



# Detroit Wayne Integrated Health Network

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## PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, January 11, 2022 St. Regis Hotel, 1<sup>st</sup> Floor Conference Room 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. Customer Service's Quarterly Report – Provide update on the data breach
  - B. Residential Services' Quarterly Report – Provide update for homeless population during winter months.
- VI. Approval of the Minutes – November 9, 2022
- VII. Report(s)
  - A. Chief Medical Officer
  - B. Corporate Compliance
- VIII. Quarterly Reports
  - A. Adult Initiatives
  - B. Crisis Services
  - C. Innovation and Community Engagement
  - D. Utilization Management
- IX. Strategic Plan Pillar – Quality – *Deferred to February 8, 2023*
- X. Quality Review(s)
  - A. QAPIP Work Plan FY 22
- XI. Chief Clinical Officer's Report

#### Board of Directors

Angelo Glenn, Chairperson  
Dorothy Burrell  
Kevin McNamara

Kenya Ruth, Vice-Chairperson  
Lynne F. Carter, MD  
Bernard Parker

Dora Brown, Treasurer  
Eva Garza Dewaelsche  
William Phillips

Dr. Cynthia Tauog, Secretary  
Jonathan C. Kinloch



**XII. Unfinished Business**

- A. **BA #22-66 (Revised)** – HPS Consulting Services for NCQA – HPS Consulting, LLC
- B. **BA #23-07 (Revised)** – Providers Network System FY 2022/23
- C. **BA #23-26 (Revised)** – Substance Use Disorder (SUD) Prevention Services Network FY 23 – COVID-19 Grant
- D. **BA #23-27 (Revised)** – Substance Use Disorder (SUD) Treatment Services Network FY 23 - COVID-19 Grant

**XIII. New Business**

**(Staff Recommendations)**

- A. **BA #23-51** – Mental Health First Aid (MHFA)
- B. **BA #23-54** – Infant and Early Childhood Mental Health Consultation (IECMHC) Expansion Grant

**XIV. 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).

**XV. Adjournment**

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**NOVEMBER 9, 2022**

**1:00 P.M.**

***IN-PERSON MEETING***

<b>MEETING CALLED BY</b>	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Cynthia Taueg, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Dr. Lynne Carter; Commissioner Jonathan Kinloch; and Dr. Cynthia Taueg</p> <p><b>Committee Members Excused:</b> Dorothy Burrell and William Phillips</p> <p><b>Staff:</b> Jamal Aljahmi; Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Monifa Gray; Shirley Hirsch; Sheree Jackson; Cassandra Phipps; Vicky Politowski; Manny Singla; Leigh Wayna</p> <p><b>Staff (Virtual):</b> Margaret Keyes (on behalf of Michele Vasconcellos); Sharon Matthews (on behalf of June White); April Siebert</p>

## AGENDA TOPICS

### II. Moment of Silence

<b>DISCUSSION</b>	The Chair called for a moment of silence.
<b>CONCLUSIONS</b>	Moment of silence was taken.

### III. Roll Call

<b>DISCUSSION</b>	The Chair called for a roll call.
<b>CONCLUSIONS</b>	Roll call was taken by Lillian Blackshire, Board Liaison. There was a quorum.

### IV. Approval of the Agenda

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The Chair called for a motion to approve the agenda. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Dr. Carter to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. Commissioner Kinloch made a motion to move Agenda Item XIII, New Business (Staff Recommendations) after Agenda Item V, Follow-Up Items from Previous Meeting. <b>Motion carried agenda approved as amended.</b></p>
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**V. Follow-Up Items from Previous Meetings**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Crisis Services’ Quarterly Report</b> – Email a copy of the work plan/timeline for the opening of the new crisis facility to the committee – A copy will be provided to Lillian Blackshire to send out to the committee. <b>(Action)</b></p> <p>B. <b>Innovation and Community Engagement Quarterly Report</b> – Committee requested the number of DWIHN’s attendees at the Suicide Prevention Conference – On behalf of Andrea Smith, Innovation and Community Engagement Director, Jacquelyn Davis, Clinical Officer reported that we were a guest at this conference and the number of DWIHN attendees were not captured but in future conference attendance, we will request that number. DWIHN did host the Suicidology Conference and there were 108 attendees.</p> <p>C. <b>Utilization Management’s Quarterly Report</b> – Provide the correct number of appeals – Leigh Wayna, Utilization Management Director reported that there were 27 denials that did not meet the MCG Medical Necessity Criteria for continued inpatient hospitalization; 12 appeals requested two (2) were upheld, one (1) partially upheld and partially overturned and nine (9) completely overturned) in Quarter 3. For Quarter 4, there were 14 denials that did not meet the MCG Medical Necessity Criteria for continued inpatient hospitalization; 14 appeals requested (10 were upheld and four (4) were overturned).</p>
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**VI. New Business: Staff Recommendation(s)**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The Chair called for a motion. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Dr. Carter to bundle Board Actions A-E under “New Business: Staff Recommendations” and move to Full Board for approval. <b>Motion carried.</b> Dr. Tauveg opened the floor for discussion.</p> <p>A. <b>BA #23-19</b> – Treatment Foster Care Oregon (TFCO), Wayne State University (WSU) Grant – Staff requesting board approval to accept the allocation of \$387,273.00 for the Treatment Foster Care Oregon (TFCO) grant at The Guidance Center for FY 22/23. Dr. Tauveg opened the floor for further discussion. There was no further discussion.</p> <p>B. <b>BA #23-31</b> – ARCs – Detroit, Northwest Wayne and Western Wayne – Staff requesting board approval for a one-year contract renewal for an amount not to exceed \$599,397.00 for fiscal year ending 2023. This contract will provide advocacy, supportive services, and educational information by addressing issues facing persons with intellectual/developmental disabilities (I/DD). Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>C. <b>BA #23-40</b> – Credentialing Verification Organization – Medversant Technologies, LLC – Staff requesting board approval for a one-year contract effective November 1, 2022 through October 31, 2023 for an amount not to exceed \$274,740.00 with Medversant Technologies, LLC, a National Committee for Quality Assurance accredited Credentialing Verification Organization. Medversant’s primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>D. <b>BA #23-44</b> – Michigan Collaborative Care Program (MC3) and Behavioral Health Consultant – Starfish Family Services – Staff requesting board approval for a one-year contract for an amount not to exceed \$78,399.99. The Michigan</p>
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	<p>Child Collaborative Care Program and Behavioral Health Consultant project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Dr. Taueg opened the floor for discussion. Discussion ensued.</p> <p>E. <b>BA #23-46</b> – FY 22/23 MI Health Link Demonstration Project – Staff requesting board approval for a one-year contract with the five (5) Integrated Care Organizations (ICOs) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for the fiscal year ending September 30, 2023 for an estimated amount of \$9,886,123.00 in conjunction with the MI Health Link Demonstration Project. Dr. Taueg opened the floor for discussion. Discussion ensued.</p>
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**VII. Approval of the Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The Chair called for a motion to approve the October 12, 2022 meeting minutes. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Dr. Carter to approve the October 12, 2022 meeting minutes. Dr. Taueg asked if there were any changes/modifications to the October 12, 2022 meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b></p>
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**VIII. Reports**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer</b> – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> <li>1. <b>Behavioral Health Education</b> – DWIHN continues its’ outreach efforts for behavioral services through “Ask the Doc” Newsletter and an interview with TODAY Magazine on Holiday Stress.</li> <li>2. <b>Medical Directors’ Meeting</b> – The Chief Medical Officer met with Medical Directors of CRSP. The Crisis Center’s update, AOT procedures, CRSP responsibilities, State Quality Indicators and HEDIS Measures were discussed.</li> <li>3. <b>Quality Department</b> – Indicator 2a (Access of Services or Biopsychosocial within 14 days of Request) increased to 44% this quarter. DWIHN continues to meet the standards for PI#1(Children and Adult), 4b (SUD) and PI#10 (Children). There was a slight improvement for PI#10 (Recidivism or Re-admission within 30 days-Adults) this quarter. Staff will continue with the efforts to meet the standard and will continue to evaluate the effectiveness of the interventions. DWIHN’s BTAC staff provided three system-wide trainings on Technical Requirements of Behavior Treatment Plan Review Committee (BTPRC) Processes. A total of 1,215 staff throughout the Provider Network participated in these trainings. DWIHN received the draft SFY 22 Compliance Review Report with an overall compliance score of 83%, with an opportunity to provide feedback to HSAG on October 31, 2022. DWIHN is awaiting reconsideration of scores due to what was perceived as erroneous markings in some areas.</li> <li>4. <b>Improvement in Practice Leadership Team (IPLT)</b> – The committee reviewed assisted outpatient and combined treatment procedures, and conflict-free case management policy in the month of August.</li> <li>5. <b>Integrated Health Care</b> – The HEDIS scorecard was presented to the CRSP monthly meeting and individual meetings with nine (9) CRSP, FUH data was also shared during the month of October. Staff created an educational</li> </ol>
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presentation on HEDIS measures and definitions for CRSP' Medical Directors. All Medicaid Health Plans and ICOs were added to the HEDIS scorecard and DWIHN can now pull data on these individually by the CRSP Provider. Staff performs Data Sharing with each of the eight (8) Medicaid Health Plans (MHP) serving Wayne County. DWIHN and the MHPs were developed and/or updated and outreach completed to members and providers to address gaps in care.

