency advisory boards and/or management meetings if I want" (48%). The full survey report has been sent to DWIHN's provider network so that DWIHN and the network can use this information to make improvements.</p> <p>C. Residential Services – DWIHN continues to examine the inpatient hospitalization data to reduce the frequency and duration of inpatient hospitalizations within residential services. Staff have seen a decrease in hospitalization days this month compared to May 2024. The residential unit received 43 referrals in June 2024. We have 211 licensed and unlicensed providers in Wayne County serving 1,842 members. The percentage of residential inpatient admissions dropped by almost half from 6.35% to 3.60% in June compared to May.</p> <p>D. Health Home Initiatives – The department has sent out a memo to the outpatient SUD and Mental Health network to recruit sites that are interested in joining as a Health Home provider for FY 25, starting October 2024. A Care Plan</p>
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	<p>audit was performed to evaluate the compliance and quality of Health Home Care Plans, a required element for every person receiving health home services; 130 Care Plans were reviewed and 120/130 (92%) were compliant. DWIHN's BHH providers met all three (3) Pay-for-Performance Indicators and OHH providers met two (2) of the three (3) Pay-for-Performance Indicators set by MDHHS for last FY 23.</p> <p>E. Michigan's CCBHC Demonstration – The demonstration is expanding to its third cohort of providers for October 1, 2024. Applications for certifications were due July 1, 2024. There are seven (7) applicants in our region and DWIHN is one of them. Notification of which sites have been selected should be in early August 2024.</p> <p>F. Conflict Free Access and Planning – DWIHN has been reviewing and discussing the information and guidance that was shared with the PIHP network. The development of the IPOS, assessment and coordination of services must be independent from the delivery of HCBS services. Providers including CMHSPs can conduct both HCBS service planning and service delivery functions but must not conduct both functions for the same member. This is a large system-wide change that will impact approximately 10,000 of our members and over 30 plus providers in our network. To address this change, DWIHN is developing a plan that would transition our network to be in line with these requirements in a phased approach to minimize disruption in member care.</p> <p>Commissioner Kinloch opened the floor for discussion. There was no discussion. The Chair noted that the VP of Clinical Operations' Executive Summary has been received and placed on file.</p>
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XII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #24-06 (Revised 7) – DWIHN Provider Network System FY 23/24 – Staff requesting board approval to add four (4) additional providers (Complete Best Care, LLC, Emerald Care, LLC, Agape Care Extended, Inc. and Vital Health Management) to the DWIHN Provider Network System. There was no increase in the budget. Motion: It was moved by Mrs. Bullock and supported by Mr. Parker to move BA #24-06 (Revised 7) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #24-12 (Revised 4) – Substance Use Disorder (SUD) Treatment Providers – Staff requesting board approval for two (2) projects totaling \$255,300.00 in PA2 Funds – Overdose Awareness Day (OAD) on August 30, 2024 (\$5,300.00) and Naloxone Kits from Novaceuticals, LLC (\$250,000.00). Treatment services will be funded with Federal Block Grant dollars (\$5,717, 381.00) and PA2 funds (\$2,184,400.00) totaling \$7,901,781.00 for the fiscal year ending September 30, 2024. Motion: It was moved by Mrs. Bullock and supported by Mr. Parker to move BA #24-12 (Revised 4) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The Chair opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

<p>DISCUSSION/</p>	<p><i>There was no New Business to review this month.</i></p>
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CONCLUSIONS	
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to report at this meeting.</i>
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ACTION ITEMS	Responsible Person	Due Date
<p>1. Adults Initiatives' Quarterly Report – Please provide information on activities of DWIHN related to caretakers of people with dementia as this has become a huge issue because of the aging population. Information will be provided to the committee at future meetings. Please also provide information on returning citizens and what we are doing at DWIHN for providing services for the Med Drop program.</p>	Marianne Lyons	<i>August 14, 2024</i>
<p>2. PIHP Crisis Services' Quarterly Report – Provide information on the following trends:</p> <ul style="list-style-type: none"> • How many people kept their following appointments, if they did not make it to their first appointment. • How many people made their appointments in 30 days and did not make their follow-up appointments. • How many people did not make their first appointments, but made their 2nd appointments or rescheduled • The data that needs to be collected on folks who do not follow-up and their characteristics to help identify who is most at risk and developing an intervention. • Provide information on transportation and other challenges. 	Dan West	<i>August 14, 2024</i>

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Parker and supported by Dr. Carter to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:40 p.m.

NEXT MEETING: Wednesday, August 14, 2024 at 1:00 p.m.

Program Compliance Committee
Chief Medical Officer's Report
August 2024

BEHAVIORAL HEALTH EDUCATION, OUTREACH AND UPDATES:

Teaching Collaborative

- Met with PMHNP Program Director to discuss start date and supervision expectations and requirements for the PMHNP students. Developing onboarding process for trainees. The expected start date for rotation is September or October.
- Met with PA program Director to discuss start date and supervision expectations and requirements. The rotation will be offered as a core as well as elective rotation. Currently developing rotation schedule, teaching curriculum and onboarding process for the trainees. The expected start date is October.
- Child and Adolescent Psychiatry Fellowship has had an unusual year without any Year 1 fellows. With that, the Program Director will review rotations for the current 2nd year fellow to identify the optimal time for rotation.
- Meeting will be scheduled with Trinity Health Livonia to discuss resident rotation during month of September.

STATE MEDICAL DIRECTOR MEETINGS:

The meeting with Dr. Pinals for July has been cancelled. State Medical Director AOT workgroup met in June and discussed the challenges and successes related to AOT and how we can offer clarification or solutions for the state. Senate bills that expand the professionals who could testify in court were discussed. Medical directors expressed concerns about the lack of training with certain disciplines that could result in overuse or inappropriate use of AOTs. Training and/or certification options were discussed as possible solutions. I missed the July meeting due to conflict but will review meetings notes once shared.

CRISIS CENTER UPDATES:

Highlights: DWIHN opened doors to our Crisis Center on June 10th and has had over 200 adult admissions, and over 25 youth admissions. Our peer run BEST program has had over 35 admissions.

Trends:

The top 3 primary Diagnosis in Adults so far have been:

- *Schizophrenia Spectrum Disorder*
- *Depressive Disorders*
- *Alcohol Use Disorders*

The top 3 diagnosis in Children so far have been:

- *Disruptive and Impulse Control Disorders*
- *Depressive Disorders*
- *Trauma Related Disorder*

More than 80% of adult admissions have been voluntary.

Staffing:

- Psychiatrist: One full-time psychiatrist started with us on July 15th for consistent morning coverage. That is when most planned discharges happen. We have continued to expand our staffing pool for contingent psychiatrists who cover evenings and midnights and currently have 9 psychiatrists. We will be onboarding another one starting September but will lose one who is moving out of State.

Program Compliance Committee Chief Medical Officer's Report

- **Advanced Practice Providers:** We have 6 full-time APPs with 2 open positions. One has accepted an offer to start in September and we are interviewing for one. Evening/overnight shifts has been a difficult area to fill. We have 1 part-time and 2 contingent NPs and interviewing for another part-time position.

Trainings:

Psychiatrist and APPs continue to receive trainings on documentation standards and expectations, voluntary and involuntary processes and medical triage and transfers which been identified as areas needing ongoing attention as well as revisions in terms of policies and procedures.

State Certification:

DWIHN has received provisional State certification and is one of two State Certified Crisis Stabilization Unit for adults. State has created Child/Adolescent Certification standards which has been a barrier towards adequate utilization of beds.

DWIHN COMMUNITY CARE CLINIC UPDATES:

DWIHN Clinic has gone live and started accepting patients. Our adult psychiatrist/Outpatient Medical Director Dr. Severe started on June 30th. The part-time child psychiatrist started in the first week of August and is currently going onboarding, training and credentialing process. The clinic is currently focusing on developing reports through the EMR to be able to track members served, caseload, compliance with State indicators and other Clinic KPIs.

IMPROVING PRACTICES LEADERSHIP TEAM (IPLT) COMMITTEE

DWIHN continues to host IPLT meeting monthly as a forum to review and improve our clinical practices through participation of our provider network experts in addition to internal subject matter experts. As the Chair of the committee, my goal is to ensure new policies and practices align with the recent evidence.

- During the month of August, IPLT reviewed a Performance Improvement project on Hep C that DWIHN has been doing for last 3 years encouraging our providers to screen our members for Hep C due to high prevalence of it in Michigan and esp. Wayne County. As part of the PIP, we also provided education to neighboring FQHC on treatment options and State's efforts to remove prior authorization requirements from medications to encourage treatment. We identified improvement in screening by 5% but collection of data on treatment from FQHCs was identified as a barrier for PIP and therefore, the PIP was voted to be sunset. However, the educational efforts will continue.
- The goals for some HEDIS measures were lowered based on Michigan Medicaid average. DWIHN initially identified goals that were above 90% of the average for all Health plans. While it is good to have competitive goals, we realized that we were not meeting them despite continued improvement because those were unrealistic for the SMI, SED and IDD population we serve. We wanted to align with the Medicaid population so adjusted goal rates to Medicaid average.

UTILIZATION MANAGEMENT COMMITTEE:

The purpose of the Utilization Management Committee is to identify trends in the use of different services and level of care. As the Chair of the Committee, my goal is to ensure review over and underutilization and create plans to address identified gaps.

Program Compliance Committee Chief Medical Officer's Report

- Waivers: In the month of June, HAB Waiver utilization was at 100%. Plans to sustain the utilization were discussed.
- In June, there were 717 new inpatient admissions. This is a 1.1% increase from 709 admissions in May 2024. Discussed reviewing hospital days as well as change in pattern in subsequent months given opening of Crisis center.
- PAR Audits: Conducted on Preadmission Reviews completed beginning January 1, 2023. A sampling of 25 charts per month were reviewed. There were several areas where the compliance was below 95% (threshold). Areas with a score of less than 90% were lacking documentation of vital signs and alcohol/drug screens as well as medication information. The data will be presented to the Crisis Screeners to identify opportunities for improved documentation and will explore hard stops in EMR.

QUALITY IMPROVEMENT STEERING COMMITTEE:

The QISC meeting was canceled for the month of July. July has been a busy month for the Quality Department because of multiple annual HSAG audits and deadlines.

- PMV and NAV audit was completed, awaiting results
- Racial disparity State PIP submission completed, awaiting results
- Compliance Review standards and evidence was submitted. The remote review is scheduled for August and preparation meetings and mock reviews completed in July.

INTEGRATED HEALTH CARE DEPARTMENT

OBRA: OBRA has continued to work on conducting and improving OBRA process.

- OBRA processed 613 referrals, 328 were assigned to be completed and 285 were triaged and provided exemption letters. OBRA completed 159 full assessments in July and 53 partial assessments with a total of 212 face-to-face contacts for July. This is an increase of 31% or 66 more assessments completed than in June.
- PASRR educator provided training to 22 Nursing homes and 2 Hospital and trained 34 staff.
- DWIHN OBRA team have continued to have a low rate of pended assessments. The pending rate for June is 10%. This remains under the required 24%. The State congruency rate was 98% for the month of June.
- All PASRR consumers that received a Specialized determination in the past year have been given the OBRA Specialized program assignment in EMR. OBRA will now be able to monitor these individuals each month to determine if services were provided and work on improving choices for individuals so they can maintain current CRSP providers while in the nursing home.

Care Coordination with Health Plans: IHC has met with MHPs Molina, HAP, United, Meridian, Aetna to increase data sharing collaboration to include more in-depth care coordination to improve outcomes. DWIHN is working with the State Workgroup to redefine the parameters for this as the State requires 25% of the qualifying population to have a care coordination plan in CC360. During this report period 50 individuals were identified with gaps in care, 33 of those were successful in closing at least one or more gaps. 7 members were unable to reach and 10 will carry over to July 2024 due to continued efforts to report results of attempt to close care gaps.

Program Compliance Committee Meeting
Corporate Compliance Report
August 14, 2024



Main Activities during April -June 2024:

- **Compliance Investigations**

Major Activities: A key focus of the Compliance Department has been preventing and identifying rule violations and safeguarding DWIHN against potential financial penalties and legal actions.

Activity 1: Compliance Investigations

- *Description:* The 3rd Quarter of Fiscal Year 2024 (from April 1, 2024, to June 30, 2024) concluded with, Compliance averaging 32 investigations per month. During the June 12th, report, Compliance indicated that 25 investigations were pending. Following a risk assessment of each case, 16 case remain pending, while 9 have been referred to other DWIHN departments, for a focused evaluation.
- *Current Status* While the 5 investigations completed between April and June did not uncover any fraud. The investigations did reveal several areas of non-compliance, to include non-compliance with workforce training, workforce background checks, unsupported clinical documentation, and failure to maintain staffing records.
- *Plan:*
 1. All five providers were placed on plans of corrections and referred to Quality for continuous monitoring.
 2. Beginning October 2024, Compliance will conduct quarterly provider training sessions to address areas of non-compliance that are under increased scrutiny.
 3. In alignment with MDHHS program integrity requirements, Compliance will continue to analyze all referrals to ensure they meet the standards for program integrity oversight.

Quarterly Update:

- Compliance has hired 4 staff dedicated to conducting compliance investigations. This enhancement in staffing improves upon previous levels and enables us to address pending cases more promptly.
- On July 10, 2024, the Attorney General's office reported that a DWIHN staff member, fraudulently billed for services that were not provided. Consequently, the AG's office is seeking prosecution and recovering \$19,183.19. This case was investigated by the DWIHN Compliance staff and referred to the OIG in July 2023. It is also important to note, the direct care worker was employed by a self-directed member.

Program Compliance Committee Meeting
Yvonne Bostic, MA, LPC (Director) – DWIHN Access Call Center
Third Quarter (FY 23/24)
August 14, 2024



Main Activities during 3rd Quarter FY 23-24:

- **Call Center Performance – Call detail report.**
- **Appointment Availability – Hospital Discharge Follow up.**
- **Accomplishments and Updates**

Activity 1: Call Center Performance – Call Detail Report

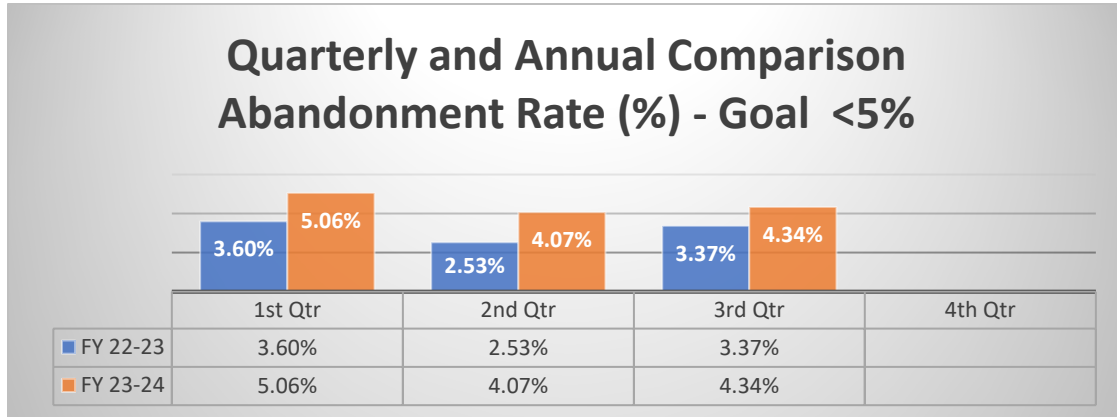
- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information, and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- **MDHHS Standards and Call Center Performance for 3rd Quarter FY 23-24 (April - June 2024):**
 - % Abandoned Goal is < 5% (5.0%)
 - Avg. speed to answer Goal <30 sec. (:27 sec)
 - % of calls answered Goal > 80% (92.0%)

	Incoming Calls	Calls Handled	Calls Aband.	% Aband.	Average Speed Answer	Avg Call Length	% of Calls Answered
FY 23-24 3rd QTR	48,397	44,567	2,256	5.0%	:27 sec	5:29 mins	92.0%
FY 22-23 3rd QTR	54,256	52,368	1,886	3.4%	:28 sec	5:22 min	96.5%

- **Current Status:** For the 3rd Quarter of FY 23-24 there were 44,567 calls handled by the access call center.
 - **Breakdown**
 - 9,886 (22.2%) calls handled related to SUD services with an average handle time of 14.10 minutes.
 - 5,775 (13.1%) calls handled, related to MH services, with an average handle time of 19.12 minutes.
 - 28,906 (64.9%) calls handled, related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, Protocol, ORR, Customer Service, Grievance, etc.)

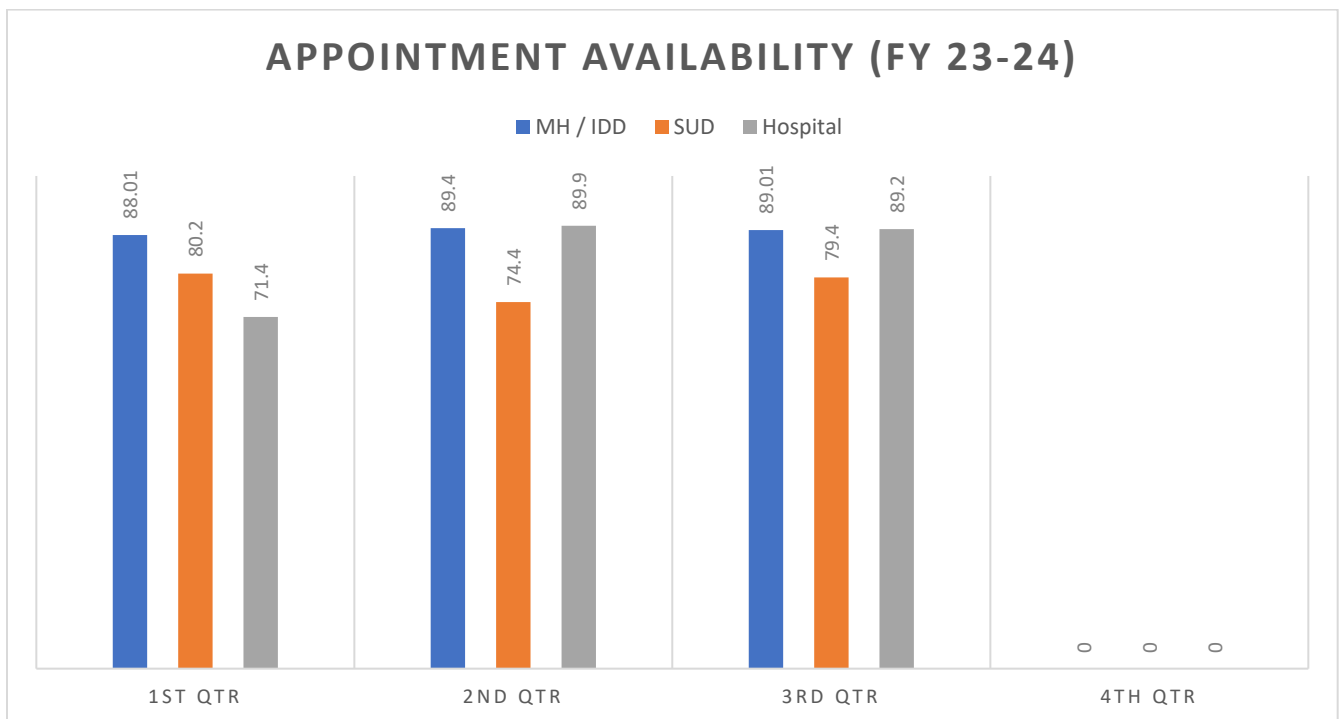
In an annual comparison of 3rd Quarter FY 22-23 (3.4%) to 3rd Quarter FY 23-24 (5.0%) abandonment rate, there was a 1.6% increase. The Access Call Center Management team has hired the 10 approved contingent staff, have fully trained 7 and have identified the areas of

need. The SUD and ACCR contingents have already begun to cover the high-volume call times on Mondays and Tuesdays and PTO/UPTO absences. Management will continue to review call recordings (silent monitoring) for quality control and to identify the need for coaching and training.

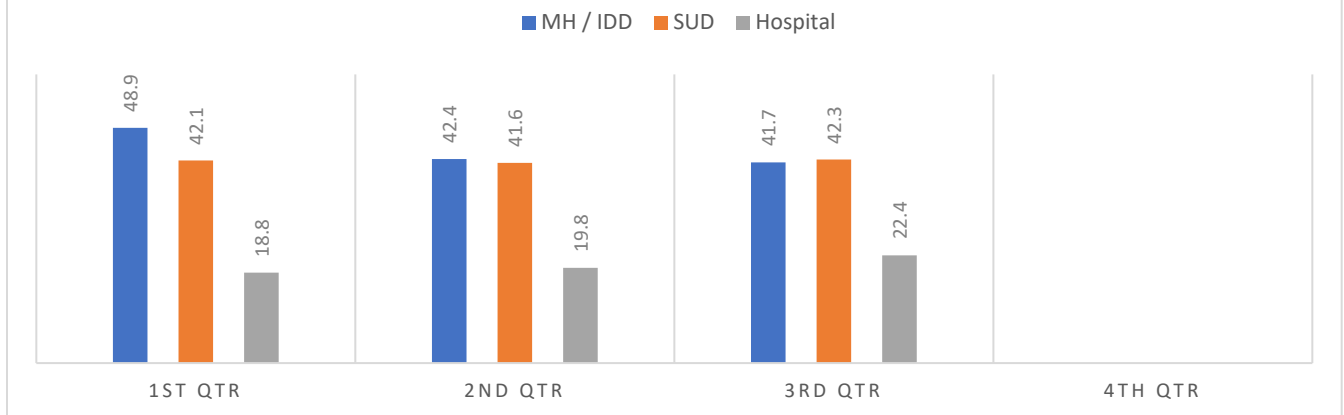


Activity 2: Appointment Availability – Hospital Discharge Follow up

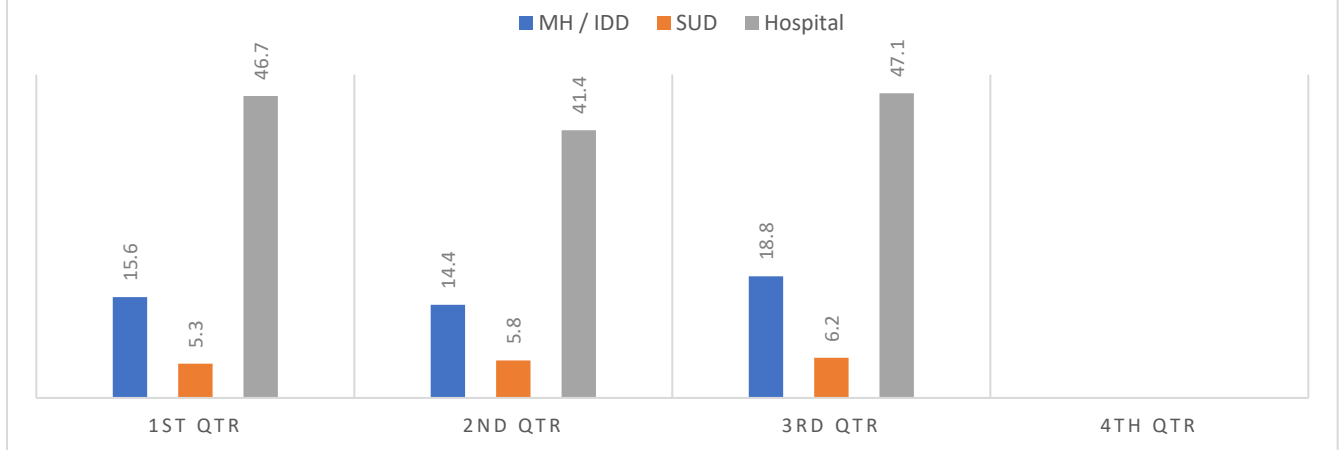
Description: The Access Call Center schedules hospital discharge / follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment. The Access Call Center schedules these types of appointments based on the Clinical Responsible Service Providers (CRSP) availability and ability to provide services, timely.



APPOINTMENTS KEPT (FY 23-24)



NO SHOW (FY 23-24)



Summary:

During the 3rd Quarter of the current fiscal year, there was little change in the average of appointment availability for MH intake and Hospital Discharge appointments. The greatest increase in appointment availability was for SUD intake appointments. From 2nd to 3rd quarter, there was little change in appointment availability for hospital discharge appointments but there was an increase in appointments kept by 2.6%. There continues to be a collaborative effort to coordinate appointments between DWIHN Access Call Center, DWIHN UM department, DWIHN hospital liaisons and CSRPs.

Activity 3: Accomplishments and Updates:

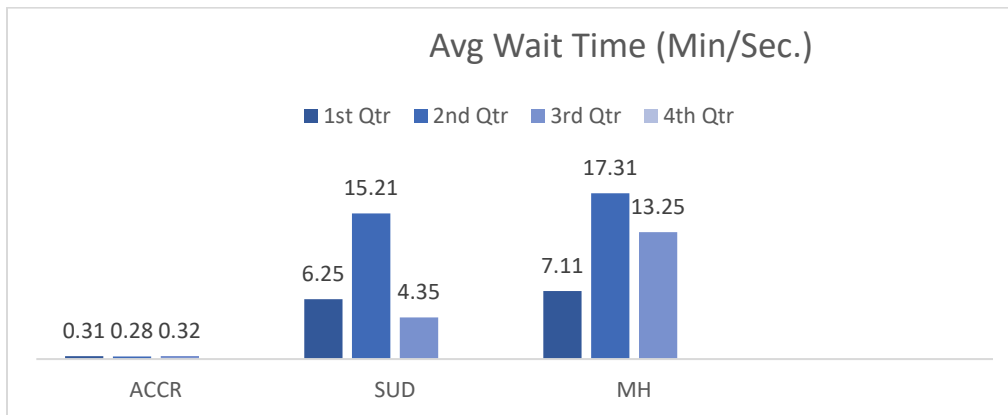
- April 2024 – June 2024 Department Overviews and Trainings** – DWIHN Mobile Crisis and CRSIS Care Units, DWIHN Adult Initiatives Department, COFR and Utilization Management, Children’s Initiatives and Children’s I/DD Services, CCBHC Services, Review call transfer/conference call process for Genesys Cloud Phone System, DWIHN Website and Intranet Site, Infant Mental Health Screenings and Enrollments, Foster Care Screenings and Enrollments; ASAM refresher - 100% SUD techs have registered and 85% have completed this training.

- **Identified Opportunities for Improvement:**

- Revision / Updates to ACCR, Clinical and SUD training Manuals –
 - Workgroups started January 2024.
 - The ACCR training manual has been completed and posted to Sharepoint for staff use.
 - SUD manual is in the final review stages. Clinical training manuals are in the beginning phases – additions of MichCANS and Autism Service Revisions.
- Changes to MHWIN screening tools - remove data collection duplications, update ASAM tool, add Columbia Mini-Screener (Zero Suicide Initiative).
 - Access and IT meet regularly to review changes and make adjustments as needed. (Ongoing)

- **Progress on Previous Improvement Plans:**

- Reduce avg wait times to 30 seconds or less for ACCR and 10 minutes or less, for those calls transferred for a Clinical or SUD screening –
 - staff are regularly monitored and receive coaching on ways to improve screening time and customer services skills - **Ongoing.**
 - ACCR avg wait time shows little change 1st Qtr-3rd Qtr; SUD and MH avg wait times have improved due to an adjustment in the Genesys phone system call routing and addition of contingent staff to help coverage/staffing; MH wait time still remains high during 3rd quarter due to staffing (2 x medical leave, 1x vacant shift, 1 x transfer full time to part time) and adjusting to the newly added MichCANS screener.



- Increased coverage – Call center is in the process of training new contingent staff; ACCR and SUD have begun covering open shifts; MH contingent staff are still in the training process (training for MichCANS and Autism Services takes longer).
- One call resolution – Management has developed help aids for access call center representatives to assist with handling calls more effectively; management have begun one on one refresher sessions for identified staff.



Innovation & Community Engagement

April – June 2024: Quarter 3

Presented August 14, 2024

Andrea L. Smith, Director

Department Mission: To lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. We strive to provide continuous support to the community through educational outreach and engagement while emphasizing and supporting recovery and resilience.

Main Activities during 3rd Quarter Reporting Period:

- Justice Involved Initiatives
- Senior Wellness/Older Adults
- Workforce Development

Progress On Major Activities:

Activity 1: Justice Involved Initiatives

All Justice Involved Initiatives are based on partnerships in the delivery of services specific to improving mental health services and outcomes for individuals with mental health needs. The following will highlight activities specific to returning citizens and homeless outreach-related activities.

Significant Tasks During Period: There were **149** jail releases in this quarter compared to **75** in Quarter 2. Of those releases, **47** were linked back with their provider for post-release follow-up, which is **nearly double** that of last quarter; 13 were sent directly to another correctional facility (i.e. prison or another jail); 1 was hospitalized; 4 were on an AOT; and 11 were not assigned to a provider within MHWIN.

Major Accomplishments During Period: Collaboration and communication is strong between the court; hospitals; providers and DHIHN. Staff were able to visit the new jail and tour the space which currently holds space for the DHIHN jail navigator to potentially increase referrals to community-based services.

Plan: Staff continues to meet monthly with Wayne County Sheriff's Office and various court personnel.

City of Detroit Partnership – Detroit Homeless Outreach Team (DHOT)

Major Accomplishments During Period: This quarter there was a total of 796 recorded encounters. DHOT has resumed having scheduled meetings with DPD DHIHN and The City of Detroit to upgrade the data system and incorporate Smartsheet into the DPD tracking system. Services have

been expanded to include two Sundays each month from 10am -2:00 pm. and parts of the Eastside and Southwest Detroit.

Needs or Current Issues: The challenges are the lack of housing resources for individuals within Detroit and Wayne County. The point of entry/access is through CAMS which involves individuals being placed on a list, regardless of urgency of housing needs. In addition, follow-up is minimal, individuals report being placed on the list for 2 years. There is concern with housing shelters being adequately staffed and the living conditions, which at times, result in individuals declining shelter resources.

Plan: CCIH, DPW, and DWIHN leadership continue to seek additional funding sources that can be utilized to expand the team and provide additional coverage. We are also seeking funds for another vehicle. DWIHN has hired a new Provider Network Manager (PNM). The team will work with the PNM to improve coordination with Housing Resources.

Activity 2: Senior Wellness

The primary goal of this program is to enhance "resilience thinking" among older adults, empowering them to recover from adversity, maintain a sense of purpose, and adapt in a changing world, even while managing chronic illness. Our focus is not only on fostering individual resilience but also on encouraging the development of resilient communities.

Significant Tasks - The Senior Wellness Program was initiated in response to the growing challenges faced by older adults. By 2060, nearly one in four Americans is expected to be 65 or older. This demographic faces significant stressors, including declining health, the loss of loved ones, and a loss of independence, all of which can negatively impact their well-being. Additionally, the COVID-19 pandemic has exacerbated these issues, causing increased mortality rates, mental health challenges, substance use and abuse, loneliness, and uncertainty.

Major Accomplishments:

Distributed a mental health bingo, coping skills worksheets, and mental health resources on how to access services, and how to reach out when lonely or just want to talk.

This quarter, collaborations with two community centers were facilitated to engage with older adults.

Two community brunches were held with 43 attendees (22 and 21) to gather information about current concerns and needs. Core concerns centered on loss during the past four years and challenges with the economic stability of their adult children. They also mentioned concerns with the current election and a desire to understand more about the candidates.

In response to the information gathered, the following occurred: Psychoeducation and the importance of being trauma-informed was provided to staff that support residents who reside in senior independent living communities.

Question, Persuade and Refer (QPR) for older adults was facilitated with 27 staff who described an increase of clients with feelings of hopelessness and despair.

Interventions that utilized gardening, art, and forums as a strategy to support wellness and dialogue were held. Support with providing direct needs such as clothing and food also occurred. By attending events in the community, 167 individuals received information about services.

Plan – Continued communication and collaboration will occur with community partners to offer resources and education. The following workshops are scheduled for the remainder of the fiscal:

- *The Fundamentals of Alzheimer's Disease and the Symptoms of Dementia.* – This course is designed to help health care providers and supportive care workers understand the basic concepts of dementia. There are 203,000 people aged 65 and older living with Alzheimer's in Michigan and 9.5% of people aged 45 and older have subjective cognitive decline. This was 190,000 in 2019.
- *Conflict Management/Resolution Workshop* - Conflicts in senior living facilities range from small misunderstandings to full-fledged flare-ups between staff members and even other residents.
- *Older Adults and Sexual Health Workshop* - According to the Centers for Disease Control's (CDC's) annual *Sexually Transmitted Disease Surveillance Report*, cases of several common sexually transmitted infections (STIs) have reached historic highs among elderly populations in the U.S. including chlamydia, gonorrhea, and syphilis.

Activity 3: Workforce Development

Significant Tasks - Planned and coordinated the Annual Integrated Treatment and Co-Occurring Disorders Conference. Keynote and workshop presenters focused on treatment modalities for individuals with co-occurring disorders. Behavioral health providers were offered support toward the implementation of evidence-based and best practice interventions, and collaboration across the system of care. We also coordinated three additional training sessions to support the agencies CCBHC application.

Major Accomplishments:

- This year's ITCOD Conference hosted 85 individuals. In addition to the conference, there was a 3-day Dialectical Behavioral Therapy (DBT) training, a Trauma-Informed CBT training, a Clinical Supervision workshop, and a Women Veterans health and resource workshop.
- The Summer Youth Employment Program (SYEP) launched fully. A conference has been planned and will occur in the 4th quarter. It is anticipated to have 450 to 500 participants. There will be a keynote from Eric Gatson, DPD's Chief White and King Bethel a youth performer and motivational speaker. An update will be provided in the next quarterly report.

Program Compliance Committee Meeting
Ryan Morgan, Residential Services Director / Residential Services Department
Quarter 3 Report
August 14, 2024



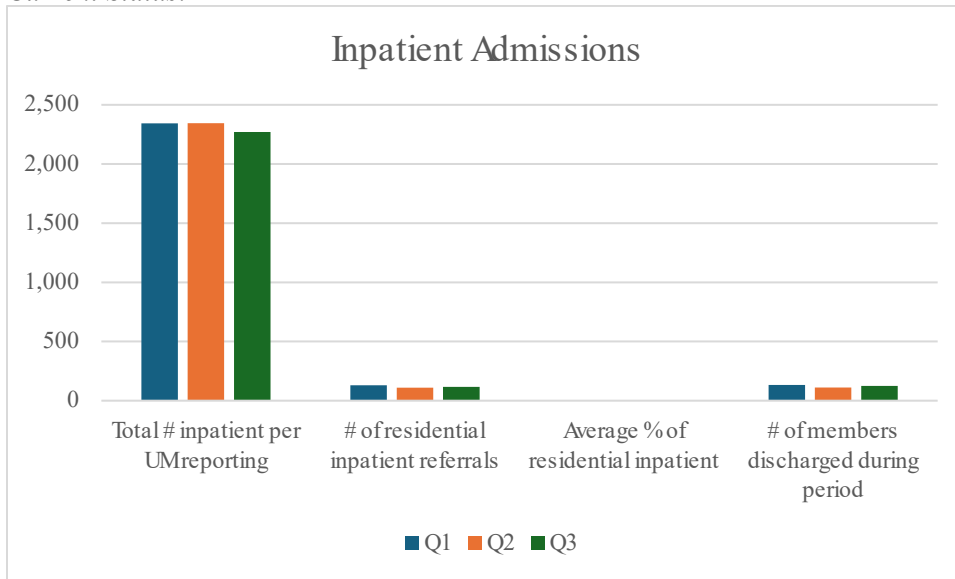
Main Activities during Quarter 3 Reporting Period:

- **Examining Hospital Referral Efficiency**
- **Residential Assessment Updates**
- **Residential Progress Note**

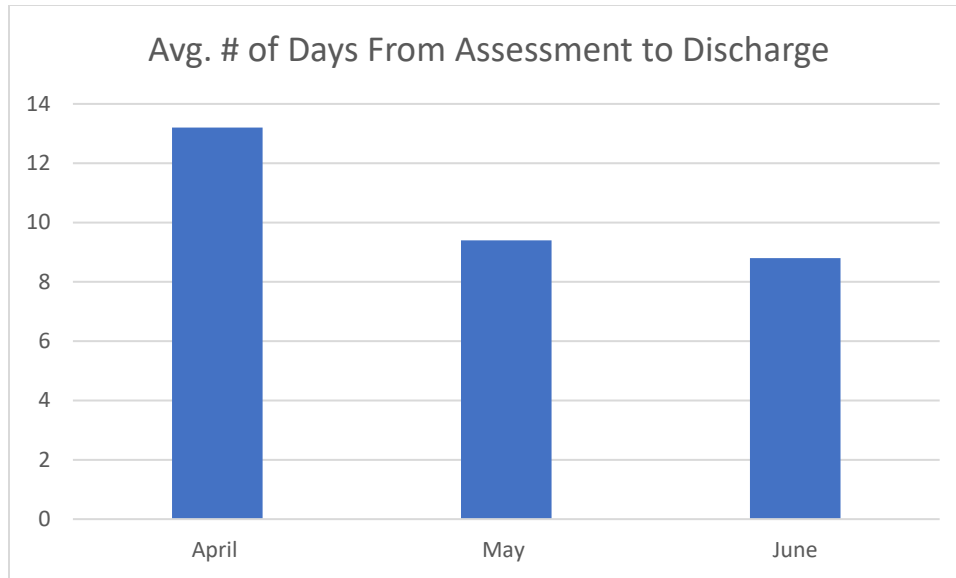
Progress On Major Activities:

Activity 1: Residential Referral Efficiency

- *Description:* We continue to examine the hospitalization data for residential referrals in efforts to decrease the frequency and duration of inpatient hospital stays.
- *Current Status:*



	Q1	Q2	Q3
Total # inpatient per UM reporting	2,344	2,345	2,270
# of residential inpatient referrals	130	110	116
Average % of residential inpatient	5.50%	4.60%	5.10%
# of members discharged during period	133	111	125



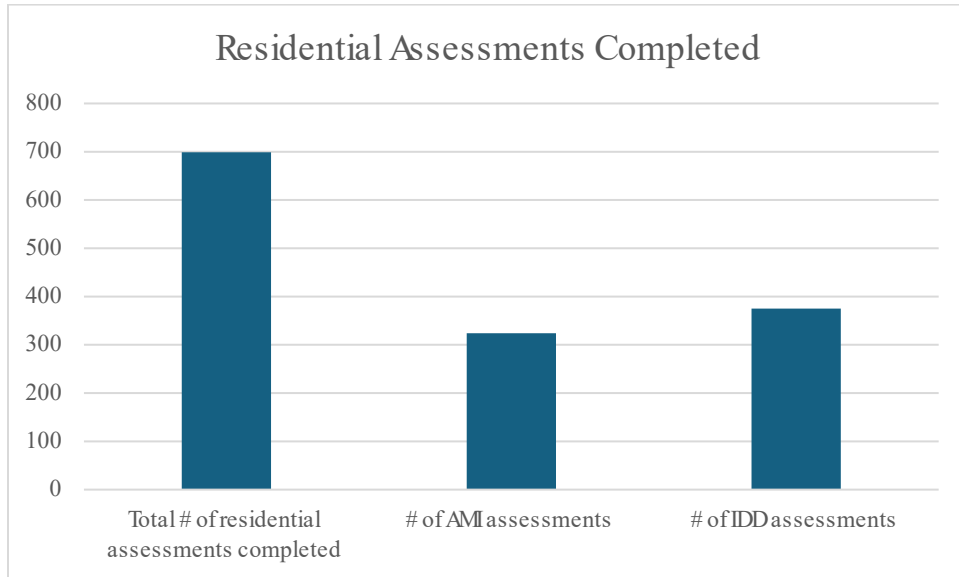
April	May	June
13.2	9.4	8.8

- *Significant Tasks During Period:* Adjusted the process of assigning cases to staff immediately upon receiving the referral. We now require staff to reach out within 24 hours of receipt in order to schedule the residential assessment. Staff review cases weekly with department managers in order to help initiate creative discharge solutions.
- *Major Accomplishments During Period:* Residential department was able to onboard 7 newly-credentialled residential providers during the quarter.
- *Needs or Current Issues:* The department continues to see an increase in young adults with significant behavioral needs that can be difficult to place.
- *Plan:* We will coordinate with other departments, including Information Technology and Utilization Management, to develop reports and prompts that could trigger a quicker departmental response to discharge planning. We have already met with both departments in order to examine the possibility of altering the Continued Stay Review.

Activity 2: Updating Residential Assessments

- *Description:* At the beginning of the fiscal year the department was tasked with ensuring that all new and existing members within the residential services department had up to date assessments that were reflective of their needs and abilities. It is important that all members have up to date assessments in order to ensure that medically necessary services are in place to support the members.