6. **Workforce Shortages** – There is currently a critical shortage of health care workers in behavioral health and Michigan is in the top five (5) states with health care workforce shortages. The shortage is due to COVID-19 resulting in many staff resignations, shortage of Master's Level Licensed Social Workers, Psychiatrists and Nurses, staff moving into private clinical practice and staff believing that they do not have trainings/resources to help them feel supported. The shortages have caused high caseloads and staff burnout.
7. **DWVHN's Response** – DWIHN is addressing the administrative burden by establishing a modifier that allows clinicians with a bachelor's degree and proper credentials the option of completing the re-admission and annual IBPS; Removed the pre-authorization requirement for Assessments and Treatment Plans which allows staff to provide those services without any potential pre-authorization barrier; Added additional Service Utilization Guidelines so frequently used, medically necessary services could be automatically approved in the system based on members' level of care; Removed duplicative provider reporting in the Children's Initiatives department; Ongoing discussions with providers in a workgroup setting to do a crosswalk that streamlines areas of assessed need from the IBPS to populate as goals that should be addressed in the IPOS; continue to support use of Telemedicine at this time; and awaiting finalized State guidelines that are moving towards audio-visual use.
8. **Financial Incentives** – In addition to 5% rate increase for FY 22, DWIHN provided an additional 5% supplemental rate increase with expectation that the funding will be used to address the workforce shortage, increase in wages/fringe benefits required to retain and recruit quality staff, improvements to the consumers' quality of care and other costs due to the inflation experienced throughout the nation; DWIHN has been offering Stability payments to our providers for the last two years and currently working on this year's plans; and DWIHN has created Value Based Incentives that provide an opportunity for our Clinical service organizations and their workforce to be rewarded for high-quality services.
9. **Current Value Based Incentives** – DWIHN has set up incentives for the Habilitation Supports Waiver Enrollment; Timely Intake Assessments; SED Population Performance Indicator Improvement; Home Based Services Fidelity; and the ACT Program Fidelity.
10. **One-on-One Guidance and Support** – DWIHN's Contract, Access, Clinical, Quality and Integrated Health teams have been meeting with providers every 30-45 days to discuss quality of care and challenges in timely access-to-care standards; and DWIHN created an Outcome Improvement Committee to offer collective information and non-judgmental recommendations to help assist cases.
11. **Current Internship Opportunities within DWIHN and Provider Network** – DWIHN created an internship program (clinical services) that supports the process for several hundred students, many of whom were offered employment and chose to remain within the DWIHN System of Care. The University of Michigan gave DWIHN approximately \$500k to support

	<p>students and our collaborative partnership was highlighted at several professional conferences including one in Italy.</p> <ol style="list-style-type: none"> <li>12. <b>Other Initiatives to Improve Future Workforce</b> – DWIHN partnered with Wayne State University (WSU) on “Pathway” a professional program which is geared toward Recovery Support Specialists who are interested in furthering their career in behavioral health by way of continuing education, certifications, Bachelor/Master Level programs. DWIHN also partnered with WSU to apply for the Gilbert Family Foundation for a program that would pay a stipend for social workers to intern in CMH specific settings.</li> <li>13. <b>Pipeline Programs</b> – DWIHN supports pipeline programs like Wayne BCAP that encourages high school students to join the medical fields. DWIHN has also been a part of a grant given to Wayne State Psychiatry residents for them to learn about the CMH system and to support it through rotations.</li> <li>14. <b>H.R. Initiatives</b> – DWIHN staff has been offered a four-day (10 hour) work option to offer flexibility; staff with appropriate credentials have been given the option to do overtime for the Call Center and assist the Access Center with call backs and screening. DWIHN has also been able to help staff with insurance premiums with the help of DWIHN’s Board of Directors. DWIHN is also planning a virtual/hybrid job fair for our Provider Network.</li> <li>15. <b>Burnout and Wellbeing Initiatives</b> – DWIHN offers various resources to staff and our providers to help prevent burnout and work injuries.</li> </ol> <p><b>B. Corporate Compliance Report</b> – <i>There was no Corporate Compliance Report to review this month.</i></p> <p>The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p>
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**IX. Year-End Reports**

	<ol style="list-style-type: none"> <li>A. <b>Access Call Center</b> – Jacquelyn Davis, Clinical Officer submitted and gave highlights of the Access Call Center year-end report. Ms. Davis reported that the Access Call Center total call volumes for this quarter increased by 23%. The increase in the number of abandoned calls is being addressed by continuing to work with the phone vendor to improve the system, recruiting and training new staff and rearranging schedules to address high call volumes. There have been five new hires in the Call Center this quarter. The Team has received presentations and updates from various departments and providers. The process with the Wayne County Jail to ensure access to individuals transitioning back into the community has been finalized. “Silent Monitoring” for 339 calls has been completed for this quarter. The score has improved to 93.12% and the goal is 95%. There has been a lot of concerns with the hold queue this quarter, I.T. and the phone vendor are making corrections to decrease hold times and added messaging to give more options for holding or receiving a call back. Additional staff will be hired for FY 22/23. Dr. Taueg opened the floor for discussion. There was no discussion.</li> <li>B. <b>Children’s Initiatives</b> – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ year-end report. Mrs. Phipps reported: <ol style="list-style-type: none"> <li>1. <b>Mental Health Care: Putting Children First Accomplishments</b> – New children billboards have been placed in Wayne County; Updated the Children’s Initiatives’ website with educational information, resources and new flyers; Increased Accessing CMH presentations within the community; DWIHN hosted School Violence Trainings; 11 Children Providers participated in the SED Value Based Incentive to receive additional funds for</li> </ol> </li> </ol>
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meeting DHHS Performance Indicators and HB service hours; Sexual Orientation Gender Identity Expression (SOGIE) languages was incorporated into the Integrated Biopsychosocial Assessment Electronic Health Record; DWIHN participated in panel discussions for mental health awareness; Reduced administrative burden for Children Providers by streamlining CAFAS/PECFAS reporting; and Updated Children Services' policy to extend services up to age 20 per MDHHS guidance.

2. **School Success Initiative** – Services to 30,315 students including all three tier levels were performed during FY 20/22; Implemented quarterly Student Spotlight Awards; Continued ongoing coordination of care with three school-based health centers; Continued outreach to share school-based and CMH services; and renewed partnership with Community Education Commission to support the Get on and Learn (GOAL) Line afterschool program for FY 22/23 school year.
3. **Youth United** – Hosted the Annual Children's Mental Health Awareness with the focus on suicide prevention; Courageous Conversations focusing on gun violence, adverse childhood experiences and transforming bias; Focus Groups with discussions on substance use, bullying, depression, gun violence, sexual orientation and voting; Annual Statewide Youth Summit, Planting Seeds of Hope.
4. **Children Services** – DWIHN served 45,914 duplicative children, youth and families in Wayne County ages 0 to 20 years old during FY 21/22. Telehealth services were increased to meet the needs of youth who were unable to do face-to-face sessions as a result of the COVID-10 pandemic. DWIHN continues to provide therapeutic, ancillary, SED Waiver and Children services to youth without Medicaid insurance and/or in need of more intensive services. Providers started participating in a new cohort, Components for Effecting Clinical Experience and Reducing Trauma (CE-CERT); submitted intention letter to participate in Consultation Expansion Grant, January 2023; DWIHN was awarded a grant to hire a coordinator for the Baby Court Program to begin in November 2022.

Dr. Taueg opened the floor for discussion. Discussion ensued.