- *Current Status:*

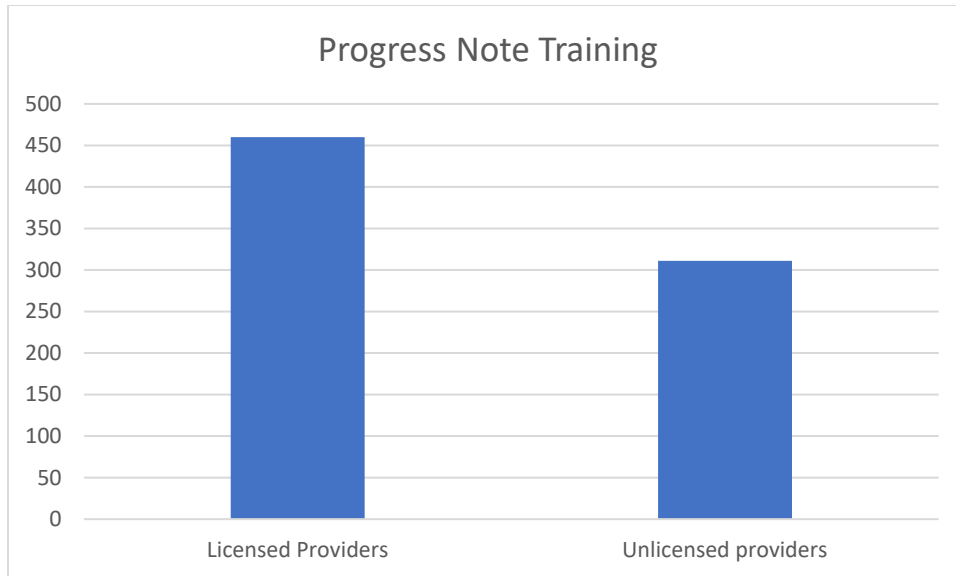


<i>Total # of residential assessments completed</i>	<i>699</i>
<i># of AMI assessments</i>	<i>324</i>
<i># of IDD assessments</i>	<i>375</i>

- *Significant Tasks During Period:* At the beginning of this fiscal year the department began the task of updating all AMI residential assessments. We were able to complete this project in April 2024 and have continued to maintain compliance. This was done by scheduling three (3) assessments per day for each residential care specialist. During Quarter Three (3) DWIHN turned its focus towards updating in-home I/DD assessments. Traditionally, Clinically Responsible Service Providers completed their own I/DD Residential Assessments. DWIHN has started to phase in completion of Residential Assessments for this population to maintain consistency in evaluation and reporting.
- *Major Accomplishments During Period:* The department was able to complete 699 total assessments over Q3. 375 assessments were with I/DD members. This equals 63.8% of the target at this time. The goal is to have all I/DD members with updated assessments by 10/1/24.
- *Needs or Current Issues:* The development of an electronic monitoring system that tracks the last assessment date, which will ensure assessments are in compliance.
- *Plan:* We are in the process of working with the Information Technology department to develop a report that will reflect the most recent assessment. This will indicate which members have assessments that are out of compliance.

Activity 3: Residential Progress Note

- *Description:* During this quarter the Residential Services Department was tasked with updating the residential progress note in order to better meet the standards set forth in the Medicaid Provider Manual and to train providers on the new note.
- *Current Status:* Four live trainings occurred with both licensed and unlicensed providers.



Licensed Providers	Unlicensed providers
460	311

- *Significant Tasks During Period:* The department was able to complete a video recorded example of how to complete the note. This will allow the recording to be shared with new staff when there is turnover within the network.
- *Major Accomplishments:* The Residential Department has offered to complete “in-service” trainings with individual providers available upon request.
- *Needs or Current Issues:* There was feedback from providers during the live training, indicating resistance to change and we are continuing to work with those providers.
- *Plan:* Provide a “frequently asked questions” document to the network answering documentation questions that arise. Offer and complete “in-service” trainings that are requested by any network providers. Ensure all resources are available to the providers and roll out the standardized progress note on September 1st.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - Updated the internal transfer process and provided live training to providers on June 28th.
 - The Department has completed 2,624 residential assessments this fiscal year.
 - The Department organized a meeting with public guardians in June to provide an open forum for improving communication. These meetings will continue quarterly.
 - The Department was able to develop a new age-out brochure to share for foster care youth transitioning to adult residential services.

- **Identified Opportunities for Improvement:**

- Identified the need within the network to develop training available for Clinically Responsible Service Providers (CRSP) to assist with treatment planning and the development of more comprehensive residential goals that accurately address the member's needs.

- **Progress on Previous Improvement Plans:**

- The Residential Department is now fully staffed.
- The updated Residential Progress Note will be ready for implementation by the network on September 1st.



Detroit Wayne Integrated Health Network

Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: August 14, 2024

Main Activities during the 3rd Quarter of Fiscal Year 2024:

- Prevention Substance Use Disorder (SUD) Services and Children
- Implemented CHES HEALTH e-RECOVERY Pilot
- Alcohol Use Among Adults

PROGRESS ON MAJOR ACTIVITIES

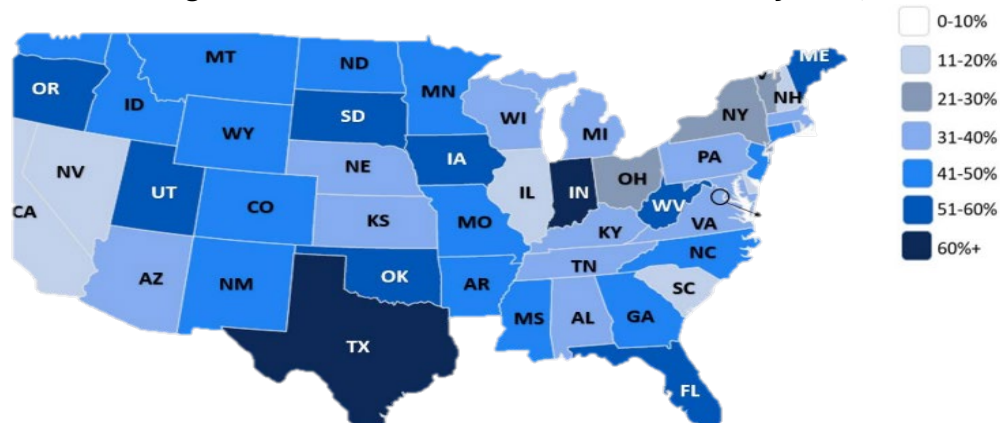
Activity I: Prevention SUD Services

Description: Primary prevention activities are directed at the general population to stop abuse or neglect of substance use before it occurs and prevent the need for involvement with child welfare. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise awareness of the public, service providers, and decision-makers about the scope and problems associated with child abuse or neglect. DWIHN approaches to primary prevention include:

- Public service announcements that encourage drug-free lifestyles
- Education programs and support groups that focus on child development and age-appropriate expectations
- Family support and family strengthening programs that enhance the ability of families to access existing services and resources to support positive interactions among family members
- Public awareness campaigns that provide information on how and where to receive services

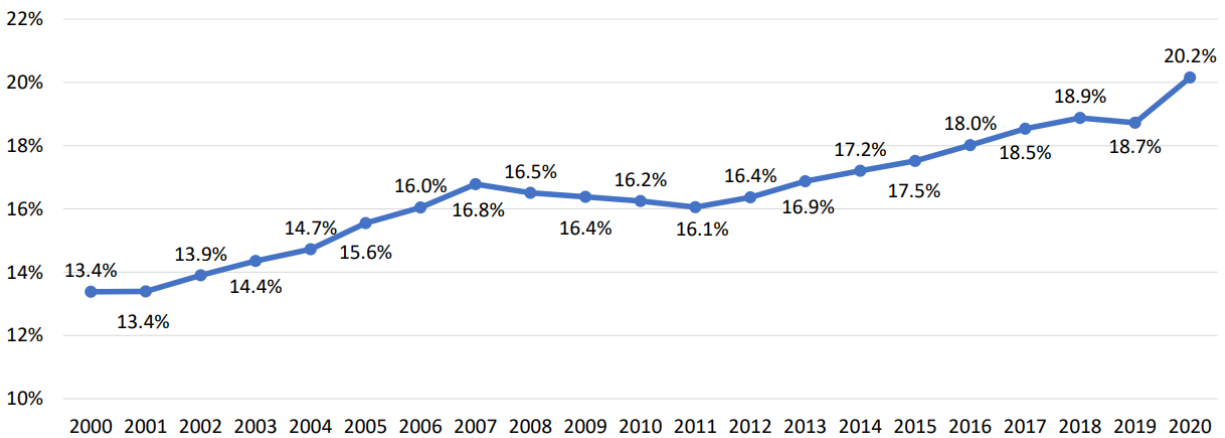
Current Status: The national average indicates that 39.0% of children removed from their homes and placed in out-of-home care had parental alcohol or other drug (AOD) abuse as an identified condition for removal. The map below presents state averages, beginning with 0-10% and ending with 60%+.

Parental Alcohol or Drug Abuse as an Identified Condition of Removal by State, 2020



Significant Tasks During Period: When looking at the information regarding children removed from their homes and placed in out-of-home care who had parental alcohol or other drug (AOD) abuse as an identified condition for removal, it is important to understand how this affects families involved in child welfare. From 2000- 2018, the percentage of children under age 1 entering out-of-home care steadily increased. Data from Fiscal Year 2019 showed a slight decrease; a reduction of only 0.2%. Data from Fiscal Year 2020 showed an increase of 1.5% from the previous year. Whereas children under 1 represent 13.4% of total removals in 2000, this has increased to close to a quarter (20.2) of all removals in the most recent fiscal year.

Percent of Children Under Age 1 who Entered Out of Home Care in the United States, 2000 to 2020



Major Accomplishments During Period: In the analysis of data concerning children placed in out-of-home care due to parental alcohol or other drug (AOD) abuse in Wayne County for the third quarter of FY 23 and FY 24, it was observed that there was a notable increase in the number of children entering services during this period.

Number of all Children removed in FY 23	Number of all Children removed in FY 24
3	6
Only include numbers from the Women Specialty Programs	Only include numbers from the Women Specialty Programs

Needs or Current Issues: To address the increasing percentage of children entering out-of-home care due to parental alcohol or other drug abuse, there is a need to focus on several key areas. These include enhancing access to substance abuse treatment and support services for parents, implementing early intervention programs to prevent child removal, providing adequate resources for kinship care and foster families, and improving collaboration between child welfare agencies and substance abuse treatment providers. Additionally, addressing the stigma associated with seeking help for substance abuse and promoting awareness of the impact of parental addiction on children are also critical issues to be addressed.

Plan: In collaboration with MDHHS, a form will be submitted to the designated staff at DWIHN. The form necessitates "48-hour screenings and turnaround" for accessing SUD services to prevent removal. Child Protective Service (CPS) will submit the form to MDHHS via email, and MDHHS will then forward it to the respective Priority Population (PP) Coordinators at each PIHP. It is the responsibility of each PP Coordinator to report to MDHHS within one week regarding clients who have not completed a screening for SUD services.

Activity II: Implemented CHES HEALTH eRecovery App in 3rd Quarter

Description: CHES Health's eRecovery is a comprehensive digital platform designed to support individuals in their addiction recovery journey. It provides a set of tools and resources to promote engagement, empowerment, and accountability, including relapse prevention support, peer connection features, wellness tracking, and evidence-based therapeutic content. eRecovery aims to enhance the effectiveness of behavioral health interventions and improve outcomes for individuals seeking recovery from substance use disorders.

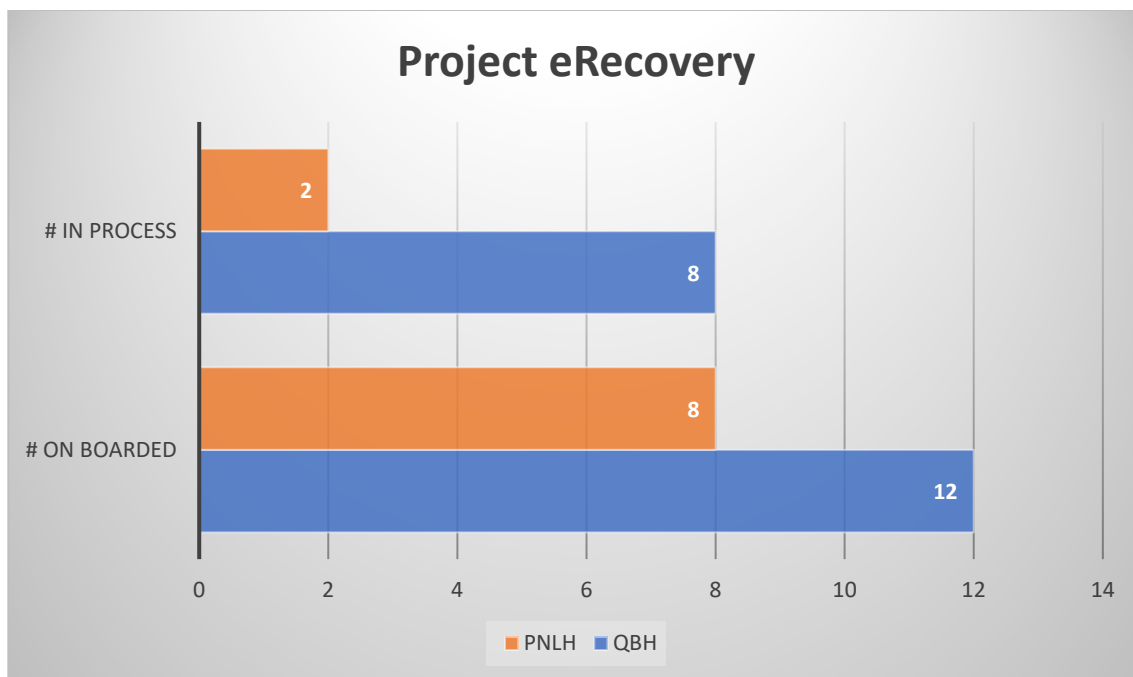
Implementing eRecovery at 2 Provider locations:

- Quality Behavioral Health (QBH): Enhancing patient care and treatment outcomes through the integration of eRecovery to streamline processes and improve access to critical information for healthcare providers.
- Personalized Nursing Light House (PNLH): Leveraging eRecovery to personalize patient care plans, optimize nursing workflows, and ensure seamless communication among care teams for better patient outcomes.

Current Status: As of the status for implementation, we have successfully rolled out eRecovery at Quality Behavioral Health. Personalized Nursing Light House implementation is in progress and on track for completion within the specified timeline. Both locations are actively engaging with the new system and initial feedback has been positive. The implementation team is diligently working to ensure a smooth transition and address any potential challenges.

Connections App





Significant Tasks During Period: DWIHN ensured that all designated staff members at Quality Behavioral Health and Personalized Nursing Light House were effectively trained on using the eRecovery platform. This included conducting comprehensive training sessions, providing user guides, and offering ongoing support to address any questions or concerns. Additionally, configuring the system to align with the specific needs and workflows of each provider location is a significant task to ensure seamless integration and optimal utilization of the eRecovery platform.

Major Accomplishment During Period: This included conducting comprehensive training sessions, providing user guides, and offering ongoing support to address any questions or concerns.

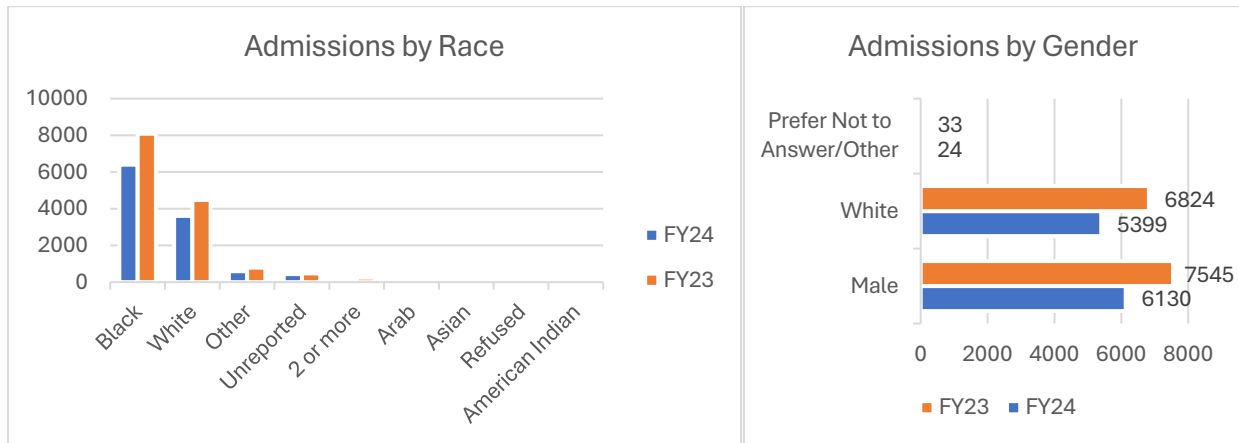
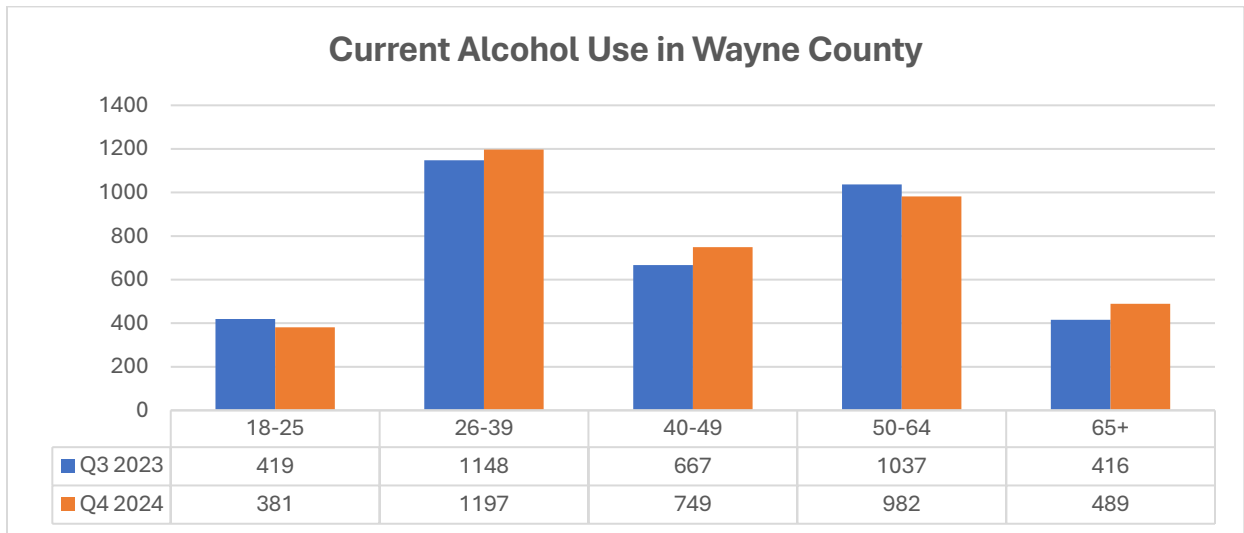
Needs or Current Issues: There were some initial challenges in ensuring timely implementation. Some challenges we faced included coordinating training sessions for all staff members at Quality Behavioral Health and Personalized Nursing Light House, as well as ensuring that the eRecovery platform was effectively aligned with the specific needs and workflows of each provider location. Additionally, providing ongoing support to address questions and concerns during the implementation phase presented its own set of challenges.

Plan: SUD plans to continue monitoring for improvement. We will establish regular feedback sessions with the staff to gather their input on the usability of the eRecovery platform and identify any ongoing issues or areas for improvement. Additionally, we will conduct periodic assessments of the system's performance, user satisfaction, and adherence to established workflows. This will involve creating a structured feedback mechanism, implementing regular check-ins with the staff, and analyzing data on system usage and outcomes to ensure that any necessary adjustments or enhancements are identified and implemented in a timely manner. Regular communication with the staff and ongoing evaluation of key performance indicators will be essential in ensuring continued improvement in the utilization and effectiveness of the eRecovery platform.

Activity III: Alcohol Use Among Older Adults

Description: Wayne County, like many other areas, faces the impact of alcohol on adults. Alcohol consumption among adults can lead to various health and social issues, including liver disease, impaired judgment, addiction, and an increased risk of accidents and injuries. Additionally, alcohol abuse can negatively affect relationships, employment, and overall quality of life. Efforts to address this issue often include education, support services, and regulations to promote responsible alcohol consumption and reduce the associated harms.

Current Status: Understanding the impact of alcohol among older adults is crucial. Assessing the status of SUD treatment for this population is crucial for effectively addressing this issue.



In Wayne County 4,619 met DSM-5 Alcohol Disorder in 2023 and there was a total of 6,733 individuals that met DSM-5 in FY22

Significant Tasks During Period: The SUD Department has started working on methods to enhance alcohol use disorder services, including the implementation of additional support services targeting members who frequently seek treatment for alcohol use. We are also encouraging providers to participate in collaborative discussions aimed at developing and

implementing specific strategies to address alcohol use disorder services in the region based on insights from the report.

Major Accomplishment During Period: The SUD Department has initiated measures to improve alcohol use disorder services, including introducing extra support services for individuals who frequently seek treatment for alcohol use and for those members who frequent SUD more than 3 times in a quarter. They are also promoting participation among providers in collaborative discussions to devise and implement targeted strategies based on insights from the SUD report. It is critical to assess the status of SUD treatment to address these challenges effectively. Key tasks during this period include researching the prevalence of alcohol-related issues, analyzing relevant data, reviewing the state of SUD treatment, identifying barriers to accessing treatment, developing targeted interventions, and collaborating with healthcare professionals and community organizations to raise awareness.

Needs or Current Issues: The current issues related to alcohol among adults include their involvement in traffic crashes, liver disease mortality, drug overdose deaths, and challenges in accessing substance use disorder (SUD) treatment; particularly for alcohol-related issues. Understanding the prevalence of these issues and identifying barriers to treatment are essential for addressing the impact of alcohol on this demographic.

Plan: In addition to the steps mentioned, we will also work on building partnerships with policymakers to advocate for improved access to SUD treatment, conducting community outreach and education programs to reduce stigma, and implementing measures to ensure equitable distribution of resources and support for underserved populations.

Highlights:

- Our team has actively participated in several health fairs and community events including: (View Fest at the Detroit Zoo, Comedy Music and Wellness Community Resource Fair, Team Wellness Health Fair, National Take Back Day, Detroit Recovery Project Annual Townhall meeting and MDHHS Health Fair- Total of 2800 individuals were engaged.
- Successfully processed 342 FSRs and paid \$3,595,664.05 in SUD claims for reimbursement
- Completed the 2024 MDHHS audit preparation on time; submission due on 8/11/2024
- Successfully finished the Recipient Rights Training for Advisors within the SUD Network.
- Participated in the training for ASAM 4 regarding changes to the criteria.

**Program Compliance Committee
Vice President of Clinical Operations' Report
August 2024**



CLINICAL PROGRAM UPDATES:

Health Home Initiatives:

Behavioral Health Home BHH- Current enrollment: 784 (June- 740)

Opioid- Substance Use Disorder Health Home- Current enrollment: 661 (June- 654)

The "Opioid Health Home (OHH)" is transitioning to a more expansive SUD Health Home for FY2025 (SUDHH). Stimulant use disorder and alcohol use disorder are being added as qualifying diagnoses. Behavioral Health home is also expanding to include Conduct disorder & Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence.

The DWIHN Health Home team has sent out a memo to the outpatient SUD and Mental health provider network to recruit sites that are interested in joining as Health Home providers for FY 2025, starting October 2024. Two informational sessions were offered to educate interested providers in the service array. There are four (4) providers who have expressed interest in adding BHH and SUDHH to its service array and will be certified for the next fiscal year.

CCBHC State Demonstration- Current enrollment: 10,124 (June-9,846) within six (6) providers.

Certified Community Behavioral Health Clinic (CCBHC) is expanding to its 3rd cohort of providers, who will launch September 1, 2024. Applications have been submitted and it is expected that MDHHS will announce the selected sites by mid-August. The State indicated with its' approved budget it can add up to 12 sites. There are 15 sites eligible for pursuing this certification, seven (7) of which are in region 7. It has been reported that two (2) providers in region 7 withdrew from potential certification.

Children's Initiatives:

MichiCANS was developed by MDHHS as a screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support family-driven, youth guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services and will replace the Child and Adolescent Functional Assessment Scale(CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS). This assessment will be completed for both children diagnosed with severe emotional disturbance (SED) and children with intellectual/developmental disabilities (I/DD).

DWIHN was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project. During the month of July 2024 DWIHN Access Department completed 314 MichiCANS Screenings.

Screening Disposition	Total Screenings
No Eligibility or Services Declined	1 screening
Non-Emergency: Mild / Moderate Needs	48 Screenings
Non-Emergency: Serious Needs	104 Screenings
Emergency	0 Screening
Total Screenings	153 Screenings

The Autism Services Department oversees autism services for youth and young adults up to their 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD. There was a total of 2,245 members and 188 new referrals in the month of July.

ABA treatment offers two different levels of care according to medical necessity, that is either Focused Level of Care or Comprehensive Level of Care. Focused level of care is a limited number of chosen skill targets specific to identified goals that can range from 10 to 25hrs per week. Whereas comprehensive level of care focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40hrs per week.

The below table shows the distribution of members with respect to their level of care needs. This demonstrates that most members (94%) require a higher level of care within this services array.

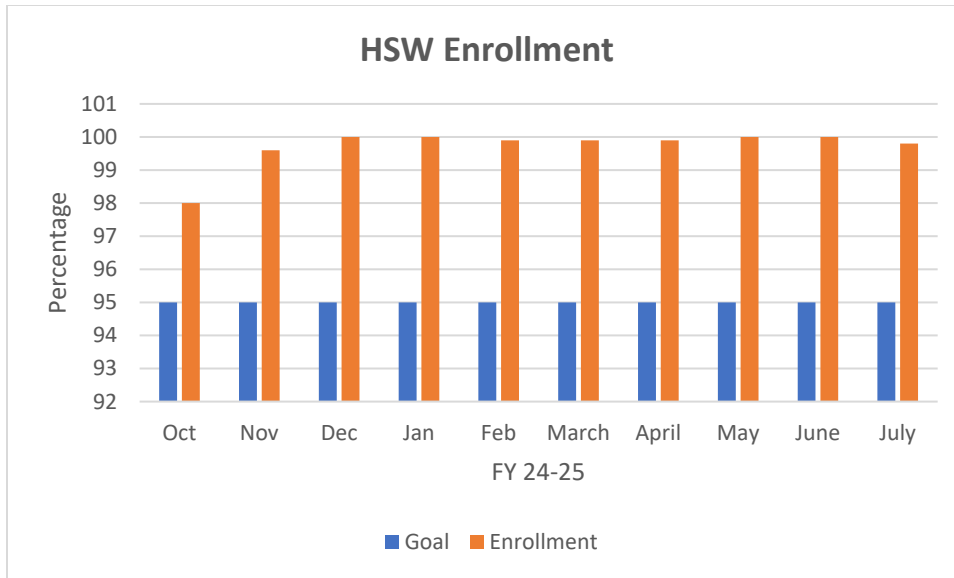
New Members– Level of Care FY24-25	Comprehensive	Focused	Total
Q1	386	28	414
Q2	422	25	447
Q3	578	33	611
Total:	1386	86	1472

Utilization Management (UM):

The Utilization Management Department has undergone a recent leadership change and Marlena Hampton has been promoted to Interim Utilization Management Director. There are several projects currently in process including Habilitation Support Waiver (HSW), the review and update of general fund approved services, and increasing efficiency and timeliness of authorization approvals with the assistance of technology.

The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).

In the month of July, HSW utilization is at 99.8%. There are currently twenty (20) members with completed packets on DWHIN's HSW waitlist. The HSW program continues to exceed its 95% utilization goal. DWIHN is hopeful that, when available, DWIHN will be allocated additional slots from MDHHS to serve more members.



The UM Department contacted CRSPs for their feedback about any HSW-enrolled members not utilizing at least one (1) service per month. The UM department is working with providers to address any barriers and to ensure that the network understands when to make members inactive in the Waiver Support Application (WSA) management tool to ensure accurate reporting. We anticipate this change will be reflected on October 1, 2024, sixty (60) days after claims for July are received by the State. New data will be reviewed and reported at that time.

General Fund Exception is the process designed to prevent the interruption of needed services while a member's Medicaid insurance acquisition/reinstatement effort is underway. There has been a surge in General Fund Exception requests, following the termination of the Pandemic Emergency Order. During the Order, changes were made to Medicaid program eligibility, administration, and policies to prevent beneficiaries from losing health insurance. Now, many members are no longer eligible or failing to take the necessary steps to keep their benefits active (e.g., missed redetermination dates).

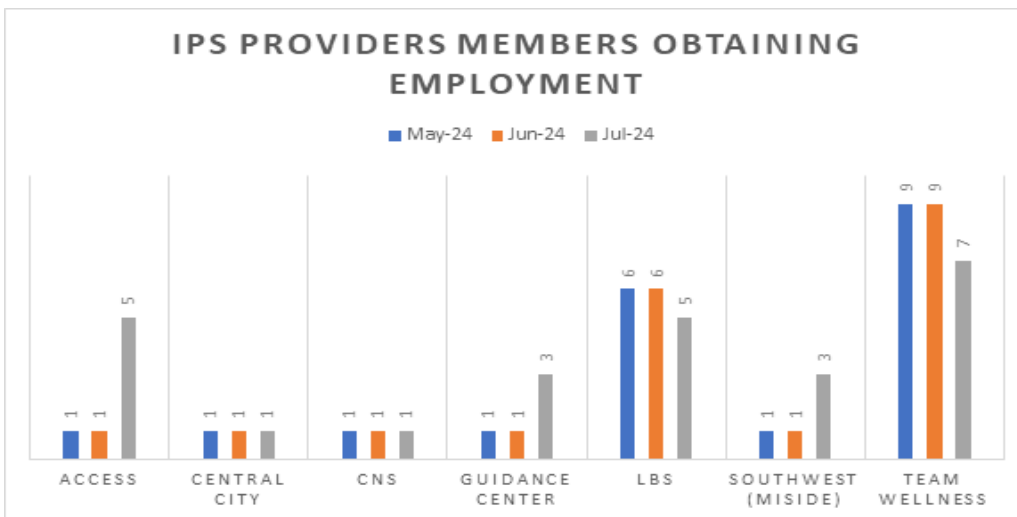
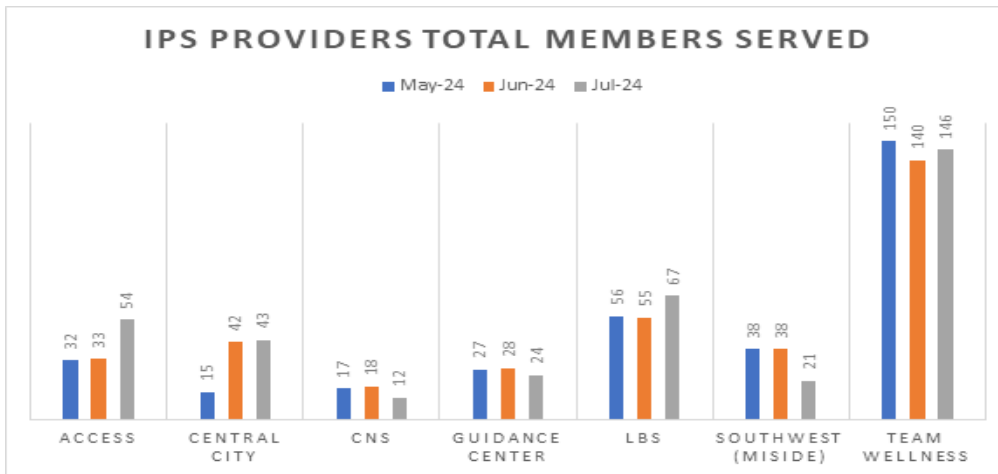
The General Fund Exception Process and Benefit Grid have been re-evaluated to ensure alignment between covered services and medical necessity for this service population. A communication has been sent to the provider network sharing changes that will be implemented as of September 1, 2024.

Members requesting General Fund Exceptions beyond their intended purpose are also being identified and investigated further. These members include, but are not limited to, persons on assisted outpatient treatment (AOT) orders, those with Medicaid spenddown, undocumented immigrants, SMI members with minimal treatment engagement, and members in the specialized residential level of care utilizing specific community living supports and personal care services. Efforts to address the needs of these individuals include a collaboration with Residential Services, DWIHN's MDHHS Benefits and Eligibility Specialists, Adult Initiatives, and the assigned Clinically Responsible Service Providers (CRSP). This includes accelerated engagement of responsible persons/entities (i.e., guardians) in the Medicaid application process, verification of spenddown expenses incurred to meet monthly spenddowns, outreach to MDHHS for

determination of Medicaid eligibility, and delegation of responsibility to the assigned CRSP to deter further need for General Fund as the payor source.

Adult Initiatives:

Individual Placement and Support (IPS) is an Evidence-Based Supported Employment (EBSE) model that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success. There were 367 members receiving IPS services and 71 new referrals during the month of July.



Adult Initiatives recently attended the IPS summit in Bay City, MI, where all IPS providers across the state were present. Adult Initiatives networked with providers and met to discuss and explore expectations among others. Adult Initiatives is scheduled to meet with MRS supervisor, Nicko Dixon, on August 2nd to strengthen DWIHN relationships with MRS and ensure optimal MRS involvement with providers.

Adult Initiatives attended their first fidelity review, as hosted by The Guidance Center, on June 12, 2024. The review resulted in an increase of 13 points, placing Guidance Center at a 107 on the fidelity scale and placing them in a “good” rating. This now results in The Guidance Center only requiring a review every other year, instead of annually, and puts them significantly closer to an “exemplary” rating. It should be noted that an increase of 13 points is never expected and, per fidelity reviewer, unusual and exceptional.

The rating scale is as follows:

- o 74-99 Fair Fidelity
- o 100-114 Good Fidelity
- o 115-125 Exemplary Fidelity

Conflict Free Access and Planning:

DWIHN has been reviewing and discussing the Conflict Free Access and Planning information and guidance that was shared with the PIHP network. It states that the Conflict Free Service Planning activities for HCBS, including the development of the Independent Plan of Service (IPOS), assessment and coordination of services, must be independent from the delivery of HCBS services. Providers, including CMHSPs, can conduct both HCBS service planning and service delivery functions but must not conduct both functions for the same member. This includes persons in the following programs:

- 1915(c) Children’s Waiver
- 1915(c) Children with Serious Emotional Disturbances Waiver
- 1915(c) Habilitation Supports Waiver
- 1915(i) SPA

This is a large system-wide change and DWIHN is developing a plan that would transition our network to be in line with these requirements in a phased approach to minimize disruption in member care.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, August 14, 2024

ACCESS CALL CENTER – Director, Yvonne Bostic
No Monthly Report

ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons
Please See Attached Report

Autism Spectrum Disorder (ASD) – Director, Cassandra Phipps
Please See Attached Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
Please See Attached Report

PIHP CRISIS SERVICES – Director, Daniel West
Please See Attached Report

CUSTOMER SERVICE – Director, Michele Vasconcellos
Please See Attached Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith
No Monthly Report

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
Please See Attached Report

MANAGED CARE OPERATIONS – Director, Rai Williams
Please See Attached Report

RESIDENTIAL SERVICES – Director, Ryan Morgan
No Monthly Report

SUBSTANCE USE DISORDER (SUD) – Director, Judy Davis
No Monthly Report

UTILIZATION MANAGEMENT – Interim Director
Please See Attached Report

Program Compliance Committee Meeting
Marianne Lyons, LMSW, CAADC
8/14/2024



Adult Initiatives Monthly Report July 2024
Marianne Lyons, LMSW, CAADC

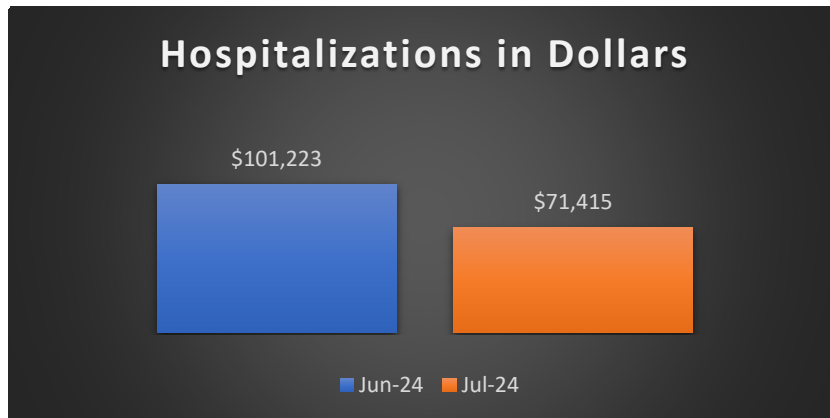
Main Activities during July 2024 monthly Reporting Period:

- Assertive Community Treatment (ACT)
- Med Drop
- Evidence-Based Supported Employment (EBSE)

Progress On Major Activities:

Activity 1: Assertive Community Treatment (ACT)

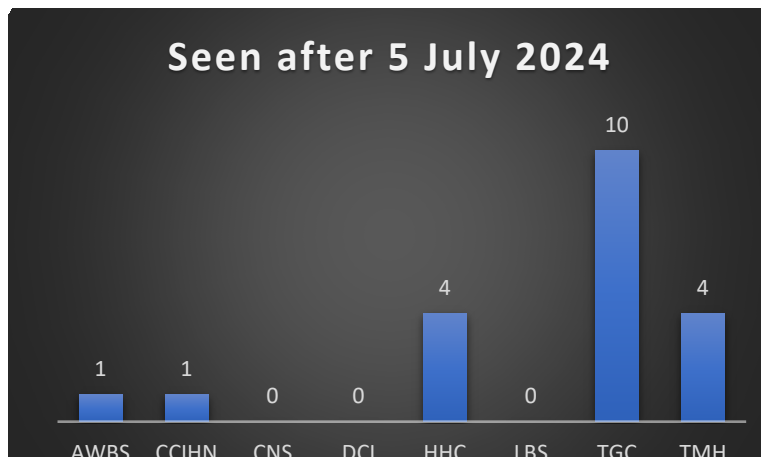
- *Description:* Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff members are available 24 hours, 7 days per week, for 365-days per year.
- *Current Status:* There are **8 ACT** provider service agencies in Wayne County. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, Development Centers Incorporated, Hegira, Lincoln Behavioral Services, Team Wellness and The Guidance Center. Currently, there are **464** members receiving ACT services. For the most recent month, the ACT program experienced a total of **16** psychiatric hospitalizations, which totaled **115** inpatient days, while the month of June experienced **21** hospitalizations resulting in **163** inpatient days. The dollars spent for June hospitalizations equaled **\$101, 223**, while the expenditure for the month of July totaled **\$71, 415**. This equates to a **\$29, 808** savings.



During the most recent Utilization Management Committee meeting, Adult Initiatives presented on the ACT program's utilization reduction efforts. At that time, Dr. Faheem requested that recidivistic members be identified and included in future reports. At present, there are **2** members who were hospitalized twice during the months of June and July. These members' status will be discussed

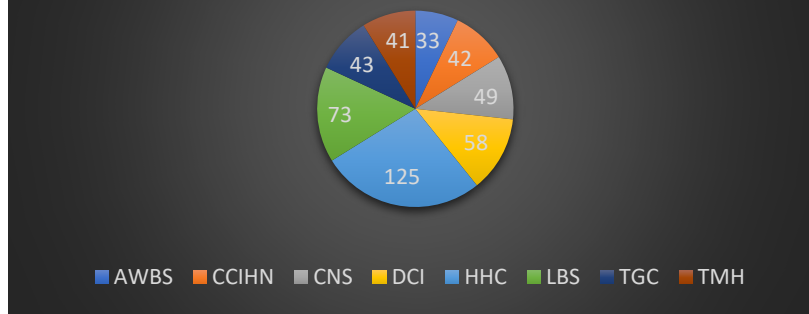
with their CRSPs to determine if proper level of care and medication adherence are factors to their frequent hospitalizations.

- *Significant Tasks During Period:* The significant task for the month of July has been continuance of the 2024 ACT Fidelity Reviews. Reiteration of face-to-face discharge planning has been communicated at the ACT Forum and will be ongoing. It has been communicated to each provider that discharge planning must be completed on a face-to-face basis, and within 72 hours of admission. This information has been disseminated at the ACT Forum and the policy has been distributed as well.
- *Major Accomplishments During Period:* Adult Initiatives requested that IT create a refreshable link that identifies ACT members who are receiving Supported Employment services. This link was completed on 7/24/2024, and at this time, there are **12** members of the ACT program who are engaged in Supported Employment services.
- *Needs or current issues:* At current, ACT providers are working to increase face-to-face contact with their members post 5 PM as well as on weekends. The need for a 3-tier system of identifying appropriate units to request for ACT members is in process and this should aid in the reduction of underutilized units for the ACT program overall.

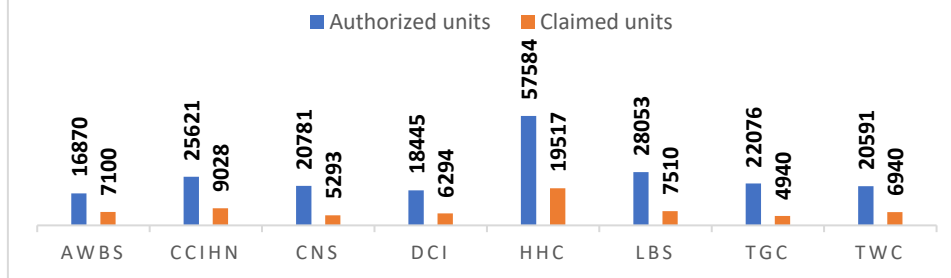


- *Plan:* Adult Initiatives will schedule a face-to-face meeting with each ACT provider within the next quarter to encourage them to continue to provide quality services by adherence to the Michigan Medicaid Manual, SAMHSA (Substance Abuse and Mental Health Services Administration) Guidelines and Michigan Best Practices anchors.