- C. **Customer Service** – Margaret Keyes, Customer Service Experience Coordinator (on behalf of Michele Vasconcellos, Director of Customer Service) submitted and gave highlights of the Customer Service year-end report. Ms. Keyes reported that the department continues to focus on improving customer experience with services; ensuring appropriate engagement in choice of service and care; ensuring customers enrollee rights; monitoring the satisfaction of customers; enhancing customer information awareness; and meeting regulatory compliance expectations. The Welcome and Call Center Operations received a combined total of 35,170 calls which is a significant from the previous year. The Family Subsidy division handled 6,783 calls and processed over 958 applications remotely without any interruption of services. Staff processed 788 grievance related communication (emails and calls) and 595 appeals related correspondence (emails and calls) this fiscal year. Numerous member educational venues and provider trainings were conducted to address grievance and appeals updates and technical assistance. State Fair Hearings conducted this fiscal year showed a modest increase by three (3). There was a decrease in monitoring of Mental Health based Adequate and Advance Adverse Benefit Determination Notices (15,845 this fiscal year compared to 17,039 the previous year). There was an increase in SUD and I/DD related notices sent out this fiscal year. Customer Service's Quality and Performance Monitoring division continue to conduct CRSPs audits to ensure compliance standards were addressed and



maintained in the areas of Customer Service, Grievances, Appeals and Enrollee Rights. The percentage of CRSP obtaining 100% compliance of their audit was 27%. The Member Engagement division continue to find safe new ways to connect with members and remediate the risk of misinformation, social isolation and non-engagement. The Member Engagement division hosted the Annual Reaching for the Stars Award Ceremony; registered new voters during various voting and advocacy events; coordinated the distribution of over 200 hygiene kits to engage underserved populations; and worked on several initiatives to connect members with digital devices and internet service. The Persons Point of View member newsletter is published quarterly and monthly video announcements on trending topics were featured on YouTube and reached 341 (86%) individuals. Dr. Taueg opened the floor for discussion. There was no discussion. Dr. Taueg requested an update on the data breach from the Member Engagement division. **(Action)**

D. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care year-end report. Mrs. Politowski reported:

1. **Accomplishments in FY 22** - DWIHN processed 3,930 MI Health Link referrals for services from the ICOs during this fiscal and behavioral health care was coordinated for 1,013 members. Staff performed monthly Care Coordination Data Sharing meetings with the eight (8) Medicaid Health Plans (MHP) serving Wayne County. Joint Care Plans were developed and outreach was completed to members and providers to address gaps in care for almost 200 members. Staff participated in integration pilot projects with two Medicaid Health Plans during this fiscal year. Monthly care coordination meetings were held to review a sample of shared members who experienced a psychiatric admission within the past month to exchange information and address any identified gaps in care. DWIHN collaborated with the State of Michigan for the Hepatitis C Initiative of testing and treatment. Staff have met with CRSP and SUD providers to educate them on the new guidelines of testing and treatment. Staff managed six Quality Improvement Plans (Follow-up visit with a Mental Health Practitioner after psychiatric hospitalization, Adherence to Antipsychotic Medication, Adherence to Anti-depressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for people with Schizophrenia or Bipolar Disorder who are receiving Atypical Antipsychotic Medication and Hepatitis C Risk Reduction) during FY 22. Outreach calls were made to 500 members to remind them of their follow-up after hospitalization appointment, revisions made to the after-hospitalization scheduling process to ensure that an appointment is made with a Mental Health Practitioner within 30 days of discharge as well as text reminders for those that have technological ability. Seventy-five Complex Case Management (CCM) cases were opened and the majority of the members met their plan of care goals and were connected to behavioral/physical health care providers during FY 22. Care Coordination services were provided to approximately 276 additional members who either did not meet eligibility criteria for CCM services or declined to participate. This department applied for and was awarded block grant funding for FY 21/22 in the area of Integrated Care. The proposal was to place Peer Health Coaches in integrated care settings to educate and advocate for members to attend to their physical and behavioral health care. Education on health and follow-up after hospitalization was provided to over 217 members at

Central City Health. The HEDIS Score Card is complete and all CRSP providers have been trained.

2. **Goals and Objectives for FY 23** – Complete the Mobile App for DWIHN members; set goals in HEDIS Score Card that are in line with state benchmarks; utilize Care Coordination platform to integrate services with Medicaid Health Plans, Priority Health Care and Blue Cross Complete; improve DWIHN’s performance on the Follow-up After Hospitalization and Follow-up After Emergency Room Visit for SUD Performance Metric; improve all behavioral health HEDIS scores by 15%; and increase the number of members serviced in Complex Case Management by 20%.

Dr. Tauzeg opened the floor for discussion. Discussion ensued.

- E. **Managed Care Operations** – Sharon Matthews, Sr. Provider Network Contract Manager (on behalf of June White) submitted and gave highlights of the Managed Care Operations’ year-end report. Ms. Matthews reported that 400 contracts have been processed for signature to DWIHN’s provider network for FY 23; completed the provider manual to be more user friendly; performed provider orientation meetings for new and existing providers; and created a sanction module in our MH-WIN system. Staff have credentialed over 2k practitioners in our network system and the others are going through re-credentialing with Medversant. The Provider Survey was distributed to our outpatient providers during the month of September 2022 and our residential providers will receive a separate survey later in FY 23. The Practitioner Survey also went out in late September 2022, waiting on results as they have not been completed yet. Staff received and reviewed over 1,500 quarterly reports from providers to ensure contractual compliance. For FY 23, MCO will be streamlining and implementing a Network Adequacy analysis of the Network; improving DWIHN’s online Provider/Practitioner directory on the website; improving and organizing the data/docs on our website to make it more user friendly; develop a tracking system for maintaining credentialing dates for providers/practitioners; streamline letters/reports from providers/staff for better monitoring; and completing the Risk Matrix module. Dr. Tauzeg opened the floor for discussion. Discussion ensued.

- F. **Residential Services** – Shirley Hirsch, Director of Residential Services submitted and gave highlights of the Residential Services’ year-end report. Ms. Hirsch reported:

1. **Departmental Highlights** – Hired one additional Residential Care Coordinator, two Residential Care Specialists and three additional openings for Residential Care Specialists; Staff worked with I/DD CRSPs and Residential Providers to complete residential assessments and ensure members’ needs were being met; Working with CRSP and hospital personnel, staff also worked hard to ensure members admitted to inpatient settings and Eds were identified and quickly moved out of these facilities in a timely basis; staff worked with MDHHS to move members out of nursing homes and into appropriate community settings; staff has been able to review the IPOS and ensure that services were being received for members; and Residential management participated in the implementation of the HCBS project.
2. **Department Goals** – Identify services for youth aging out of the foster care system; work with I.T. to develop a data-driven reporting mechanism for all primary residential functions; evaluate existing residential facilities to review whether their services meet the needs of the population served and identify RFP needs; review residential assessments for the I/DD population and develop a plan to include these members as part of the Residential

Unit's strategic plan; identify how many I/DD members are within the system with a projection of how many more to expect based on data of population growth over a defined period of time; and identify how many staff would be needed to meet the responsibility of completing assessments every six months for some members, every year for others. Dr. Taueg opened the floor for discussion. Discussion ensued. Dr. Taueg requested an update on what is being done for the homeless population during the winter months. **(Action)**

- G. **Substance Use Disorder** – Judy Davis, Director of Substance Use Disorder submitted and gave highlights of the Substance Use Disorder's year-end report. Mrs. Davis reported:
1. **SUD Recipient Rights** – The SUD department is responsible for conducting recipient rights investigations made by individuals receiving substance use disorder services when assigned by the Office of Recipient Rights. Greg Lindsey is the SUD Recipient Rights Consultant and he ensures each agency has a Recipient Rights Advisor that oversees any rights complaints about the agency, investigates based on the complaint, compliance with contract requirements and supporting documentation. All complaints are reviewed and addressed. To date, 43 cases have been closed and resolved; 39 cases were unsubstantiated, four (4) were substantiated and one (1) case is pending.
  2. **SUD and Gambling Disorder** – The DWIHN Gambling Disorder Prevention Project (GDPP) is working to prevent gambling disorders throughout the region through partnerships with local providers and regional efforts. This project is funded by MDHHS. Stacked Deck, an effective evidence-based gambling prevention that has shown significant and sustained changes among young people in their attitude toward gambling is a curriculum used by DWIHN. The participating providers meet bi-monthly virtually to address MDHHS and DWIHN's requirements and provide updates. For FY 22, 85 members received problem gambling, intervention, treatment and recovery support services; over 200 screenings were conducted on problem gambling, resulting in 31 referrals for assistance; and 21 staff members completed the required 30-hour gambling disorder training, resulting in over 600 hours of gambling training. DWIHN will continue to screen members at treatment access points and continue to provide relevant staff training on the signs, symptoms and treatment available for gambling disorder.
  3. **State Opioid Response (SOR)** – DWIHN was awarded funding in 2019 to reduce overdose deaths related to opioids in Michigan, which are of epidemic proportion. The grant is a comprehensive program constructed to combat the surge of opioid-related overdoses tailored to encompass prevention, treatment and recovery services. Mobile care units are retrofitted vans/recreational vehicles (RV) that will bring counseling, therapeutic and physical health services to Opioid Use Disorder (OUD) individuals. Also, harm reduction activities, including overdose education, food pantry, COVID testing, fentanyl test strips, sleeping coats and naloxone distribution are provided within the mobile care units. Additional mobile care units have been deployed and social distancing protocols are in place to serve all consumers while keeping patients safe.
  4. **Naloxone Initiative** – DWIHN began providing Naloxone training and kits on March 22, 2016 to all Wayne County residents at no cost. The Naloxone allows those at risk of experiencing an overdose the chance to recover and spare families the heartache of losing a loved one. DWIHN works in

	<p>collaboration with Wayne State University to combat this crisis. Wayne State purchased vending machines and DWIHN arranges for the machines to be filled with Narcan kits with a provider who monitors supply levels and orders additional kits as necessary at no cost to the provider. DWIHN also offers free Naloxone training to various barbershops throughout Wayne County. DWIHN continues to support access to Naloxone by training healthcare workers, providers, drug court staff, inmates/jail staff, the community and other organizations that intersect closely with people who use opioids to reverse an opioid overdose. This program has saved 886 lives since its' inception.</p> <p>Dr. Tauveg opened the floor for discussion. Discussion ensued. The Chair noted that the Access Call Center's, Children's Initiatives', Customer Service's, Integrated Health Care's, Managed Care Operations', Residential Services' and Substance Use Disorder's year-end reports have been received and placed on file.</p>
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**X. Strategic Plan Pillar - Access**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>Access</b> – Jacquelyn Davis, Clinical Officer submitted and gave an update on the Strategic Plan Access Pillar. Ms. Davis reported that the Access Pillar is at 94% completion. There are four high level goals under this pillar and they range from 87% to 100% completion. All four areas have increased since the last reporting.</p> <ol style="list-style-type: none"> <li>1. <b><i>Create infrastructure to support a holistic care delivery system (full array) by December 31, 2022</i></b> – 87% completion</li> <li>2. <b><i>Create integrated Continuum of Care for Youth by September 30, 2022</i></b> – 95% completion</li> <li>3. <b><i>Establish an effective crisis response system by September 30, 2022</i></b> – 93% completion</li> <li>4. <b><i>Implement Justice Involved Continuum of Care by September 30, 2022</i></b> – 100% completion</li> </ol> <p>Ms. Davis introduced the new Chief of Crisis Services, Grace Wolf to the committee. Dr. Tauveg opened the floor for discussion. There was no discussion. The Chair noted that the Strategic Plan Quality Pillar has been received and placed on file.</p>
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**XI. Quality Review(s) -**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>QAPIP Work Plan FY 22</b> – April Siebert, Director of Quality Improvement submitted and gave an update on the QAPIP Work Plan FY 22. Ms. Siebert reported that DWIHN has successfully completed the MDHHS Review and we are no longer on a Corrective Action Plan. We are also in full compliance with the HAB Waiver and SUD services. Dr. Tauveg opened the floor for discussion. There was no discussion.</p>
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**XII. Chief Clinical Officer's (CCO) Report**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p><b><i>The Chief Clinical Officer's report was included in the Program Compliance Committee Agenda packet for this month.</i></b></p>
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**XIII. Unfinished Business**

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

<b>DISCUSSION/ CONCLUSIONS</b>	<i><b>There was no Good and Welfare/Public Comment to review this month.</b></i>
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ACTION ITEMS	Responsible Person	Due Date
1. <b>Follow-Up Items from Previous Meeting - Crisis Services' Quarterly Report</b> – Email a copy of the work plan/timeline for the opening of the new crisis facility to the committee – A copy will be provided to Lillian Blackshire to send out to the committee.	Eric Doeh/Lillian Blackshire	<b>COMPLETED</b>
2. <b>Customer Service's Quarterly Report</b> – Provide an update on the data breach	Michele Vasconcellos	<b>January 11, 2023</b>
3. <b>Residential Services' Quarterly Report</b> – Provide an update on what is being done for the homeless population during the winter months.	Shirley Hirsch	<b>January 11, 2023</b>

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

**ADJOURNED:** 2:50 p.m.

**NEXT MEETING:** Wednesday, January 11, 2023 at 1:00 p.m.

**Program Compliance Committee Meeting**  
**Chief Medical Officer's Report**  
**Shama Faheem, MD**  
**January 2023**



**Behavioral Health Education:**

DWIHN has continued outreach efforts for behavioral health services

- Interview f with Today's magazine on Holiday Stress
- Interview with Telegram newspaper on Holiday Stress (December 2022)  
<https://www.telegramnews.net/story/2022/12/15/lifestyles/dont-let-holiday-stress-get-you-down/2100.html>

**Crisis Centers:**

DWIHN continues to work on our Crisis Center projects. We recently completed our consultation with RI International and their report is getting finalized which can eventually be shared with Board and Stakeholders. State is currently drafting the Operational Guidelines for CSU and we have been part of their pilot with regular meetings to discuss areas such as Staffing, Building, Security, Pharmacy and Metrics.

**Quality Department:**

- State continues to monitor DWIHN on various performance indicators. DWIHN continued to meet the standards for PI#1 (Children and Adult). For indicator 2a (Access of services or Biopsychosocial within 14 days of request), the reporting percentage increased from Q3(37.8%) to (44.6%) final, demonstrating a 6.7 percentage increase from the previous quarter. We will continue improvement efforts with better outcomes expected during 1st Quarter. The average score for the state is noted at 51.03% for Q3. DWIN continues to meet Indicators 4b (SUD) and PI#10 (Children). We have shown a slight improvement in PI#10 (Recidivism or Readmission within 30 days) from Q3 17.79% (Adult) to Quarter 4 final results at (15.89%) for Adults, with an overall compliance score of 15.19%. The standard is 15% or less. This remains an opportunity for ongoing improvement. We will continue with the efforts to meet the standard and will continue to evaluate the effectiveness of the interventions.
- DWIHN has received Full Compliance 100% with all the reportable areas for the HSAG PIP (Reducing the Racial Disparity of African Americans Seen for Follow-Up Care Within 7-Days of Discharge from a Psychiatric Inpatient Unit). The goal of the PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time. The next scheduled reporting remeasurement period for DWIHN's PIP to HSAG will include data from 01/01/2023–12/31/2023.
- HSAG Compliance Review: DWIHN has received the draft SFY 2022 Compliance Review Report with an overall compliance score of 83%. The Quality Team will continue to work internally with each Department to assure implementation of the CAPs. HSAG will do the final review (Year 3) in Summer of 2023 and a final score will be aggregated.
- MDHHS Full Waiver Review of DWIHN's HSW, CPW, SEDW, and SUD services: DWIHN has received full compliance with the implementation of the plan of correction. The follow-up review involved evaluation of the current status of the Corrective Action Plans, submitted by DWIHN, in response to the Full Site Review that was conducted March 14 through April 22, 2022.
- Medicaid Claims Verification Reviews: For Fiscal Year 2022, a total of 3,598 claims were randomly selected, the QI Team reviewed and validated 3,549 (98.63%). This is an increase of 2,339 (193%) claims reviewed compared to (1,210) for FY21. A total of 49 or 1.36 percent of the claims were not reviewed based on factors, noted below:
  - 12 claims were voided by DWIHN due to a rate adjustment

- 13 internal DWIHN claims for the Access Center. Because these are internally provided services, according to the Medicaid Claims Verification Technical Requirement “a qualified independent contractor, must be selected to perform verification procedures”. DWIHN is in the process of identifying a source.
- 24 claims belonged to 15 providers who did not respond to requests for supporting documentation

**Improvement in Practice Leadership Team (IPLT):**

IPLT discussed some important topics during December meeting including updates to Discharge and Reengagement. Our members have high rates of disengagement and much of it is related to the population we serve. The goals for the updates (still in discussion with IPLT members including providers) is to improve our member reengagement in services and assure they receive the optimal care needed. After our last review by HSAG, the Clinical Department has undertaken the effort to revise and improve the Clinical practice Guidelines in collaboration with our providers. Evidence-based guidelines from national organizations are being reviewed for all disability designations and diagnoses. They were initially presented to IPLT in December with follow-up in January. Goal is to finalize them before March 2023.

**Integrated Health Care:**

We are closely monitoring HEDIS measures and providing education to provider. During the month of December, the HEDIS scorecard was presented to the CRSP monthly meeting and in individual meetings with 10 CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors. This was shared at last meeting in October and will be followed up during the meeting in January.

Scores from HEDIS Scorecard as of August 2022 due to claims lag.

1	Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year to Date
2	AMM	Antidepressant Medication Management Acute phase	4549	2110	2439	77.32	46.38
3	AMM	Antidepressant Medication Management Continuation Phase	4549	1355	3194	63.41	29.79
4	FUH	Follow-Up After Hospitalization for Mental Illness Adults	4228	1996	2232	58	47.21
5	FUH	Follow-Up After Hospitalization for Mental Illness Children	372	241	131	70	64.78
6	SAA	Adherence to Antipsychotic Medications for Individuals With Schizoph	4758	2778	1980	85.09	58.39
7	SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder	7400	4261	3139	86.36	57.58

DWIHN staff are working with Henry ford Health Plan on a new project of monitoring individuals who utilized the emergency room department or inpatient psychiatric unit and how to perform data sharing. There are 4 CRSP’s in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022. DWIHN IT and PCE are developing a database so that the number of members can be tracked. This should be completed in January 2023.

IHC department continue their care coordination efforts with health plans where joint case reviews are done and improvement in member’s compliance is being observed. IHC continues to provide complex case management services and currently have 11 members. Besides these, IHC has been working on the State defined Pay for Performance metrics with other departments with goals to garner maximum incentives. IHC has continued to assist in development of various apps such as the DWIHN member app and community app.