ACT Total Members July 2024



UNITS AUTHORIZED VS CLAIMED JULY 2024

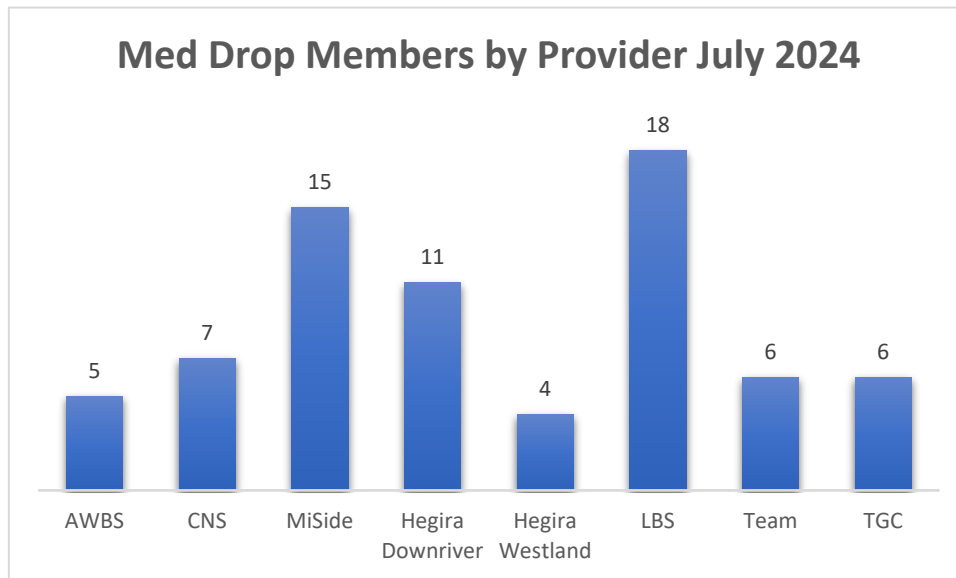


Activity 2: Med Drop

- Description:* Adult Initiatives team is working to increase participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- Current Status:* There were **72 members** who participated in the program in the month of July. There are **1668** anticipated successful deliveries for this month, an increase from the **1388** that were completed in June. This is also a 23% increase in the number of deliveries for June of 2023.
- Significant Tasks During Period:* Central City Integrated Health (CCIH) has restarted the Memorandum with Genoa. They plan to roll out the program initially to AOT members and the Michigan Department of Corrections Returning Citizens and tentatively complete this process during July.
- Major Accomplishments During Period:* We have started discussing the Med Drop program with Community Living Services (CLS) and are scheduled to present it to their staff during their monthly meeting in October 2024. We presented to Kingswood on June 11 regarding Med Drop. They were receptive, and we are now working with the Hospital Liaison unit to develop a process for identifying

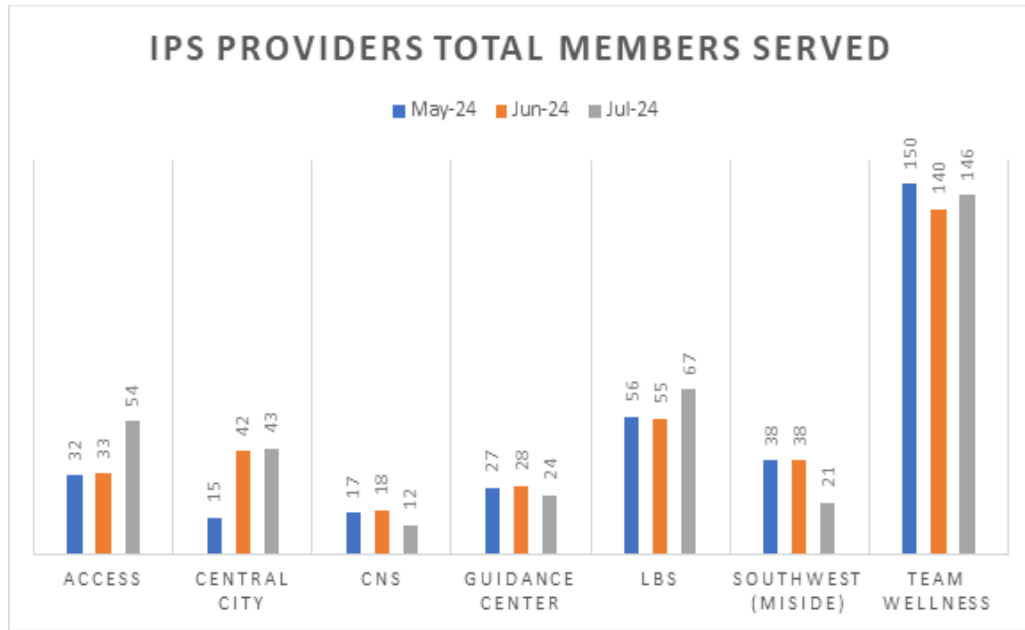
prospective members during their Kingswood admission to the program.

- *Current Issues:* Adult Initiatives will work with the remaining providers to educate and reinforce the program's positive benefits.
- *Plans:* Adult Initiatives will continue to meet with the Med Drop coordinator and program providers to discuss ways to increase admission and barriers to the referral process. We will continue to use various outreach platforms to promote the program to members and providers.

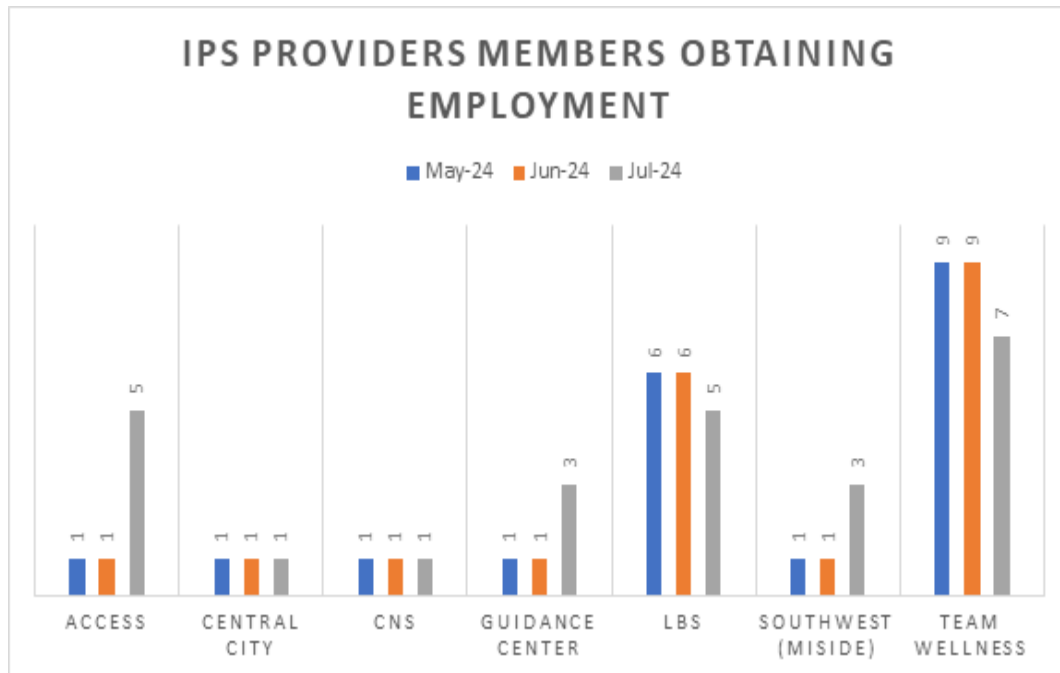


Activity 3: Evidence-Based Supportive Employment (EBSE)

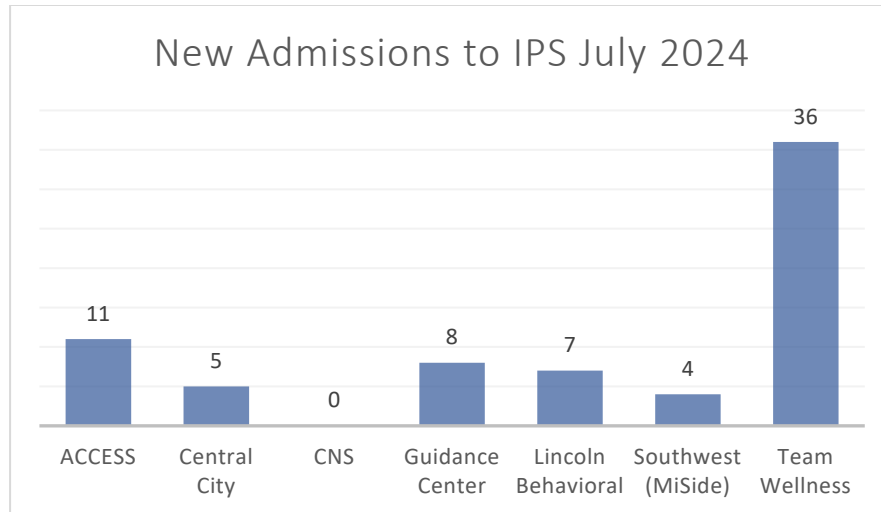
- *Description:* Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success in those acquired positions
- *Current Status:* The total number of individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from CRSPs providing IPS services, and data gathered internally on MHWIN to ensure for the most accurate information. The following data is based on the total number of members receiving IPS services during the July 2024 from the 7 CRSPs providing IPS:



The following additional data presents the total number of members obtaining employment while receiving IPS services during July 2024:



The following data is the new member admissions in the IPS programs for July 2024:



- Significant Tasks During Period:* Adult Initiatives hosted their monthly IPS/EBSE CRSP meeting on July 1, 2024, at 11am. In attendance were supervisors from Team Wellness, CNS, Hegira, Southwest, Guidance Center, DCI, and Lincoln Behavioral. Adult Initiatives continues to build professional relationships with the CRSPs and their supervisors through being available for prompt response to questions and concerns as they may arise and by attending the team meetings. Adult Initiatives recently attended the IPS summit in Bay City, MI, where all IPS providers across the state were present. Adult Initiatives networked with providers and met to discuss and explore expectations among others. It was observed that some providers utilize an outcome-based model where IPS providers are reimbursed based on IPS Fidelity outcomes such as review scores, members gaining employment, etc. Differing rates were also recognized for H2023 Y5 units among provider networks.
- Major Accomplishments During Period:* Adult Initiatives continues to attend meetings with the IPS providers, (supervisors and employment specialists), in person. At this time, Adult Initiatives has been able to meet and greet with all of the CRSPs and their individual employment specialists on their teams, discuss DWIHNs role with supported employment and Adult Initiatives, and discuss areas within their individual programs including success stories among individual members served, ideas for improving retention for members at their new places of employment, and encouraging use of MRS for additional supports both financially and logistically. Additionally, Adult Initiatives is scheduled to meet with MRS supervisor, Nicko Dixon, on August 2, at 10am. This is in effort to strengthen DWIHN relationships with MRS to ensure optimal MRS involvement with providers.

Adult Initiatives attended their first fidelity review, as hosted by The Guidance Center, on June 12, 2024. The review resulted in **an increase of 13 points**, placing Guidance Center at a 107 on the fidelity scale and placing them in a “good” rating. This now results in The Guidance Center only requiring a review every other year, instead of annually, and puts them significantly closer to an “exemplary” rating. It should be noted that an increase of 13 points is never expected and, per fidelity reviewer, unusual and **exceptional!!** The rating scale is as follows:

- o 74-99 Fair Fidelity
- o 100-114 Good Fidelity
- o 115-125 Exemplary Fidelity

- *Needs or current issues:* Adult Initiatives is continuing to work with CRSPs to maintain open discussions regarding maintaining employment specialists and engaging in actions which increase fidelity review scores. Adult Initiatives will continue to attend individual team meetings among the CRSPs as well as conduct monthly reviews to ensure improved fidelity review scores among all CRSPs. Following the IPS summit, it was observed that there is a significant difference with unit rates for IPS services among provider networks. This was established and discussed during a discussion exclusively with administrative employees. Adult Initiatives explored their current rates which represent two rates, including \$47.81 and \$48.05. This is described as rates based on either having a bachelor's degree or not. Adult Initiatives communicated this with the finance department to explore the differing unit rates as well as the bigger picture unit rates among other provider networks.
- *Plan:* Adult Initiatives will begin the process of discovering correlation between employment, engagement in outpatient treatment, and reduction in hospitalization. It is noted that the intention is to determine that member engagement in IPS should create mental health stability, reducing hospitalization/recidivism. This information, if accurate, may drive the idea for an increase in unit rates to allow providers to better provide IPS services to more members and with more resources. The goal remains to increase the number of individuals receiving supported employment services, improve job retention for members served, strengthen professional relationships between DWIHN and CRSPs, track data applicable to member outcomes, and improve IPS services within DWIHN's provider network.

Program Compliance Committee Meeting

Autism Services Department

July 2024 Monthly Report



Main Activities during Reporting Period:

- Activity 1: Autism Benefit Enrollment / Expansion
- Activity 2: Monthly ABA Provider Meeting
- Activity 3: Level of Care

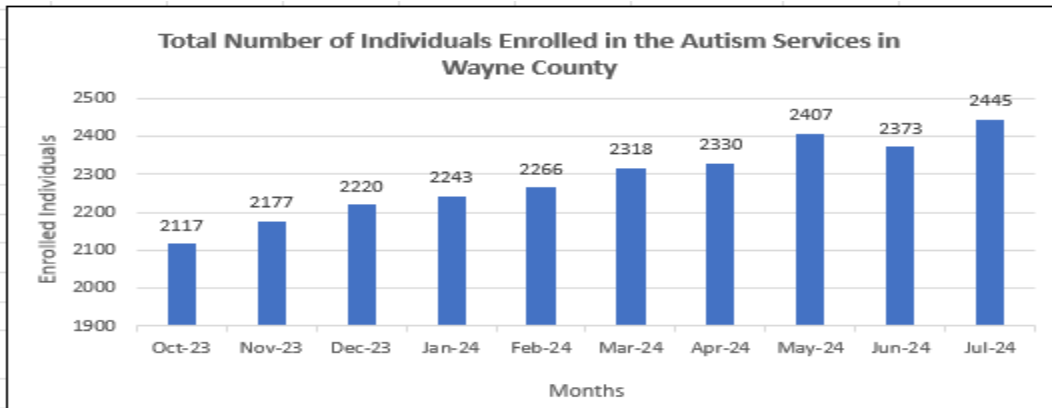
Progress On Major Activities:

Monitoring Autism Benefit Enrollment / Expansion

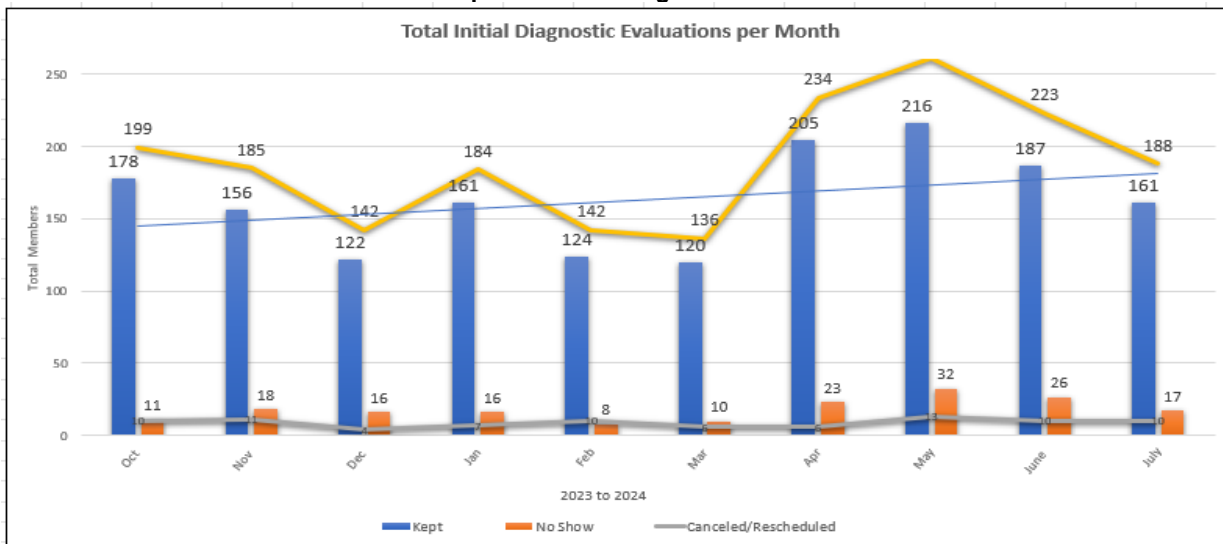
Description: DWIHN Autism Services Department oversees autism services for youth and young adults up to 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD.

Current Status: There was a total of 2245 members assigned to DWIHN's ABA provider network for July 2024. This was a moderate increase of 72 members added from June to July. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there were a total of 188 referrals, 161 kept appointments, and 17 no show appointments. *It is noted the data for this month is preliminary and subject to change during next month's report.*

Total Members Enrolled in Autism Benefit



Total Completed Initial Diagnostic Evaluations



Significant Tasks During Period: To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028.

Major Accomplishments During Period: As of May 2024, there are 27 ABA Providers who passed the RFQ process and 22 are contracted with DWIHN. (Note: Successfully passing the RFQ does not automatically guarantee a contract).

Program Compliance Committee Meeting — Autism Services Department (Cassandra Phipps / Rachel Barnhart)

Needs or Current Issues: The remaining ABA Providers who completed the RFQ process need to successfully complete the credentialing process. The ABA Providers selected from the Qualified List are as follows:

Provider Name	City
Integrated Pediatric Therapy	Brownstown
ABA Golden Steps	Woodhaven
Downriver Therapy Association	Trenton

Plan: Continue to coordinate with Contracts and Credentialing departments regarding onboarding new ABA Providers. Facilitate ABA orientation for the new ABA Providers.

Activity 2: Monthly ABA Provider Meeting

Description: DWIHN Autism Department facilitates a monthly meeting with ABA Providers to ensure ABA Providers receive current updates regarding ABA policies and requirements.

Current Status: The ABA Provider meeting was held 7/22/2024 with all the independent diagnostic evaluators, ABA Providers and (Clinically Response Service Provider) CRSP that oversee members enrolled in the autism benefit.

Significant Tasks During Period: Monthly ABA Provider meeting was held this month. During this meeting various topics were discussed with ABA Providers including the following:

Utilization Management (UM): The UM Department reminded providers that a Percent Utilization Management Analysis is being performed by utilization management. This report will continue to identify and address discrepancies between authorization requests and authorization utilization. The last reports were sent out on 5/20/2024 and are to be sent back no later than 7/26/2024.

Autism Services: The network has expanded to include new providers and locations, such as Advance ABA Care and Lumen Pediatric Therapy. Updates to the Behavioral Health Code Sets and Provider Qualifications were made in March and June 2024, with further guidance to be provided. Beginning on August 5, 2024, there will be minor changes to the billing parameters for CPT Codes 97151 and 97155, which will impact concurrent billing practices. It is important to coordinate care with the CRSP at least quarterly to ensure that service intensity is tailored to individual needs as outlined in the IPOS. Due to increased usage, General Funds will be limited to 90 days.

Training: Providers were informed the Autism Learning Series will start in August and run through September, covering topics like Communication, Training, Supervision, Neurodiversity in ABA services, Parent Training, IPOS Training, Using ACT for Reduction of Challenging Behaviors in Adolescents, and ASD & ABA Therapy.

Major Accomplishments During Period: Over the past five weeks, significant efforts have been made to reduce the use of General Funds. These efforts have led to a noticeable decrease in the number of members relying on these funds since the project began. Additionally, there has been an improvement in response times from ABA providers, who have actively participated in initiatives aimed at reducing General Funds utilization. Their collaboration has been instrumental in achieving a more efficient allocation of resources, resulting in a substantial decrease in the overall General Funds data amount.

Needs or Current Issues: The Access Call Center has requested further instructions to support the new physician referral process. Continue updating the current Qualified Behavioral Health Professional (QBHP) list is necessary to ensure our records are accurate and efficient. Additionally, we are refreshing our CRSP and ABA provider contact lists.

Plan: Update the current QBHP list and the CRSP and ABA provider contact lists. Additionally, continue efforts to reduce the number of members relying on General Funds.

Activity 3: Level of Care

Description: ABA treatment offers two different levels of care according to medical necessity, that is either Focused Level of Care or Comprehensive Level of Care. Focused level of care is a limited number of chosen skill targets specific to identified goals that can range from 10 to 25hrs per week. Whereas comprehensive level of care focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40hrs per week.