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**CORPORATE COMPLIANCE  
MEMORANDUM**

**TO:** Program Compliance Committee

**FROM:** Sheree Jackson  
Corporate Compliance Officer

**DATE:** January 11, 2023

**RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE**

***New Business***

1. The DWIHN Compliance Department conducted and completed 39 investigations March 2022-December 2022. This includes 22 providers referred by the Office of Inspector General. The remaining 17 referrals were provided by internal departments (Quality Improvement, Contract Management and Recipient Rights) for further review. As a result, the compliance department identified overpayment in the amount of \$133,880.15.
2. As of December 31, 2022, eighteen members have contacted customer service and/or the access department to inquire about the initial notification of the data breach that was received in early 2022. DWIHN will continue to monitor and track on-going calls related to the incident.

**Board of Directors**

Angelo Glenn, Chairperson  
Dorothy Burrell  
Kevin McNamara

Kenya Ruth, Vice Chairperson  
Lynne F. Carter, MD  
Bernard Parker

Dora Brown, Treasurer  
Eva Garza Dewaelsche  
William Phillips

Dr. Cynthia Tauieg, Secretary  
Jonathan C. Kinloch







## **Detroit Wayne Integrated Health Network Clinical Practice Improvement (CPI) - Adult Initiatives Quarterly Executive Summary Report, 4<sup>th</sup> Quarter**

### **Evidence Based Supported Employment/Individual Placement and Support**

During this reporting period, there were: (262) referrals, (173) admissions, (108) obtained competitive employment with an average hourly wage of (\$14.25). Of the (108) individuals who obtained competitive employment, (15) were returning citizens. Individuals served were employed in a variety of jobs/positions: Day Care Worker, Hilo Driver, Cashier, Teacher, Driver, Pharmacy Technician, Warehouse Worker, Food Service Worker, Machine Operator, Babysitter, Assembly Worker, Waiter, Retail and Customer Service Associate, and Car Porter. Twenty-nine (29) individuals transitioned from EBSE services to a lower level of care after successfully completing their employment goals.

Monthly meetings were held with EBSE/IPS providers to provide EBSE/IPS practice updates, address service delivery issues/concerns as well as technical assistance and training on fidelity standards.

### **Project – WC Jail – IST / Project - Jail Diversion**

During the fourth quarter, there were 217 AOT's processed. Of those, 147 had an assigned provider who was given notice of the order with instructions for documentation. During the fourth quarter, there was a review of all AOT orders without an assigned provider; every unassigned member was then assigned to a provider for AOT oversight. The providers were notified of all member assignments. Now, any member without an assigned provider will automatically be assigned by a clinician.

AOT data is now processed on a smartsheet for use by DWIHN and the Behavioral Health Unit at Probate Court. The smartsheet records the demographics of the orders and provide an overall dashboard.

There were 418 jail releases in the fourth quarter; 155 members were linked with providers for post-release follow-up; 21 were not in MHWIN because the mental health designation from jail mental health may not have met DWIHN criteria; 20 were released to a hospital for mental health treatment or other correctional facility.

The intake process with the Access Center was finalized with Naphcare. The Jail Discharge Planners can schedule screening assessments directly with the Access Center. The Access Center will schedule an appointment with a provider upon release of an inmate.

During the fourth quarter, 577 inmates were screened, and 222 were admitted for mental health services.

### **Assertive Community Treatment (ACT)**

Adult Initiatives monitored 8 ACT programs. Admissions and discharges regarding the appropriateness of the level of care determinations, fidelity of the program and case consultations regarding recidivistic members were discussed.

## **Med Drop**

During the 4th quarter, CPI facilitated follow up monthly meetings with all of our pilot program providers for Med Drop. Topics discussed were ways to increase admissions rates, talking points, and recommendations for providers with regards to presenting the program to members. The Med Drop new process was discussed with providers and feedback was provided. All providers also discussed any strengths and or weakness with implementing the program in their agency. CPI also facilitated follow up monthly meetings with Genoa Pharmacy/ Med Drop to obtain an update on DWHIN Pilot Providers that are participating in the Med Drop program.

For quarter four, there were, 51 Current Active Clients enrolled in Med Drop. There was a 73% reduction in the number of Med Drop clients admitted to a psychiatric hospital and a 25% reduction in jail admissions for clients while participating in the Med Drop Program compared to the number of hospital and jail admissions for the Med Drop clients in the 12 months prior to entering the Med Drop program.

## **PHQ-9**

PHQ-9 performance data was captured for FY 22 4<sup>th</sup> quarter. It is as follow; 98.9% of adults who had a PhQ-9 completed at intake assessment and 62.6% who scored a 10 or higher and are then required to complete additional screenings, had a follow up PHQ-9 screening completed. The PHQ-9 follow up screening, increased by 84% since last quarter.

## **Outcomes Improvement Committee**

During Q4 there were 25 referrals made to the OIC. Bi-Monthly meetings take place with CRSP's to hear the issue that brought the members to OIC, (lack of engagement, recidivistic, high-risk). Recommendations are made to assist the CRSP with the member and updates on members are brought back to the OIC team.

## Adult Initiatives Clinical Practice Improvement (CPI) FY 2022 Quarter 4 Report

### Evidence Based Supported Employment/Individual Placement and Support

During this reporting period, there were: (262) referrals, (173) admissions, (108) obtained competitive employment with an average hourly wage of (\$14.25). Of the (108) individuals who obtained competitive employment, (15) were returning citizens. Individuals served were employed in a variety of jobs/positions: Day Care Worker, Hilo Driver, Cashier, Teacher, Driver, Pharmacy Technician, Warehouse Worker, Food Service Worker, Machine Operator, Babysitter, Assembly Worker, Waiter, Retail and Customer Service Associate, and Car Porter. Twenty-nine (29) individuals transitioned from EBSE services to a lower level of care after successfully completing their employment goals.

-EBSE/IPS providers continue to provide telemedicine services based on member preferences. Some continue to struggle with workforce recruitment and retention challenges, while successfully limiting its impact on service delivery.

- Monthly meetings were held with EBSE/IPS providers to provide EBSE/IPS practice updates, address service delivery issues/concerns as well as technical assistance and training on fidelity standards.

- Beginning the 2nd quarter of FY2023, an EBSE/IPS focused Motivational Interviewing training will be provided to EBSE/IPS employment specialists by MDHHS to enhance their job development skills and provide tools to increase member job retention as well as a training on member benefits planning for EBSE supervisors. In addition, Diversity, Inclusion and Equity principles will be examined and incorporated into EBS/IPSE staff's daily practice. MDHHS in-person/onsite EBSE/IPS provider fidelity reviews will also resume after a two-year suspension resulting from health and safety concerns resulting from the pandemic.

### Project – Wayne County Jail / Project - Jail Diversion/ Assisted Outpatient Treatment (AOT)

During the fourth quarter, there were 217 AOT's processed. Of those, 147 had an assigned provider who was given notice of the order with instructions for documentation. During the fourth quarter, there was a review of all AOT orders without an assigned provider; every unassigned member was then assigned to a provider for AOT oversight. The providers were notified of all member assignments. Now, any member without an assigned provider will automatically be assigned by a clinician.

AOT data is now processed on a smartsheet for use by DWIHN and the Behavioral Health Unit at Probate Court. The smartsheet records the demographics of the orders and provide an overall dashboard.

There were 418 jail releases in the fourth quarter; 155 members were linked with providers for post-release follow-up; 21 were not in MHWIN because the mental health designation from jail mental health may not have met DWIHN criteria; 20 were released to a hospital for mental health treatment or other correctional facility.

The intake process with the Access Center was finalized with Naphcare. The Jail Discharge Planners can schedule screening assessments directly with the Access Center. The Access Center will schedule an appointment with a provider upon release of an inmate.

Naphcare began the process to allow DWIHN staff to have access to their treatment note Techcare system for view only information. This will be beneficial for post-release linkage and follow-up care.

During the fourth quarter, 577 inmates were screened, and 222 were admitted for mental health services. The residential unit treated 76 inmates, and general population 174.

• # Outpatient, Division I & II	• 174
• #Bio-psychosocial Assessments	• 416
• #Face/Face New Pt Brief Visit	• 2701
• # Case Management	• 160
• # Group Therapy	• 6
• #Face/Face Brief Established Visit	• 577
• #Discharge Planning	• 221
• # Discharges	• 161
• #Residential Placements	• 76
• # Crisis Interventions	• 212
• #Co-Occurring	• 112
• # Psychiatric Evaluations	• 9
• # Psychological Evaluations	• 325
• # Pharmacological Management	• 94402
• # Probate Referrals	• 5
• #AOT	• 2
• MAT admissions and notes	• 112

## Project - Jail Diversion

The Homeless Outreach Team (H.O.T.) program had a total of 1065 new encounters, 2542 total encounters; and 4 persons were enrolled in services. The HOT program is located in the Downtown/Hart Plaza; 8 Mile/Woodward; 8 Mile/I-75; and I-75/Rosa Parks. The homeless population sets up encampments in these areas; and the team targets these specific areas unless DPD request assistance at other locations.