Current Status: For FY24 (Q1 – Q3) there was a total of 1,472 new members; in which, 1,386 members met medical necessity for Comprehensive Level of Care and 86 members met medical necessity for Focused Level of Care.

New Members – Level of Care Status	Comprehensive	Focused	Total
Q1	386	28	414

Q2	422	25	447
Q3	578	33	611
Total:	1386	86	1472
Fiscal Year 2023 - 2024	Comprehensive	Focused	Total
10/1/23 – 7/31/24	2256	188	2,444

Significant Tasks During Period: In July 2024, the ASD Program Administrator coordinated with DWIHN on concerns related to compliance with utilization, credentialing, and providing treatment according to medical necessity for an ABA Provider. Additional, technical support was provided to the network as well as recipient rights guidance and direction on DWIHN policy related to staff file maintenance.

Major Accomplishments During Period: Coordinated with Access Call Center to improve oversight of members either waiting for diagnostic evaluation or coordination of care. Data system will be utilized across both departments improving access and workforce.

Needs or Current Issues: Update tracking system for ABA Providers to inform of changes to level of care throughout treatment.

Plan: Continue to meet with the Grievance Coordinator to develop a performance-based permanent product approach to ensure ABA Providers correctly complete and maintain due process while also adhering to the Behavior Analysis Certification Board Ethics Code for BCBA's. Once the data system is complete introduce to Providers to highlight subtle changes in level of care trends throughout treatment.

Monthly Update

Things the Department is Doing Especially Well:

Autism Service Delivery: Continue to support Children Providers and ABA providers regarding active members requiring re-eligibility. DWIHN continues to provide direction to ABA providers that eligibility remains a key contractual requirement included in the Statement of Work (SOW) which determines eligibility to continue the delivery of autism services. Established General Fund criteria for ABA Providers indicating authorization allowance for 90-day limit. The ASD Program Administrator reviewed the procedural outline for the future parent training project as well as coordinated with the communications department to ensure content is palpable for demographic, social, and cultural needs of Wayne County.

PICA Consultation: The ASD Program Administrator provided Mary Luchies (MDHHS Autism Coordinator) consult for a medically complicated youth with risky PICA behaviors. PICA is a mental health condition where a person compulsively swallows non-food items and is common among children to have this eating disorder. This particular youth was experiencing high lead levels as a serious health risk due to maladaptive behaviors; in which, consulting with DWIHN ABA Department was beneficial to assist with resolving.

Identified Opportunities for Improvement:

Level of Care (LOC): Recognized a pattern within submissions of grievances and appeals providing an opportunity to explore further barriers associated with level of care to ABA services. This resulted in the Autism Department continuing to coordinate with Customer Services during this month to determine appropriate parameters to level of care requests.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP): Discussed with Providers the PIP expectation monitoring ABA service start dates to meet requirement of engagement within 14 days of the authorization effective date.

Program Compliance Committee Meeting



Children's Initiative Department July 2024

Main Activities during the Reporting Period:

- Activity 1: MichiCANS
- Activity 2: Eligibility Screening
- Activity 3: Hospital Recidivism

Progress On Major Activities:

Activity 1: MichiCANS

Description: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. The Children Center and DWIHN Access Department participated in the Soft Launch Pilot January 2024 – March 2024.

Why is this Important?: The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale(CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. In addition, the MichiCANS will also be required for children and youth with serious emotional disturbances (SED) and intellectual developmental disabilities (IDD). In addition, the Devereux Early Childhood Assessment (DECA) will change during October 2024 as well to be administered as an assessment tool for ages 0 to 6 for both SED and IDD children.

Current Status: Although the soft launch ended, continuing to complete the MichiCANS Screenings in preparation for the full implementation October 2024. During the month of July 2024 DWIHN Access Department completed 158 MichiCANS Screenings.

Screening Disposition	Total Screenings
No Eligibility or Services Declined	1 Screening
Non Emergency: Mild / Moderate Needs	48 Screenings
Non Emergency: Serious Needs	104 Screenings
Emergency	0 Screening
Total Screenings	153 Screenings

Significant Tasks During Period: Issued an updated MichiCANS Training memorandum to Children Providers and CCBHC Providers informing of MichiCANS Leadership Training presentation and recording. Also informed of updated MichiCANS supplemental documentation added to the MichiCANS webpage including the MDHHS MichiCANS data report.

Major Accomplishments During Period: Clinical staff from Providers started attending the MichiCANS trainings and providing feedback and suggestions to assist with successfully completing the MichiCANS certification requirements.

Needs or Current Issues: Providers to work with IT Departments within their perspective agencies to update the electronic health records to include MichiCANS Screener, MichiCANS Comprehensive, and MichiCANS Supportive Decision Model components.

Plans:

- Continue to participate in monthly MichiCANS meetings in preparation for the hard launch
- Update Service Utilization Guidelines to include MichiCANS Supportive Decision Model information
- By September 2024 update policies and utilization guidelines to incorporate MichiCANS requirements
- MichiCANS Q&A Session scheduled for 8/23/24

Activity 2: Eligibility Screening

Description: Offering screenings to determine eligibility for behavioral health services is an important and introductory component of persons served connecting to behavioral health services. In addition to DWIHN Access Center completing screenings, there are specific situations in which Children Providers and CCBHC Providers also complete screenings.

Why is this Important?: The goal is to monitor all screenings completed by Children Providers and CCBHC Providers for those requesting behavioral health services.

Current Status: Effective 7/1/2024 Children Providers and CCBHC Providers are to begin using the H0002 Brief Screening CPT Code when completing screenings to determine eligibility for behavioral health services. Updating the bulletin to include Clinic for Child Study and Intellectual Developmental Disability services.

Special Population Screenings	Disability Designation	Age Criteria	CPT Code	Modifier
Infant Mental Health and Early Childhood	NA	0 to 6	H0002	IF
Infant and Early Childhood Mental Health Consultation Grant (IECMHC)	NA	0 to 6	H0002	IE
Intellectual and Developmental Disability Services	IDD	0 to 6	H0002	DD
Youth involved in Foster Care	SED / IDD	0 to 21 st birthday	H0002	YF
Youth Juvenile Justice	SED / IDD	0 to 21 st birthday	H0002	YJ
Juvenile Restorative Program	SED / IDD	5 to 18	H0002	JR
Clinic for Child Study	SED	0 to 18 th birthday	H0002	CJ
Children Waiver	IDD	0 to 18 th birthday	H0002	CW
SED Waiver	SED	0 to 18 th birthday	H0002	WA
School Success Initiative	SED	0 to 21 st birthday	H0002	SI
CCBHC (Must be billed along with T1040)	NA	All ages	H0002	None

Significant Tasks During Period: Developed a draft Provider Screening Eligibility Guidance outlining specific procedures with utilizing the new screening code / modifiers. In addition, streamlined the submission process for Providers to submit new enrollment packets to DWIHN Access Department for approval.

Major Accomplishments During Period: Effective 7/1/2024 Providers can begin using the new screening code to capture screenings completed. Considering each Provider has a different electronic health record, there were three (3) options provided to use the screening code: a). Screening tool within Provider electronic health record, b). Progress note within Provider electronic health record, and or c). Provider submit a manual claim within MHWIN electronic health record.

Needs or Current Issues: Develop a monitoring system to track the compliance and progress of the new screening code submitted by Providers.

Plans:

- Update the MDHHS Performance Indicator Report to include the new screening code for performance indicator 2a (Intake assessment is completed within 14 calendar days of a non-emergency screening request)
- Develop an eligibility screening report to monitor completed screenings per special population

Activity 3: Hospital Recidivism

Description: Michigan Department of Health and Human Services (MDHHS) Performance Indicator #10 captures the percentage of readmissions of children during the quarter to an inpatient psychiatric unit within 30 days of previous discharge.

Why is this Important?: The goal is for the percentage rate to be under 15% of youth presenting with hospital recidivism.

Current Status: During FY24 / Q3 the hospital recidivism rate increased above the cut off benchmark to 15.81%. This is the highest recidivism rate DWIHN has experienced. In analyzing the data it was determined the majority of the youth experiencing an inpatient hospitalization were brand new to the network and or did not complete the scheduled intake assessment appointment with the Children Provider.

Significant Tasks During Period: To improve reducing hospital recidivism various meetings were held with Children Initiative, Utilization Management, Crisis Services, crisis screeners, and meetings with Children Providers to discuss the data trend, barriers, and solutions. Thus, updated the Children Crisis Clinical Review Form and added to DWIHN website for Providers to complete within 48hrs of a crisis event resulting in member placed out of the home. This form assists with Providers informing of hospital discharge planning, status of member, and progress/barriers with treatment services. Also updating the Crisis Plan policy and Pre Admission (PAR) procedures requiring Providers to complete the Children Crisis Clinical Form.

Major Accomplishments During Period: There is noted progress with Providers completing Crisis Plans consistently as well. FY24 – Q3: Crisis Plans (Goal = 85%)

- Child SED Providers = 78%
- Child IDD Providers = 81%

Needs or Current Issues: Educate Children Providers on the CRSP Re Engagement / Disenrollment Policy to properly discharge members and the need to engage youth discharged from the hospital setting.

Plans:

- Present at Improving Practices Leadership Team (IPLT) meeting on 8/6/24 with Providers to improve reducing hospital recidivism and update DWIHN policies.
- Review the Hospital Discharge report to ensure proper billing of hospital discharge services

Monthly Update

Things the Department is Doing Especially Well:

Conferences: Children Initiative representatives attending relevant MDHHS conferences this month.

- **Moving the Torch Conference (Novi, Michigan):** Cassandra Phipps (Director of Children Initiatives), Monica Hampton (Clinical Specialist - SED), and Lucas Gogliotti (Clinical Specialist – IDD) presented during the panel discussion on collaborating with various systems to address the community mental health needs of children, youth, and families in Wayne county.
- **Wrap Around Conference (Bellair, Michigan):** Monica Hampton (Clinical Specialist – SED) and Lucas Gogliotti – IDD) attended the annual Wrap Around Conference to gain insight of changes to the Wrap Around model for FY 25.
- **Minority Mental Health Townhall:** Cassandra Phipps (Director of Children Initiatives) presented on panel discussion for a virtual town hall hosted by Hegira Health to discuss the benefit, barriers, and progress of minorities receiving mental health services.

Expansion of Children Services: As of this month Judson Center has been approved to begin delivering children services for youth with serious emotional disturbances and intellectual developmental disabilities.

Trainings: Children Initiative Department hosted the following trainings this month.

- PECFAS Initial Training
- CAFAS Booster Training
- Children Mental Health Lecture Series: Psychotropic Medications in Children and Adolescents (Dr. Faheem – DWIHN Chief Medical Officer)

Identified Opportunities for Improvement:

Improve MDHHS Indicator 2a – The percentage of new persons completing an intake assessment within 14 calendar days of a non-emergency request for service for IDD children services. See progress below for SED children.

Progress on Previous Improvement Plans:

The goal is to improve compliance with children and youth requesting community mental health services receive an intake assessment within 14 calendar days with a Children Provider. Effective Fiscal Year (FY) 24 the goal is to achieve 57%.

- MI – Children with Serious Emotional Disturbances (ages 0 to 21st birthday)
- DD – Children with Intellectual Developmental Disabilities (ages 0 to 21st birthday)

MDHHS Performance Indicator 2a	FY 23 – Q1	FY 23 – Q2	FY 23 – Q3	FY 23 – Q4	FY 23 Total
MI / Child	28.81%	31.42% (+)	26.57% (-)	32.49% (+)	29.82%
DD / Child	28.71%	32.08% (+)	32.60% (+)	46.03% (+)	34.85%
MDHHS Performance Indicator 2a	FY 24 – Q1	FY 24 – Q2	FY 24 – Q3		FY 24 Total
MI / Child	30.21%	51.78% (+)	59.13% (+)		47.04% (+)
DD / Child	21.78%	27.92% (+)	32.02% (+)		27.24% (-)

Interventions:

- Discussed during various Children Provider Meetings / Trainings
Progress: Providers informed hiring additional staff mainly contributed with improvement with SED child data.
- Issued 2023-008 Request for Proposal (RFP)
Progress: Judson Center credentialed to deliver outpatient services
- Children Providers complete monthly Provider Capacity Form when experiencing challenges with providing services.
Progress: Consider requiring all Children Providers to complete the Provider Capacity Form monthly
- Children Providers begin using screening code for children screenings completed to start including in the MDHHS Performance Indicator data (School Success Initiative, Children Waiver, SED Waiver, Juvenile Justice, Ages 0 to 6, and CCBHC).
Progress: Providers were trained to utilize the new screening code on 6/28/24 and can begin using the code effective 7/1/2024. Updating the Provider Screening Bulletin to add children intellectual disability screening code as well.

PIHP Crisis Services Department Report, July 2024

Daniel West, Director of PIHP Crisis Services

8/14/2024



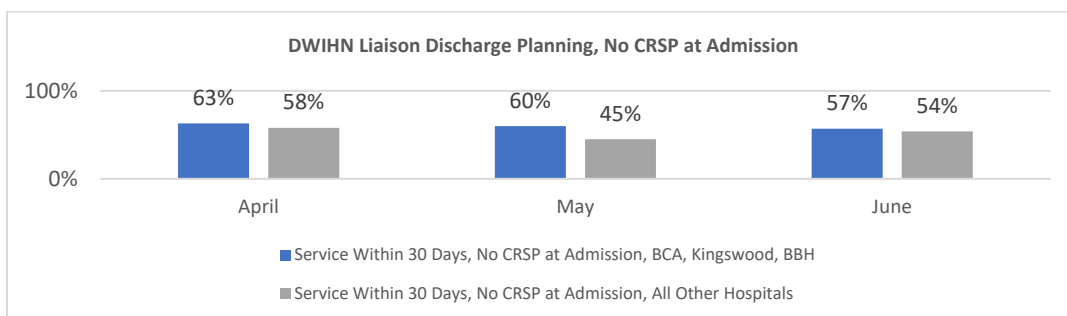
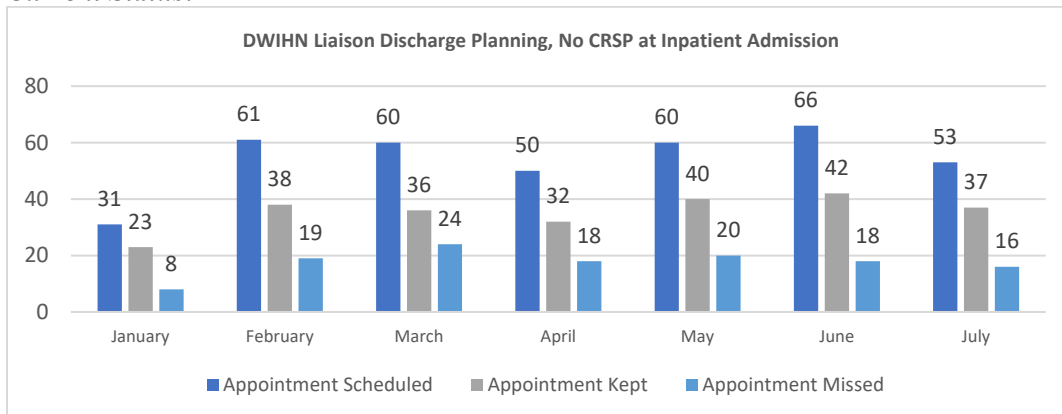
Main Activities during July 2024:

- Discharge planning for members in inpatient hospitals.
- Reduce recidivism
- Reduce inpatient hospitalizations.

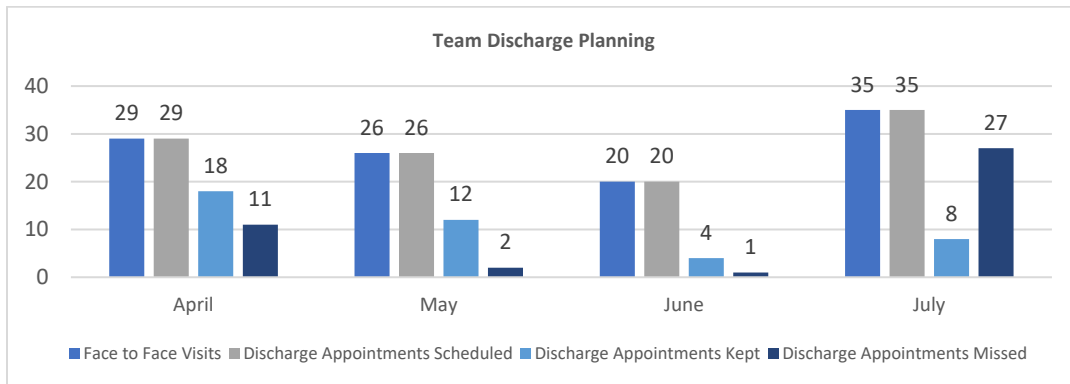
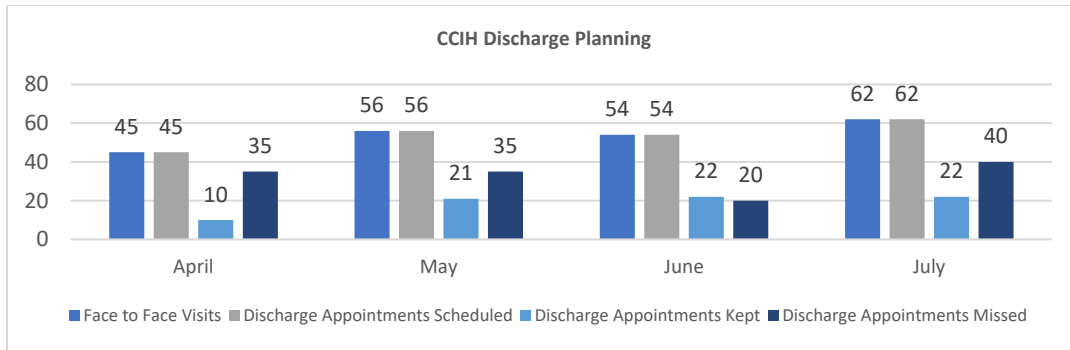
Progress On Major Activities:

Activity 1: Discharge planning for members in inpatient hospitals.

- **Description:** DWIHN Liaisons continue to meet with members at selected inpatient hospitals (BCA, Kingswood, Beaumont Behavioral (BBH)) to engage members in discharge planning when members are admitted without an assigned provider. Liaisons meet with members to discuss barriers to ongoing service connection and support selection of a preferred provider prior to discharge. Liaisons complete a discharge planning worksheet, coordinate with inpatient treatment teams, and work to ensure the member attends their hospital discharge planning appointment. The Crisis Services Department continues to work with Team Wellness (TWC) and Central City Integrated Health (CCIH) to support these providers to engage their assigned members in discharge planning.
- **Current Status:**



**Data Preliminary, July claims pending

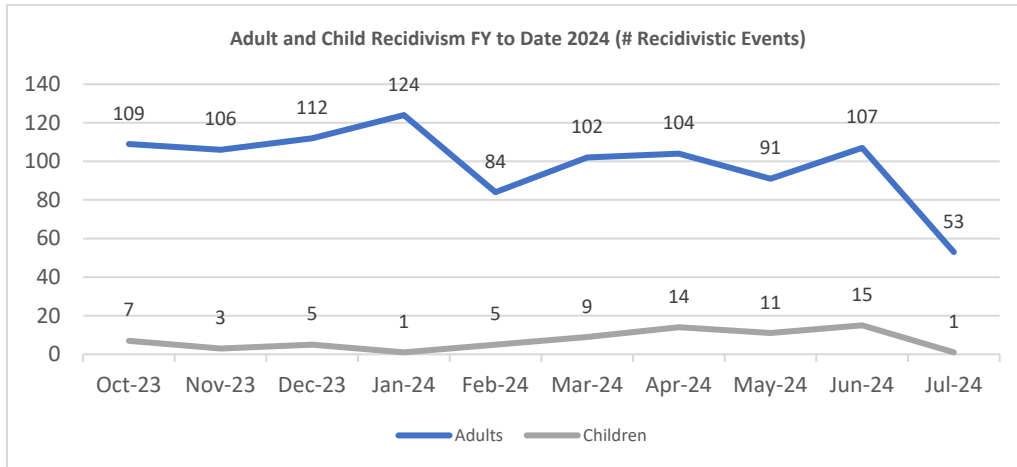


- Significant Tasks and Major Accomplishments During Period:** The team has improved the percentage of members who received service within 30 days of discharge from BCA, Kingswood, and BBH, after having been admitted without an assigned CRSP. This is in comparison to the percentage of members who received a service within 30 days at all other hospitals after having been admitted without an assigned CRSP. CCIH saw 62 members in July, 35% kept their aftercare appointments. Similarly, TWC saw 35 members and 22% kept their aftercare appointments. DWIHN Liaisons have improved the percentage of appointments kept (70% in July).
- Needs or Current Issues:** The team has recognized the need to collect data for reasons members miss their follow-up appointments to initiate targeted interventions. The team will expand on the previously developed report to include percentages of members receiving ongoing care post-discharge at 30-, 60-, 90-, and 120-day markers. These trends will be analyzed to determine common barriers to ongoing treatment in the community. The team found there to be an increase in missed appointments for both TWC and CCIH.
- Plan:** The team worked with Integrated Healthcare Initiatives at DWIHN to develop a one-page questionnaire to provide to members in inpatient facilities to gather most common reasons for missed appointments and barriers to ongoing care. Once the report is expanded, the team will analyze the data to determine reasons and/or barriers that prevent ongoing service. The team will track this data and share results.

Activity 2: Reduce recidivism

- Description:** The PIHP Crisis Services Department works to identify members who receive an assessment in crisis that are recidivistic. Members seen in a crisis encounter within 30 days of a previous admission are at risk of becoming recidivistic if they are re-admitted to an inpatient level of care within those 30 days. The team developed a process to identify members who are recidivistic, notify the assigned CRSP, and connect members without a CRSP to a provider for ongoing treatment services in the community.

- **Current Status:**

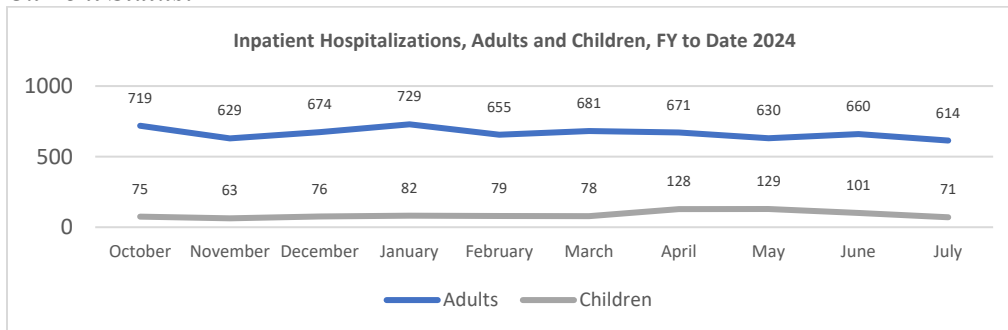


- **Significant Tasks and Major Accomplishments During Period:** There has been a noteworthy decrease in the number of adults and children who had recidivistic admissions in July. The team worked with Adult and Children’s Initiatives to identify recidivistic members and to share notification of a crisis screening with the assigned CRSPs. For adults who presented to the EDs without an assigned CRSP, the team worked to get those members assigned.
- **Needs or Current Issues:** The team has determined there are opportunities to divert members to the Care Center to potentially limit unnecessary recidivistic inpatient hospitalizations. The team has recognized a need to reiterate the value of CRSPs seeing their members on inpatient units to assist with discharge planning.
- **Plan:** The PIHP Crisis Services Department will continue to meet with Care Center leadership to develop a process for Care Center referrals from the emergency department based on assessed need. The team will also continue to reiterate the value of CRSPs seeing their assigned members on inpatient units to engage in person-centered discharge planning.

Activity 3: Reduce inpatient hospitalizations.

- **Description:** The Crisis Services Department works with screening agencies to reduce the number of inpatient hospitalizations for members assessed in crisis. Historically, members in crisis are admitted to an inpatient level of care approximately 70% of the time, and the team has recognized a need to reduce this rate of hospitalization.

- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** There was a notable decrease in inpatient hospitalizations for adults and children in July. The team has worked with screening agencies for adults and children to ensure medical necessity is clinically justified on pre-admission reviews. The team has also taken opportunities to address levels of care based on documentation within reviewed PARs.

- **Needs or Current Issues:** The team has recognized a need to continue to share and communicate options for members who are in crisis that do not involve an emergency department admission. The team will continue to work with all partners to enforce notification of all members of their options, including the DWIHN Care Center and Mobile Crisis.
- **Plan:** The team will ensure discussion continues with the DWIHN Care Center leadership to solidify an efficient process to refer members to the Care Center from the ED and will continue promoting DWIHN Mobile Crisis Services in the community as a part of ED discharge.

Monthly Update:

- **Things the Department is Doing Especially Well:**

- The Crisis Services Department has improved the percentage of members who receive a service within 30 days of discharge at BCA, Kingswood, and BBH. The team has leveraged solidified relationships at those hospitals to implement this intervention for members admitted without a CRSP.

- **Identified Opportunities for Improvement:**

- The team has found there to be a need to analyze longitudinal data to determine barriers to ongoing care at 30-, 60-, 90-, and 120-day markers. This data will serve as a basis for targeted interventions based on most common reasons members do not continue with services in the community. Similarly, data will need to be gathered on reasons for the increase in missed appointments for CCIH and TWC during this period and ongoing.

- **Progress on Previous Improvement Plans:**

Recidivism	Adults	Children
4th Quarter	16.09%	11.58%
1st Quarter	17.58%	8.62%
2nd Quarter	16.65%	8.82%
3rd Quarter **	17.36%	15.81%

**Data preliminary

- Regarding the increase in children’s recidivism in the 3rd quarter, the team has worked with Children’s Initiatives to ensure the crisis clinical review form is now part of the process for screening agencies to notify the assigned CRSPs for children of a crisis encounter. In a collaborative effort, the team has updated policy to include this clinical review form to ensure services in place are reviewed per medical necessity to positively influence recidivism. Screening agencies are now providing this review form to assigned CRSPs of youth members screened in crisis. The crisis clinical review form has also been added to the DWIHN website. In addition, the team has worked with the care center to ensure there is an efficient and timely process in place for referrals to the care center from the ED for youth that would benefit from this service.

Program Compliance Committee
Michele Vasconcellos Director, Customer Service July 2024 Report
August 14, 2024

Unit Activities

- 1.) Customer Service Calls
- 2.) Grievances and Appeals
- 3.) Member Engagement

Activity 1: Customer Service Calls

The Customer Service Call Activity is inclusive of the Reception/Switchboard and Call Center. MDHHS mandated Standard is to ensure that the call abandonment rate is to be < 5%.

Reception/Switchboard Reception/Switchboard

	July FY 23/24		July FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	1,345	1.0%	1,164	1.0%

Customer Service Call Center

	July FY 23/24		July FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIHN Customer Service	891	4%	430	4.0%

Significant Activities:

- In comparing the fiscal years 22/23 and 23/24, the numbers continue to vary yearly in the switchboard and Call Center area, with the abandonment rate below 5%. For July 2024 we show a slight increase in the call volume for the switchboard with the abandonment of less than 5%.
- During Fiscal Year 23/24 for July our call volume continues to increase numbers show a significant increase in calls received through the Customer Service Call Center. The abandonment rate is still less than the standard 5% or less. The grid above identifies the number of calls received and the abandoned rate from the Customer Service Call Center. However, the Customer Service Call Center also made 264 outbound calls, which has increased since last month. The outbound calls are due to presented calls, special cases, email follow-up, and other, assigned follow-up calls as appropriate.
- Customer Service Call Center Operations continues to address special follow-up activity.

Activity 2: Grievances and Appeals

Customer Service ensures that members are provided with their means to due process. The due process is inclusive of Complaints, Grievances, Appeals, Access to Mediation and State Fair Hearings.

Complaint and Grievance Related Communications

	July FY23/24	July FY22/23
Complaint/Grievance Correspondence	306	222

Note: Began to track all communications, calls. Emails and mail mid FY 22/23

Grievance Processed

Grievances	July FY23/24	July FY22/23
Grievances Received	6	11
Grievances Resolved	6	1

Grievance Issues by Category

Category	July FY23/24	July FY22/23
Access to Staff	0	0
Access to Services*	1	4
Clinical Issues	0	2
Customer Service	1	3
Delivery of Service*	5	1
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	0	0
Interpersonal*	2	7
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	0	1
Transportation	0	0
Other	0	1
Wait Time	0	0
Overall Total	9	19

Note: A grievance may contain more than one issue.

MI Health Link (Demonstration Project) Grievances

Grievance	July 24	July 23
Aetna	0	0
AmeriHealth	0	0
HAP CareSource	0	0
Meridian Complete	0	0
Molina	0	0
Overall Total	0	0

Appeals Advance and Adequate Notices

Notice Group	June FY23/24 Advance Notices	June FY23/24 Adequate Notices	July FY 22/23 Advance Notices	July FY 22/23 Adequate Notices
MI	1204*	206	1610	308
ABA	132**	7	90	9
SUD	108	28	75	14
IDD	228	17	272	50
Overall Total	1672	312	2047	381

Note: It can be surmised that significant changes from the current fiscal year to the previous for MI more members are remaining engaged in treatment (less notices issued) and for the ABA** notices, this may be the direct result of capacity issues.*

Adequate Notice: Written statement advising beneficiary of a decision to deny or limit Medicaid services requested. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan.

Advance Notice: Written statement advising the beneficiary of a decision to reduce, suspend, or terminate services currently provided. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.

***Please note that the numbers for FY 23/24 are for June of 2024 as the July numbers are not yet available. ***

Appeals Communications

	July FY 23/24	July FY22/23
Appeals Communications Received	179	157

**Communications include emails and phone calls to resolve appeals.*

Appeals Filed

Appeals	July FY 23/24	July FY 22/23
Appeals Received	5	7
Appeals Resolved	4	6



DWIIHN State Fair Hearings

SFH	July FY 23/24	July FY 22/23
Received	0	0
Scheduled	0	0
Dismissed or withdrawn	0	0
Transferred out	0	0
Upheld by MDHHS	0	0
Pending	0	0

MI Health Link (Demonstration Project) Appeals and State Fair Hearings

July FY23/24 and FY22/23

ICO	Local Appeals	State Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Meridian Complete	0	0
HAP CareSource	0	0
Molina	0	0
Total	0	0

Significant Activity:

The trending grievance pattern for the top 3 grievance categories for July '24 are: Delivery of Service, Interpersonal and a 2-way tie for third place: Access to Services and Customer Service.

- There have been 0 requests for a DWIHN State Fair Hearings in July of 2024. There have consistently been no State Fair Hearings for MI Health Link members for several fiscal years.
- Attended the statewide Customer Service Workgroup meeting.

Accomplishments:

- Grievance team has successfully referred two provider staff to ORR dignity and respect training as a part of grievance resolution.
- Grievance staff have increased the resolved cases in the month of July including shorter resolution time frames.
- Staff volunteered at the Member Engagement V.E.R.P. (Voter Education Registration & Participation) event on July 25th.
- Successfully presented Due Process information at the Quarterly Customer Service Provider meeting.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided the opportunity for DWIHN and Community inclusion. In addition to promoting principles of advocacy, member rights, and responsibilities, the use of focus groups, surveys, and outreach are utilized to address areas for valued participation and interaction. This feedback is essential to DWIHN's ability to address member, provider, and community concerns and prioritize new initiatives.

Significant Activity:

- Member Experience Coordination continues to work in assisting with measuring the quality of services for the two non-emergency transportation vendors, Godspeed and Mariner's Inn. The second review of satisfaction will allow for an overview of the vendors' ability to continue and perhaps expand transportation services for DWIHN. To date, both vendors have scored as relatively engaged, and generally participants of the services have deemed it satisfactory.
- In preparation for National Core Indicators, Member Experience is attending meetings and maintaining contact with WSU DDI who will coordinate this year's release of NCI. We are expecting an earlier release than has been occurring generally in early November, this year we have been told the release in October. NCI is a survey and review of indicators that review service and care for the Intellectual and Developmentally Disabled Community. The data is accrued state-wide and released very slowly, reporting outcomes of previous year (23) has yet to be released.
- The ECHO Children and Adult Member Experience surveys are almost complete, and a summary of outcomes is expected in late August.
- The Office of Peer Services continues to work to support peers and has worked to assist with access to NPI numbers for Certified Peer Support Specialists and Certified Recovery Coaches. The team is working to continue provide content and training for the Quarterly Tri-County Consortium and is planning an application for CEU for introduction to WRAP program.
- MDHHS has changed the application for processing the Certified Peer Training packages, the Office of Peer Services is assisting potential candidates and providers in processing those applications.
- The recruitment of Peer Agents continues. There is one vacancy of the four approved positions, interviews to fill the final position is scheduled for August 6 and 7th.
- Clubhouse and Drop-In grants are in the 4th quarter. There are two (2) clubhouses (ACCESS-HOPE and New Directions – formerly DCI) that have not taken part in the Medicaid spenddown incentives. The FY 2025 Clubhouse contracts will go to Adult Services, with a warm transfer commencing October 1, 2024. Member Engagement will continue to monitor the Drop-In Centers for FY 2025 which includes Harvest Retreat, Our Place Drop-In and Perfect Place Drop In. The State will open the EGRAM programming in August 2024, but all grants for 2025 have been verbally approved, with no amendments.
- The Person Point of View summer edition is underway to include information will include relevant information for NCQA and HSAG, as well as recent programming, resources and information to support Members.
- In June the DWIHN Engagement Team continued its Voter's Education Program and hosted a social inclusion educational event at Bell Creek Park in Redford. Clubhouse and Peer Members enjoyed a wonderful event which helped them learn about civic responsibility while also enjoying park social environment that included, music, dance, games, testimonials, a visit by a mobile crisis unit so members could see the van and get an overview of how the van would be used in the community. On July 25th the Engagement Team with the CV Advisory Committee co-hosted a Voter Education and Candidate's Forum at the Considine Center, about 170 people attended with 15 candidates along with voter education presentations from The Arc Detroit, Disability Network, NAMI-Detroit, and Detroit Elections Commission. Teaching civic responsibility and helping members to understand the value of the vote was the main objective. Vendors that offer services to members were also in attendance to support the VERP= Voter Education Registration & Participation.

Other Notable Accomplishments

- The CV Member Advisory Committee is working to update its by-laws and was engaged in participation and information related to the CCBHC application, presented by Ebony Reynolds. Elected new leadership, co-chairs Jamie Junior and Shelly Nelson.
- The Member Engagement Unit hosted a SOULS Chat on Independence Day July 4th with 7 participants, the goal is to engage in casual s conversation on faith, family, relationships and socialization via a zoom platform on holidays when members may not have any social contact, or to discuss relevant issues and information. The next SOULS event will be held on Labor Day September 2nd, time TBD.

Submitted by: Michele Vasconcellos, Director, Customer Service
August 1, 2024

April 2024 IHC Monthly Report
Vicky Politowski IHC Director
8/14/2024



Main Activities during July 2024 Reporting Period:

- **Complex Case Management**
- **OBRA/PASRR**
- **Mi Health Link and MHP Projects**

Activity 1: Complex Case Management

- **Description:** The Complex Case Management team is constantly utilizing efforts to gain and serve more members.
- **Current Status:** Complex Case Management has **8** active cases, **4** new and **1** was closed, due to meeting care goals. Care coordination was completed for **14** members and **17** individuals were trained in the community on Complex Case Management. Twentynine (**29**) members were contacted for FUH follow-up and **5** were reached, **11** attended their appointment.
- **Significant Tasks During Period:** CCM continues to engage members in their FUH appointment.
- **Major Accomplishments During Period:** Fully staffed and focus on community engagement.
- **Needs or Current Issues:** Onboarding new staff and increase number of members serviced.
- **Plan:** Continued focus more on member engagement, resuming CCM in-service meetings with CRSP's

Activity 2: OBRA/PASRR

- **Description:** Currently has **585** in the INP que. Although the numbers haven't decreased in the queue, OBRA has reduced the length of time in assigning assessments. Assessments currently assigned are for June/July.
- **Current Status:** OBRA processed **613** referrals, **328** were assigned to be completed and **285** were triaged and provided exemption letters.
- **Significant Tasks During Period:**
 1. OBRA has completed **159** full assessments this month and **53** partial assessments with a total of **212** face-to-face contacts for July. This is an increase of **66** more assessments completed than in June.
 2. All positions have been filled.
 3. PASRR educator provided training to **22** Nursing homes and **2** Hospital. Training **34** staff

- **Major Accomplishments During Period:** Sixty-six more assessments were completed in July than June.
- **Needs or Current Issues:** Address staff who are not meeting productivity goals.
- **Plan:** Meet with HR about productivity standards.
- **Things the Department is Doing Especially Well:**
 1. Continued to have a low rate of pended assessments. The pending rate for June is **10%**. This remains under the required 24%.
 2. The congruency rate was **98%** for the month of June.
 3. All PASRR consumers that received a Specialized determination in the past year have been given the Obra Specialized program assignment. OBRA will now be able to monitor these individuals each month to determine if services were provided.
 4. Improving specialized services to individuals so they can maintain current CRSP providers while in the nursing home.
- **Identified Opportunities for Improvement:**
 1. Improve turnaround times.
 2. A better way to assign specialized services and determine a process for monitoring to assure services are being provided.
 3. Improving access to nursing home records. Some progress has been noted with more nursing homes allowing us access to the EMR system. MDHHS has provided a Draft of MOU to assist in developing more specific language in the nursing home agreements to allow for access to records

Activity 3: Mi Health Link and MHP projects

- MI Health Link
- Special Project
- Data Sharing
- FUH/FUA

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of **242** requests for level II in the month of June 2024 from the ICO organizations.

Current Status: All annual assessments are being sent to Aetna manually as Aetna has a problem in their electronic process.

Major accomplishments: DWIHN ensures that referral responses are submitted to ICOs in a timely manner. DWIHN processed **34** referrals for service connection **19** referrals were voided of those 51% were declines which is an increase from unable to reach.

Current needs: The Access department has been notified that there are **146** referrals pending screening.

ICO Care Coordination:

IHC department conducted a meeting with each ICO to discuss gaps in care, follow up after hospitalization and shared member updated contact information for **54** members for June.

Major accomplishments were: **52** members were present, **16** were closed with a successful outcome in June. To close the gap in care PIHP Coordinators assisted with providing members education on the importance of follow up, connected members with last CRSP Providers, assisted with information on how to change last reported CRSP and Provided ICO with updated contact information.

Issues: Thirteen (**13**) cases that were unable to reach were sent mailing information to the last reported address to contact. Care Coordinator and/or DWIHN Access Department to identify a new CRSP provider for reengagement.

Plan: **15** Cases will carry over until next month due to continued efforts of collaboration with CRSP, ICOs and members.

Special Care Coordination Project:

IHC is in a special project for care coordination activities with two Medicaid Health Plans Blue Cross Complete and Priority Health. This project exists to reduce care gaps for members served and improve HEDIS measures for the population of members that present with deficits. A monthly meeting takes place with each plan to determine gap, identify plan to address gap and report outcomes of efforts.

Major Accomplishments: **42** cases were reviewed and **31** were determined to have gaps in care. **11** cases were reviewed and closed successfully without presentation to MHP, these cases were a combination of BH gaps and FUH. Five (**5**) members had successful outcomes of gaps closed. **6** members will carry over until next month due to more time is dedicated to resolving the issues.

Issues: Each of the MHP plan will only agree to coordinating services for only 5-6 members per month.

Plan: Care Coordinator is responsible for reviewing **10-15** cases per plan per month to determine care needs based on Vital Data Platform. During each review care coordinators are reporting if the member had an A1C test completed.

Data Share with Medicaid Health Plans:

IHC and all 8 MHP plan meetings have occurred in the month of June. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Major accomplishments were: 50 individuals were identified with gaps in care, 33 of those were successful in closing at least one or more gaps.

Issues: 7 members were unable to reach.

Plan: A total of 10 will care over to July 2024 due to continued efforts to report results of attempt to close care gaps.

Things the Department is Doing Especially Well:

IHC has met with MHPs Molina, HAP, United, Meridian, Aetna to increase data sharing collaboration to include more in-depth care coordination to improve outcomes of coordination. Recommendation from IHC is to increase current meetings by half an hour not to exceed one hour 45-minute meeting to increase volume of cases reviewed and add more components of care management. DWIHN is working with State Workgroup to redefine the parameters for this as State requires 25% of qualifying population to have a care coordination plan in CC360. During this report period meeting with MHP have been extended to 1.5hrs to increase volume of case review and coordination. DWIHN has ensured that 2 cases reviewed per plan each month are adolescent cases, DWIHN continues to use CC360, Vital Data, FUH, FUA for risk stratification cross matches for case selection.

Identified Opportunities for Improvement:

Care coordination team has been focusing efforts on reducing **racial disparities** with post FUH/FUA with targeted population of African American Men. For FUH there were **514** inpatients of those, **120** were African American males. Ninety-five (**95**) were outreached to, whether that was the CRSP or member directly to educate on the importance of post follow up.

For **FUA** there were **36** members presented this month on the FUA report of that **16** members were reached out to by care coordination to remind of outpatient appointments. **2** kept appointment and engaged in service

DWIHN is under CAPs with three ICOs, Molina, Meridian and Aetna.

ICO Molina Audit CAP:

During this reporting period DWIHN received CAP plan request for the following areas: Credentialing/Recredentialing for file reviews of verifications of sanctions oversight process.