The team continues to engage the population for those seeking services. It is estimated that 50% of the population has a co-occurring disorder, and 50% has SUD (primarily heroin). There continues to be a challenge hiring staff to work on an outreach team.

Downriver Veterans Court has 14 participants; and 65 for the year. During the fourth quarter there were two graduates, with a total 41 graduates since the program began.

Veterans Court participants continue to volunteer in the community and promote peer mentoring amongst each other. Their comradery and shared experience of the armed forces is strong.

The post release program Mental Health Court currently has 16 participants; 5 of whom are employed. During the fourth quarter there were 5 graduates. The length of the program runs from 18-24 months. The assigned providers for the program are All Well Being Services (AWBS) and Hegira, and the program is overseen by Judge Bazzi and Judge Thomas.

There were 7 Returning Citizens in the fourth quarter. The workgroup consists of Parole/MDOC; the assigned Providers (Central City Integrated Health; CNS Healthcare; Hegira and Team); and Professional Counseling Services.

Collaboration continued with placement for returning citizens with assigned providers, and placement at Walter Reuther based upon release treatment recommendations.

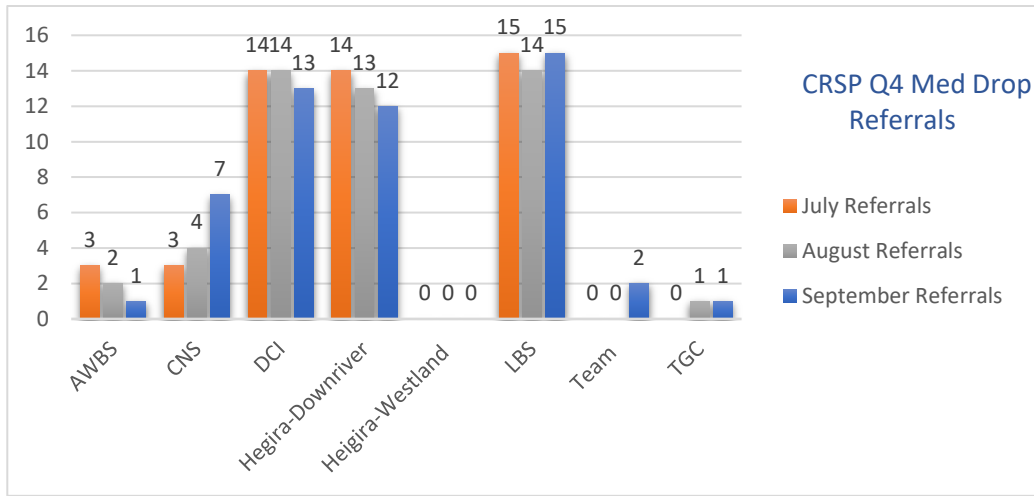
For FY 2023 Quarter 1, the Jail Diversion Project will be reported by the Director of Innovation and Community Engagement.

## Assertive Community Treatment (ACT)

CPI monitored ACT program admissions and discharges of Lincoln Behavioral Services, and Northeast Integrated Health, including the appropriateness of the level of care determinations. CPI provided technical assistance to Hegira- Westland, Hegira- Downriver, Team Wellness Center, CNS, Central City Integrated Health and Development Centers to ensure program eligibility requirements were met.

## Med Drop

During the 4th quarter, CPI facilitated follow up monthly meetings with all pilot program providers for Med Drop, which are Lincoln Behavior Services, CNS, All Well Being Services, Hegira, Development Centers, The Guidance Center, Team Wellness and DWIHN internal staff. Topics discussed were ways to increase admissions rates, talking points, and recommendations for providers with regards to presenting the program to members, med drop new process, PHQ-9 completion percentages, PAR monitoring, authorizing codes H0031PH, H2015PH, authorization issues as well as the discontinue of H0032PH. All providers discussed strengths and or weakness with implementing the program in their agency. CPI also facilitated follow up monthly meetings with Genoa Pharmacy/ Med Drop to obtain an update on DWHIN Pilot Providers that are participating in the Med Drop program.



For quarter four, there were, 51 Current Active Clients. AWBS has 1 member, Hegira- Downriver has 12; CNS has 7; DCI has 13; Hegira- Westland has 0; LBS has 15; TGC has 1 and Team Wellness has 2. As of December 2022, the Med Drop Program had 62 current Members and 14 pending referrals.

## Med Drop System Outcome from July 1<sup>st</sup> through September 30<sup>th</sup>

During the 4<sup>th</sup> quarter there was a 73% reduction in the number of Med Drop clients admitted to a psychiatric hospital, who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program.

52% reduction in psychiatric hospital admissions for Med Drop clients who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program.

61% reduction in psychiatric hospital days for Med Drop clients who utilized hospital days within 12 months prior to entering the Med Drop Program

There was a 39% reduction in the number of psychiatric hospital admissions for clients while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program.

There was a 53% reduction in psychiatric hospital days for clients while participating in Med Drop Program, compared to the number of psychiatric hospital days used by the Med Drop clients in the 12 months prior to entering the Med Drop Program.

No change in crisis home/crisis services admissions for clients while participating in the Med Drop Program, compared to the number of crisis home/crisis services admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program.

No change in crisis home/crisis services days for clients while participating in the Med Drop program, compared to the number of crisis home/crisis services days used by the Med Drop clients in the 12 months prior to entering the Med Drop Program.

There was a 25% reduction in jail admissions for clients while participating in the Med Drop Program compared to the number of jail admissions for the Med Drop clients in the 12 months prior to entering the Med Drop program. The pre-admission program data is the client's self-report at the time of the program orientation sessions.

There was a 92% reduction in jail days for clients while participating in the Med Drop Program compared to the number of jail days for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation sessions.

## Patient Health Questionnaire (PHQ-9)

The PHQ-9 is a secondary assessment screening administered at the initial biopsychosocial assessment for all adult mental health members over the age of 18. The PHQ-9 is also a NCQA Performance Improvement Plan for DWIHN. PHQ-9 performance data was captured for FY 22 4<sup>th</sup> quarter. It is as follows:

98.9% of adults had a PHQ-9 completed at intake assessment.

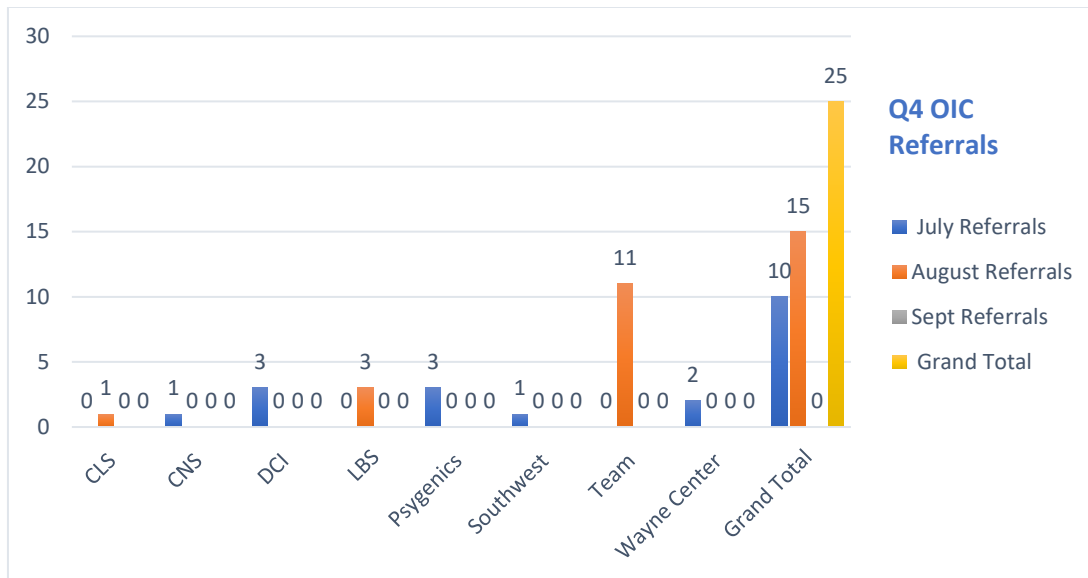
62.6% who scored a 10 or higher had a follow up PHQ-9 screening completed.

The PHQ-9 follow up screening, increased by 84% since last quarter.

## Outcomes Improvement Committee (OIC)

The OIC is a case consultation peer related group of providers, that offer clinical recommendations to high risk members throughout the network.

During Q4 there were 25 referrals made to the OIC. 10 referrals were submitted in July, 15 referrals were submitted in August, and no referrals were submitted in September. Team Wellness Center submitted the greatest number of referrals (11).