ICO Meridian Audit CAP:

UM CAP has been submitted awaiting review.

ICO Aetna Audit CAP:

Credentialing/Recredentialing for file reviews of verifications of sanctions oversight process

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Monthly Report
July 2024



Main Activities during August:

- **Credentialing**
- **New Provider Changes to the Network/Provider Challenges**
- **Procedure Code Work Group**

Progress On Main Activities:

Activity 1: Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* July 2024- 40 practitioners and 17 providers were recommended to the Credentialing Committee for approval.
- *Significant Tasks During Period:* The Credentialing team continues to meet with the provider network to provide technical assistance with credentialing applications. Credentialing is updating policies to comply with CCBHC standards. We had one Administrative Assistant start to provide clerical support.
- *Major Accomplishments During Period:* Credentialing continues to collaborate with HR and IT on implementing the Credentialing process to ensure DWIHN Direct Staff are credentialed appropriately. In compliance with federal and State procurement requirements the Credentialing Verification Organization Request For Proposals has been published on Bid Net.
 - Issue date May 29, 2024
 - Pre-proposal Virtual conference June 13, 2024 at 10:00 am EST
 - Pre-proposal Question Deadline June 14, 2024 at 4:00 pm EST
 - Proposal Deadline June 28, 2024 at 4:00 pm EST
 - All submissions are electronic.
 - PCC will be notified when an award is made to a vendor.
- *Plan:* We continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion. We are also looking to hire more staff to meet the needs of the organization and network.

Activity 2: New Provider Changes to the Network/Provider Challenges

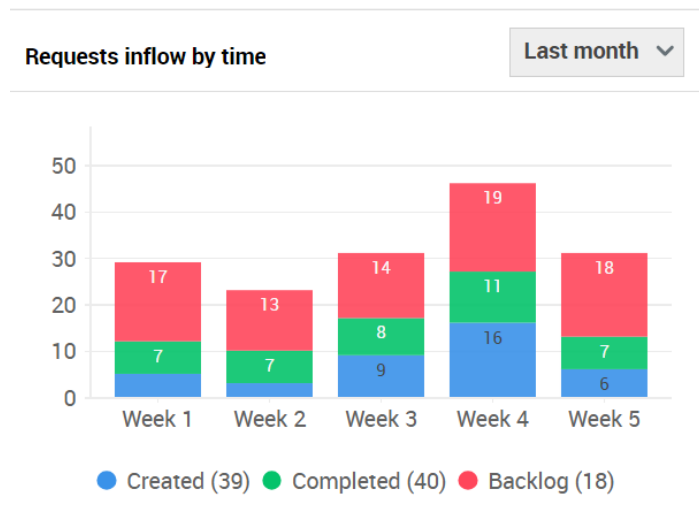
- *Description:* Providers continue to be challenged with staffing shortages. DWIHN's CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.
- *Current Status:* DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means recruiting new providers, particularly in areas of shortages (e.g. Autism). In July, 2024 there was a total of 32 Provider Inquiry forms received from potential providers, 15 contract

expansion requests, 9 providers approved at Access Committee that will be moved through the onboarding process and no new providers added to the DWIHN network.

- *Significant Tasks During Period:* Hired 1 New Provider Network Manager. Submitted the HSAG Network Adequacy audit timely.
- *Major Accomplishments During Period:* Launched a new partnership with Quest Analytics/Better Doctor for verification and validation of the provider directory.
- *Plan:* Meet with internal departments to combine review tools to expedite new providers and existing providers through onboarding process. Interview for Senior Provider Network Manager, Credentialing Administrator and Credentialing & Impaneling Specialist.

Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In the month of July 2024, the PCWG resolved 36 tickets; 19 MDHHS rate updates; 280 additional codes/rate changes to existing programs or contracts, 59 provider requested changes.
- *Significant Tasks During Period:* Added H0002 to the MCO Test record for SED and DD Outpatients contract and Children’s Providers. Deployed H0002 to 15 MH Child Outpatients Providers and 14 to IDD Children’s Providers.
- *Major Accomplishments During Period:* Maintaining PCWG Helpdesk Tickets to 10 or less.
- *Plan:* Update the PCWG helpdesk ticket to capture necessary data elements from providers during submission. Continue to improve turnaround times for PCWG tickets. Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.



Program Compliance Committee Meeting
Utilization Management – July 2024
Submitted by: Marlena Hampton, MA, LPC - Interim Director
August 14, 2024



Main Activities During This Period:

- **General Fund Exception Updates**
- **Habilitation Supports Waiver (HSW) Program**
- **Annual Interrater Reliability Testing**

Progress On Major Activities:

Activity 1: General Fund Exception Updates

- *Description:* General Fund Exception is the process designed to prevent the interruption of needed services while the Medicaid insurance acquisition/reinstatement effort is underway.
- *Current Status:* There has been a surge in General Fund Exception requests, following the termination of the Pandemic Emergency Order. During the Order, changes were made to Medicaid program eligibility, administration, and policies to prevent beneficiaries from losing health insurance. Now, many members are no longer eligible or failing to take the necessary steps to keep their benefits active (e.g., missed redetermination dates).
- *Significant Tasks During Period:*
 - Revision of the General Fund Grid
 - Revision of the General Fund portion of the UM Benefit Policy
- *Major Accomplishments During Period:* The General Fund Exception Process and Benefit Grid have been evaluated to ensure alignment between covered services and medical necessity for this service population. A communication has been sent to the provider network sharing changes that will be implemented as of September 1, 2024.
- *Needs or Current Issues:* Members requesting General Fund Exceptions beyond its intended purpose are being identified. These members include, but are not limited to, persons on assisted outpatient treatment (AOT) orders, those with Medicaid spenddown, undocumented immigrants, SMI members with minimal treatment engagement, and members in the specialized residential level of care utilizing specific community living supports and personal care services.
- *Plan:* Efforts to address the needs of these individuals include a collaboration with Residential Services, DWIHN's MDHHS Benefits and Eligibility Specialists, Adult Initiatives, and the assigned Clinically Responsible Service Providers (CRSP). This includes accelerated engagement of responsible persons/entities (i.e., guardians) in the Medicaid application process, verification of spenddown expenses incurred to meet monthly spenddowns, outreach to MDHHS for determination of Medicaid eligibility, and delegation of responsibility to the assigned CRSP to deter further need for General Fund as the payor source.
 - In August, the General Fund UM Specialist will meet with the Quality Department to develop a proposed non-clinical Performance Improvement Project (PIP) for prevention of lapse in Medicaid benefits, with the goal of reversing the increase in General Fund Exception requests. We look forward to providing updates on this project during next month's report.

Activity 2: Habilitation Supports Waiver (HSW) Program

- *Description:* The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW’s goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).
- *Current Status:* In the month of July, HSW utilization is at 99.8%. There are currently twenty (20) members with completed packets on DWHIN’s HSW waitlist.

Utilization Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	-	-
Used	1062	1080	1084	1084	1083	1083	1083	1084	1078	1082	-	-
Available	22	4	0	0	1	1	1	0	0	2	-	-
New Enrollments	12	27	10	4	6	8	4	4	8	3	-	-
Disenrollments	2	4	2	2	5	3	1	9	2	8	-	-
Utilization (%)	98	99.6	100	100	99.9	99.9	99.9	100	100	99.8	-	-

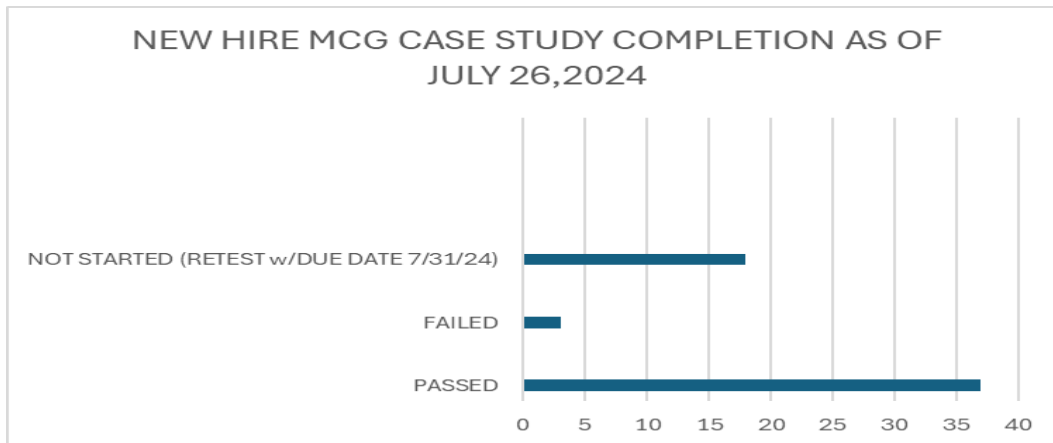
- *Significant Tasks During Period:* Current HSW project is the identification, monitoring, and follow-up of members who have not utilized the required one (1) HSW service per month.
- *Major Accomplishments During Period:* The HSW program continues to exceed its 95% utilization goal. As previously noted, there are 20 members with completed packets on the HSW waitlist. We are hopeful that, when available, DWIHN will be allocated additional slots to serve more members.
- *Needs or Current Issues:* The UM Department contacted CRSPs for their feedback about HSW-enrolled members not utilizing at least one (1) service per month. CRSPs report trends of no service related to staffing issues, members being out of town, and members having extended hospital stays. The UM department is working with providers to address the staffing issues, and to ensure that the network understands when to make members inactive in the Waiver Support Application (WSA) management tool to ensure accurate reporting.
- *Plan:* In June and July of 2024, DWIHN instructed CRSPs to disenroll members from HSW who are consistently not utilizing at least one (1) HSW service per month. We anticipate this change will be reflected on October 1, 2024, sixty (60) days after claims for July are received by the State. New data will be reviewed and reported at that time.

Activity 3: Annual Interrater Reliability Testing

- *Description:* UM department staff, along with delegated entities, manage the preadmission screenings and concurrent review of members requiring admission to acute inpatient psychiatric units, crisis residential services, and partial hospitalization programs.

Interrater reliability testing, administered annually, drives consistent application of medical necessity criteria among UM staff. Testing supports efforts in meeting NCQA and HSAG requirements.

- *Current Status:* At the time of this report, a total of 487 case studies were administered. Of those given, 446 (91.6%) passed. For the 8.4% of individuals who did not pass, retakes were granted, and information was provided to their direct supervisors for ongoing training on MCG use. Below is data for new hire administration as of 7/26/24 (with due date of 7/31/24).



- *Significant Tasks During Period:* UM Clinical Specialist requests and receives updated staff rosters from UM delegated entities, in anticipation of annual testing using the 27th Edition of MCG (Macmillan Care Guidelines) Indicia guidelines. Proposed start date of 8/14/24.

Quarterly meeting with MCG Senior Account Executive on 7/31/24. Discussed best practices, mental health parity, contract renewal, and available features for expanded use of MCG product.

- *Major Accomplishments During Period:* UM Clinical Specialist has identified case studies for annual distribution. UM Administrator and Interim Director assist with review of proposed cases for consensus on items with appropriate difficulty and desired outcomes.
- *Needs or Current Issues:* We are interested in more data and feedback related to staff that do not pass interrater reliability testing. Specifically, we would like information about whether there are consistent questions posing difficulty and what training opportunities are needed for staff and supervisors.
- *Plan:* Interim Director, UM Administrator, and UM Clinical Specialist to review upcoming case studies prior to distribution. Additionally, group will review results from upcoming annual testing and form workgroup/task force to focus on outcomes and monitoring.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - The outpatient authorization team is actively working to improve turnaround time for IPOS and authorization review. UM Administrator works with IT on returned

authorization queue and updates to approval queue to greatly improve efficiency. Significant updates are now forthcoming.

- HSW team continues to shine with nearly 100% utilization and an active wait list with prepared packets to serve our members.

- **Identified Opportunities for Improvement:**

- The County of Financial Responsibility (COFR) Coordinator and Committee are developing a new system to monitor inbound and outbound cases. This includes working with IT to create banners and reports to more efficiently monitor our members and their services.
- Interim Director continues work with IT to improve depth of reporting for higher levels of care (inpatient, partial hospitalization, and crisis residential), including drilled down authorization and provider information, and recidivism.

- **Progress on Previous Improvement Plans:**

- Interim Director of Utilization Management continues education and information gathering. Will provide progress on any previous improvement plans, as updates become available.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-01R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/21/2024

Name of Provider: Development Centers Inc.

Contract Title: Children's Initiatives MDHHS Grants

Address where services are provided: 17321 Telegraph, Detroit MI 48219

Presented to Program Compliance Committee at its meeting on: 8/14/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 1,780,406.00 Previous Fiscal Year: \$ 1,485,126.00

Program Type: Continuation

Projected Number Served- Year 1: 11,900 Persons Served (previous fiscal year): 11879

Date Contract First Initiated: 10/1/2017

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting board approval for the revision of BA 24-01R due to additional funding secured by Michigan Department of Health and Human Services (MDHHS) for two (2) of the five (5) grants. In addition, DWIHN is requesting board to reallocate funds for one (1) of the five (5) grants.

Grant #1: Regarding FY 24 System of Care Grant, due to underutilization of funds requesting reallocation of \$11,000 from Lincoln Behavioral Services (Parent Management Training Oregon - PMTO Program) to The Children's Center (Youth United Program). Lincoln Behavioral Services was originally allocated \$35,000 and \$11,000 is being reallocated to The Children's Center. Lincoln Behavioral Services new balance is \$24,000 and The Children's Center new balance is \$282,000. In addition, due Hegira needing additional funding to support staffing for the PMTO program \$1,000 being reallocated from DWIHN Worforce Development budget to go to Hegira for a total of \$4,500. Hegira original budget was \$3,500.

Grant #2: For FY 24 MDHHS has increased the funding for IECMHC from a total of \$192,486; in which Development Center received \$189,986 and DWIHN received \$2,500 for indirect costs. As of July 2024 MDHHS has provided additional funding of a total of \$283,806; in which Development Centers will be allotted \$281,306 and DWIHN to be allotted \$2,500 for indirect costs. Thus, Development Center will be receiving a total increase of \$91,320 in funding to support additional staffing. The contract period is from October 1, 2023 through September 30, 2024 and funding is not to exceed \$281,306 for Development Centers (MiSide).

Grant #5: For FY24 MDHHS has increased the funding for the Infant Toddler Court Grant from a total of \$116,673 to the amended amount of \$2,200 additional funds to equal the total allocation of \$118,873.

There is no change to the Infant and Early Childhood Mental Health Consultation-Home Visiting (grant #3) - \$123,943 (\$2,500 DWIHN).

There is no change to the Infant and Early Childhood Mental Health Consultation Expansion (grant #4) - \$210,202 (\$5,000 DWIHN).

The combined total is an amount not to exceed \$1,780,406. Contract terms will remain the same. A budget adjustment will be forthcoming to certify the additional funds. DIWHN has the discretion to reallocate funds amongst providers without Board approval up to the not-to-exceed amount of \$1,780,406.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Federal Grant	\$ 1,780,406.00	\$ 1,780,406.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Board Action #: 24-01R2

Signed: Tuesday, August 6, 2024

Signed: Tuesday, August 6, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-06R8 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/21/2024

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 23/24

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 8/14/2024

Proposed Contract Term: 7/1/2024 to 9/30/2024

Amount of Contract: \$ 805,847,768.00 Previous Fiscal Year: \$ 804,448,924.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75,943

Date Contract First Initiated: 7/1/2024

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

BA # 24-06 R8 is requesting the addition of the following 3 providers to the DWIHN provider network:

Residential Providers:

1. Betterlife Caring Hands LLC

(Credentialed 7/22/2024 for Community Living Support; Respite; Skill Building)

2. Greater Grace Health System, Inc.

(Credentialed 7/24/2024 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

Outpatient Providers:

1. Volunteers of America Michigan, Inc.

(Credentialed 3/18/2024 for Peer Directed and Operated Support Services; Supports Coordination; Targeted Case Management; Wraparound Services)

BA # 24-06 R8 requires no budget increase due to the reallocation of funds within the total budget.

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ended September 30, 2024. This will allow for the continued

delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders.

The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated based on prior year activity and are subject to change.

Note 1. The board action amounts include: Mental health treatment services, Autism, Children's Waiver, SED Waiver, children crisis services and SUD Medicaid, HMP and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

In addition, it should be noted that the hospitals listed under HRA change based on consumers stay. As such, hospitals may be added and amounts reallocated without board approval to avoid delay of payment; the funds are a pass through from MDHHS.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
Multiple	\$ 805,847,768.00	\$ 805,847,768.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Board Action #: 24-06R8

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Wednesday, August 7, 2024

Signed: Wednesday, August 7, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-12R5 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 8/21/2024

Name of Provider: Sobriety House Inc

Contract Title: 5th Annual Men's Conference

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/14/2024

Proposed Contract Term: 8/21/2024 to 9/30/2024

Amount of Contract: \$ 7,951,781.00 Previous Fiscal Year: \$ 6,765,483.00

Program Type: Continuation

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): 500

Date Contract First Initiated: 8/21/2024

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The SUD Department is requesting \$50,000.00 in PA 2 funds payable to Sobriety House Inc. to support the Annual Men's Conference on August 21, 2024. The conference aims to enhance members' goals and provide community resources and support.

The conference consists of motivational speakers from the community, community support resources, such as Alcoholics Anonymous, Narcotics Anonymous, and legal services, employment services, communicable disease testing, massage therapy, meals, vaccinations, clothing closets, and haircuts for our members.

DWIHN has the discretion to allocate the funds among providers based on utilization without board approval up to an amount not to exceed \$7,951,781

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
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Block Grant	\$ 5,717,381.00	\$ 5,717,381.00
PA2	\$ 2,234,400.00	\$ 2,234,400.00
Total Revenue	\$ 7,951,781.00	\$ 7,951,781.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Wednesday, July 31, 2024

Signed: Wednesday, July 31, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-47R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/21/2024

Name of Provider: All Well-Being Services

Contract Title: FY23-24 MI Health Link Demonstration Project

Address where services are provided: See Attachment (Multiple Providers)

Presented to Program Compliance Committee at its meeting on: 8/14/2024

Proposed Contract Term: 1/1/2024 to 12/31/2025

Amount of Contract: \$ 24,000,000.00 Previous Fiscal Year: \$ 15,000,000.00

Program Type: Continuation

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 1/1/2024

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

BA # 24-47R is requesting the addition of Michigan BH JV, LLC dba Beaumont Behavioral Health and Psychology Associates of Michigan to provide MI Health Link services to DWIHN members.

BA # 24-47R requires no budget increase due to the reallocation of funds within the total budget.

Per BA 24-47:

This board action is requesting a two year continuation contract through December 31, 2025 with the five (5) Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for an estimated amount of \$24,000,000. MDHHS has extended the MHL Pilot project through 12/31/25 at which time they will implement and launch an Integrated Dual Eligibles Special Needs Plan model by January 1, 2026. The board action will ensure the greatest degree of continuity in the infrastructure and successful transition to the new model, once finalized.

The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services MDHHS) and its contracts with the five ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. This Demonstration Project is designed to ensure that coordinated behavioral and physical health services are provided to this population.

Board Action #: 24-47R

The Medicaid eligible services for the MHL members are provided by our provider network and such costs were included in the board approved Provider Network board action. The same provider network provide the Medicare benefits to the members.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Medicare & Medicaid	\$ 24,000,000.00	\$ 24,000,000.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Wednesday, August 7, 2024

Signed: Wednesday, August 7, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-40 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/21/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Community Policing Development

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/14/2024

Proposed Contract Term: 9/1/2021 to 8/31/2024

Amount of Contract: \$ 64,800.00 Previous Fiscal Year: \$ 0.00

Program Type: Continuation

Projected Number Served- Year 1: 0 Persons Served (previous fiscal year): N/A

Date Contract First Initiated: 9/1/2021

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The City of Detroit is the recipient of a FY2021 Community Policing Development: Crisis Intervention Teams – CIT Implementation Grant from the Department of Justice in the amount of \$64,800.

This award supports the expansion of Detroit’s Mental Health Co-Response Program, a partnership between the Detroit Police Department, the Detroit Wayne Integrated Health Network, and City of Detroit Housing & Revitalization Department, that works to reduce the use of emergency services for mental health-related needs in favor of effective treatment of the root cause. DWIHN is the Pre-Paid Inpatient Health Plan and Community Mental Health Service Program partner.

Federal grant funds totaling \$64,800 will be used to cover CIT training costs and educational supplies through August 31, 2024.

The Memorandum of Understanding specified DWIHN board approval was a requirement in the agreement. In practice, such board actions are not required. The board approved budget adjustment to certify the additional funds serve as board acknowledgement of such grant funds.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Federal Grant	\$ 64,800.00	\$ 64,800.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.822402.0086

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Monday, August 12, 2024

Signed: Monday, August 12, 2024