### Other activities completed by CPI includes:

- Participated in IPLT internal meeting-The Improving Practices Leadership Team is required by MDCH to ensure that providers have the opportunity to provide feedback on policy procedure evidence based and promising practices for DWIHN' network of providers. It meets monthly and consists of several internal departments at DWIHN as well as external providers with subject matter expertise in SMI, SUD, I/DD and SED.
- Participated in PHQ-9 data meeting with DWIHN IT.
- Procedure work coding group-To discuss new or changed billing codes and requirements to use those codes.
- COPE morning huddles
- NCQA Follow up meetings
- Hospital Liaison meeting



## **Crisis Services 1st Quarter: October-December 2022**

### **Summary Report**

Below is the data for the Crisis Services Department, 1st quarter FY 22/23 for adults and children. Overall, there was a 35% increase in the number of requests for service for children, and the number of overall requests decreased by 3% for adults. The diversion rate for children increased by 6% in the 1st quarter as compared to the 4th quarter. The Crisis Stabilization Unit (CSU) at COPE saw a decrease in the number of members served compared to the 4th quarter (714 served in Q4, 653 in Q1), whereas Team Wellness Crisis Stabilization Unit saw an increase in members served at 707 (366 served in Q4).

#### **FY 22/23 Q1 Accomplishments**

- Hospital Liaison staff were involved in a total of 467 cases receiving crisis services during the 1st quarter FY 22/23. This involvement consisted of contacts made with community hospitals related to movement of members out of the emergency departments, and individuals awaiting inpatient placement beyond 23 hours. The overall diversion rate from an inpatient level of care was 26% compared to 34% in the 4th quarter. There were 40 crisis alerts received for the quarter and 20% of those cases were diverted to lower levels of care.
- During the 1st Quarter, DWIHN received a total of 343 AOT orders and the Community Law Enforcement liaison has established working relationships with probate court to ensure compliance with AOTs and transport orders within the network.
- The DWIHN mobile outreach clinician continues to partner with Wayne Metro and Black Family Development, and has acquired several other working relationships in the community to promote access to services for DWIHN members and potential members. The DWIHN Mobile Outreach Clinician began to report specific information per member met in November and December and will report ongoing.
- Contracted screening entities are utilizing a pre-admission review (PAR) disposition amendment to ensure evidence-based practice reflects disposition decision making through coordination with PCE.
- Processes for clinical coordination and consultation are in place for screening agencies in an effort to identify and discuss members who repeat in a crisis encounter within 30 days of discharge from an inpatient facility, and these cases are audited and shared with leadership at the screening agencies.

#### **FY 22/23 Q1 Area of Concern**

- DWIHN continues to work toward solidifying another crisis residential site to promote stabilization in the community.

#### **Plans for FY 22/23 Q2**

- Continue efforts to establish processes to address recidivism.
- Work toward establishing specific reporting methods to analyze the effectiveness of mobile outreach events and resources.
- Onboard and train newly hired liaison to address process/procedures within discharge planning and transitions in the community, and continue working relationships with the provider network.
- Ensure communication with probate court as a tool to promote stabilization of members in the community.

## **Crisis Services 1st Quarter: October-December 2022**

### **Summary Report**

- Develop processes and procedures for a pilot involving an identified CRSP (Team Wellness) to address treatment needs for members in crisis encounters specifically related to that CRSP utilizing a specific hospital liaison from the CRSP identified.

## Crisis Services 1st Quarter FY 22/23: October-December 2022

Below is the data for the Crisis Services Department, 1st quarter FY 22/23 for adults and children. Overall, there was a 35% increase in the number of requests for service for children, and the number of overall requests decreased by 3% for adults. The diversion rate for children increased by 6% in the 1st quarter as compared to the 4th quarter. The Crisis Stabilization Unit (CSU) at COPE saw a decrease in the number of members served compared to the 4th quarter (714 served in Q4, 653 in Q1), whereas Team Wellness Crisis Stabilization Unit saw a significant increase in members served at 707 (366 served in Q4). Numbers reflect a partial reporting period in December, 2022.

### **CRISIS DATA**

**1. Children’s Crisis Providers: The Children’s Center (TCC), The Guidance Center (TGC) and New Oakland (NOFC).**

<b>QTR</b>	<b>RFS</b>	<b>Unique consumer</b>	<b>Inpatient admits</b>	<b>% Admitted</b>	<b># Diverted</b>	<b>% Diverted</b>	<b>Crisis Stab</b>
4 <sup>th</sup> FY 21/22	600	536	174	29%	410	67%	327
1 <sup>st</sup> FY 22/23	814	733	197	24%	592	73%	345

- There was a 35% increase in the number of requests for service for children as compared to the 4th quarter. The diversion rate for the 1st quarter increased 6% from the 4th quarter.
- The number of Mobile Intensive Crisis Stabilization cases decreased 5% from the 4th Quarter and the number of members diverted increased by 6%.

**2. Community Outreach for Psychiatric Emergencies (COPE): Hegira with Neighborhood Services Organization (NSO) as subcontractor.**

<b>QTR</b>	<b>RFS</b>	<b>Unique consumer</b>	<b>Inpatient admits</b>	<b>% Admitted</b>	<b># Diverted</b>	<b>% Diverted</b>	<b># Inpt due to no CRU</b>
4 <sup>th</sup> FY 21/22	2,883	2,640	1,990	69%	821	29%	36
1 <sup>st</sup> FY 22/23	2,770	2,573	1,918	69%	800	29%	15

- Numbers above reflect a 3% decrease in RFS compared the 4th quarter. The percentage of members admitted to inpatient was equal to the 4<sup>th</sup> quarter, and the percentage diverted remained the same this quarter as well. The number of individuals going inpatient due to no CRU beds available decreased compared to the previous quarter.
- COPE Mobile Stabilization services were provided to 129 members for the quarter, which is a 20% decrease compared to the 4th quarter at 162 members.

**Crisis Services 1st Quarter FY 22/23: October-December 2022**

**3. Crisis Residential Services (CRU)**

<b>Hegira Crisis Residential Unit Admissions</b>	
4 <sup>th</sup> FY 21/22	64
1 <sup>st</sup> FY 22/23	72

- There was a 12% increase in CRU admissions in comparison to the 4th quarter.

**4. Crisis Stabilization Units**

- COPE: Served 653 members for the 1st quarter which is a 9% decrease from the previous quarter at 714 members served.
- Team Wellness Center: Served 707 members for the 1st quarter, which is a significant increase from the 4th quarter (366 members).

**5. ProtoCall:**

<b>Qtr./FY</b>	<b># Incoming Calls</b>	<b># Calls Answered</b>	<b>% answer w/in 30 secs</b>	<b>Avg. Speed of answer</b>	<b>Abandonment rate</b>
4 <sup>th</sup> FY 21/22	1,856	1,779	86.9%	22s (avg)	1.4% (avg)
1 <sup>st</sup> FY 22/23, October, November	1,418	1,371	84.4%	23s (avg)	2.1% (avg)

**6. Mobile Outreach Services: Partnership Wayne Metro and Black Family Development (BFDI)**

- The Crisis Services Department Mobile Outreach Clinician attended 28 sites during the 1st quarter.
- Education and meaningful conversations occurred with 1,020 individuals who were educated on DWIHN services and provided information.
- 49 follow up calls were made with members met, 8 referrals were made as a result of follow up.
- Referrals made by type: benefit assistance: 2, bill payment assistance: 5, connection to the Access center at DWIHN: 61, and 2 housing referrals.

**FY 22/23 Q1 Accomplishments**

- Hospital Liaison staff were involved in a total of 467 cases receiving crisis services during the 1st quarter FY 22/23. This involvement consisted of contacts made with community hospitals related to movement of members out of the emergency departments, and individuals awaiting inpatient placement beyond 23 hours. The overall diversion rate from an inpatient level of care was 26% compared to 34% in the 4th quarter. There were 40 crisis alerts received for the quarter and 20% of those cases were diverted to lower levels of care.

## **Crisis Services 1st Quarter FY 22/23: October-December 2022**

- During the 1st Quarter, DWIHN received a total of 343 AOT orders and the Community Law Enforcement liaison has established working relationships with probate court to ensure compliance with AOTs and transport orders within the network.
- The DWIHN mobile outreach clinician continues to partner with Wayne Metro and Black Family Development, and has acquired several other working relationships in the community to promote access to services for DWIHN members and potential members. The DWIHN Mobile Outreach Clinician began to report specific information per member met in November and December and will report ongoing.
- Contracted screening entities are utilizing a pre-admission review (PAR) disposition amendment to ensure evidence-based practice reflects disposition decision making through coordination with PCE.
- Processes for clinical coordination and consultation are in place for screening agencies in an effort to identify and discuss members who repeat in a crisis encounter within 30 days of discharge from an inpatient facility, and these cases are audited and shared with leadership at the screening agencies.

### **FY 22/23 Q1 Area of Concern**

- DWIHN continues to work toward solidifying another crisis residential site to promote stabilization in the community.

### **Plans for FY 22/23 Q2**

- Continue efforts to establish processes to address recidivism.
- Work toward establishing specific reporting methods to analyze the effectiveness of mobile outreach events and resources.
- Onboard and train newly hired liaison to address process/procedures within discharge planning and transitions in the community, and continue working relationships with the provider network.
- Ensure communication with probate court as a tool to promote stabilization of members in the community.
- Develop processes and procedures for a pilot involving an identified CRSP (Team Wellness) to address treatment needs for members in crisis encounters specifically related to that CRSP utilizing a specific hospital liaison from the CRSP identified.



## Innovation & Community Engagement

### January 2023 Quarter 1

#### Executive Summary

Presented January 2023

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 placing an emphasis on recovery and supporting resilience.

The first quarter was spent wrapping up the previous fiscal year and submitting various grant closeout reports. In addition to this, plans were being discussed for this new year. At the time of this submission, provider reports were not yet due for the month of December. Therefore, figures referenced for co-response and homeless outreach will reflect October and November.

Major projects of focus are the partnership with the Detroit Police Department and the Wayne County Sheriff’s Office.

The DWIHN/DPD Mental Health Co-Response Partnership – The co-responders responded to a total of 559 encounters.

DWIHN leadership participated in a roundtable and press conference with the Detroit Police Department where the chief of police introduced a five-point for program expansion. DWIHN has a significant role in this plan with a few areas being the expansion and continuation of CIT training, the introduction of virtual behavioral health assessments where possible, and the centralization of the Mental Health Co-response Units.

The Jail Navigator program received 18 referrals and of those interviewed, 5 were accepted into the program and connected to residential treatment. Other individuals not interested in residential were referred to the 36<sup>th</sup> District Mental Health Court.

<b>Justice Involved Initiative</b>	<b>Number of Encounters/Screened</b>
Co-Response Teams	559
Mental Health Jail Navigator	18
Communications Behavioral Health Specialist	67
Detroit Homeless Outreach Team	45



## Innovation & Community Engagement Quarterly Executive Board Report

Presented January 2023

**Andrea L. Smith, Director of Innovation & Community Engagement**

**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 placing an emphasis on recovery and supporting resilience.

The past quarter provided lessons learned about the opportunities available for Innovation and Community Engagement. Reach Us Detroit, Student Training Programs, and Community Awareness and Education have been identified in the community as necessary components to improve the well-being of Wayne County.

### Justice Involved Initiatives

This quarter, the **Mental Health Co-Response Partnership** - Co-responders had a total of 559 encounters, and 105 individuals were connected to a service.

DWIHN leadership participated in a roundtable and press conference with the Detroit Police Department where the chief of police announced plans to pivot a bit from the original partnership model and expand in two of the prongs.

The continuation of CIT training, the introduction of virtual behavioral health assessments where possible, and centralization of the Mental Health Co-response Units. As well as centralizing the co-response units to operate as 12 units across the six call districts over two shifts, 7 days a week (A:11am -7pm and B:7pm-3am)

DWIHN continued to oversee and manage the **Mental Health Jail Navigator Project**. The goals are to Reduce the length of stay in jail.

- Reduce recidivism.
- Improve access to mental health services.
- Increase treatment retention.
- Increase public safety.

Individuals booked in the Wayne County Jail charged with misdemeanor offenses who are also DWIHN participants are identified within 24-72 hours of booking for participation in the Program. A Mental Health Jail Navigator (MHJN) meets face-to-face with each identified participant within this same time period and screens them for clinical and legal eligibility while considering criminogenic risk factors and needs such as mental health treatment, substance use disorder treatment, and housing assistance.



The target population is non-violent misdemeanor offenders with mental health and/or substance abuse issues. They can be on public record as being previously diagnosed or treated – or even listed as receiving services from an agency currently.

The Mental Health Jail Navigator referrals remain consistent, as 18 individuals were referred and interviewed, and did not meet criteria and/or released prior to placement. Currently 4 individuals are monitored and receiving treatment services from Team Wellness Center and/or Detroit Rescue Mission Ministries.

DWIHN continues to have a **Behavioral Health Specialist (BHS) embedded at DPD’s Communication Center** to assist with any calls that need mental health support and resources. During this quarter, there were 44 individuals referred for follow-up. There were 23 individuals that agreed to receive additional services/or were unable to be reached by phone.

Central City Integrated Health serves as the lead behavioral health provider for the homeless outreach team, along with our City of Detroit partnering provider Motor City Mittens. The population served are predominately African American and Caucasian, there is a small percentage of Latinos and two Asian. For the Quarter there were 45 encounters.

Justice Involved Initiative	Number of Encounters/Screened
Co-Response Teams	559
Mental Health Jail Navigator	18
Communications Behavioral Health Specialist	67
Detroit Homeless Outreach Team	45

**COVID-19 Virtual Therapy Line – Reach Us Detroit**

Reach Us Detroit responded to 205 tickets this quarter, with requests for therapy and connection to housing, food, and income resources. Therapy services have had a central theme of healing from trauma that individuals weren't aware they had prior to learning in community-based settings (e.g. school, church, work).

Although there is a need for services, the capacity of the line with limited staffing has been challenging, and funding for full-time staff would support the availability and access to services.

In December, testing began on the line in an effort to offer virtual support in real time for officers of the Detroit Police Department responding to runs with a behavioral health nexus when a specialist is not in the car with them.

**Crisis Intervention Teams (CIT)/Crisis Response Training (CRT)**

Crisis Intervention Teams (CIT) help divert people with mental illness away from jail and to treatment. CIT creates partnerships between law enforcement, mental health providers, hospital



emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety. DWIHN hosted one CIT 40-hour block during the quarter, two courses for dispatchers and call-takers, and one course in Crisis Response Training for Detroit Police Academy cadets.

### **Network Training/Events**

There were **24 events** during the quarter. A few of these are outlined below:

**Ethics and Pain Management** - The overall purpose of this course is to encourage and help participants develop a better understanding of and management of the ethical issues and dilemmas they encounter in practice.

**International Survivors of Suicide Loss Day** - an event in which survivors of suicide loss come together to find connection, understanding, and hope through their shared experiences.

**Implicit & Unconscious Bias in Healthcare** - This training will address health care disparities and improve equity in the delivery of healthcare to all individuals we serve.

**Prevention - Code of Ethics, Ethical Boundaries and Confidentiality for working with Adult and Adolescent Clients & Families with SUD History and Predisposition** with the purpose of working to distinguish between ethics vs. morals, to review and identify the Prevention Specialist Code of Ethical standards as well as the importance of adhering to those ethical standards.



# DWIHN UTILIZATION MANAGEMENT QUARTER 1

## EXECUTIVE SUMMARY

- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 12/31/22 1,011 filled, 72 were open, for a utilization rate of 93.4%, increased from 93.2% last quarter.
- **Autism:** Approximately 348 authorization requests manually approved during the month of December. There were an additional 172 authorizations completed via the auto-approval process for a total of 520 approvals for the month of December. There are currently 2,666 cases open in the benefit. There will not be an update on FY 2023 Q1 until after February 2023 to allow for submission of claims.
- **Serious Emotional Disturbance Waiver (SEDW):** As of December 31, 2022, there were 56 active youth enrolled in the SEDW.
- **County of Financial Responsibility (COFR):** The COFR Committee meets weekly for one (1) hour to determine DWIHN's responsibility for behavioral health services. For the 4th Quarter, the COFR committee had five (5) adult COFR requests, zero (1) children's cases and no (0) cases resolved.
- **General Fund:** Of the authorization approval requests received, there were 919 approvals for the 1st quarter, 35 of which were for The Guidance Center CCBHC. Advance Notices issued for SUG and time span adjustments to requests totaled 726. There were also 28 administrative denials.
- **Provider Network:** Data for FY 23 Quarter 1 1 reflects 2,217 Inpatient, Crisis Residential and Partial Hospitalization admissions. This total is inclusive of adults and children admitted to the types of care outlined above. There were 229 members who readmitted in Quarter 1 compared to 155 members in Quarter 4. To decrease the average length of stay and hospital admissions, the Utilization Management department continues to conduct bi-weekly case conferences with DWIHN's physician consultant to review inpatient admissions with lengths of stay equal to or beyond 14 days, promote treatment in the least restrictive environment and interdepartmental collaboration with Crisis Services, Residential, Quality and Integrated Care.
- **Outpatient Services:** Timeframes of Outpatient Service Authorizations are being examined for possible adjustments in accordance with the feedback being received from providers regarding the ways the approval time frames impact the service delivery to our members. Currently, the PowerBI Dashboard indicates that in December there were 1,799 authorizations manually approved by the UM department. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations. Of these 1,799 authorizations, 1,522 (or 85%) were approved within 14 days of

request; 244 (or 13.9%) were approved within 21 days of request; 33 (or 1.8%) were approved within 28 days; and none were approved beyond 28 days.

- **MI Health Link:** During Quarter 1, there were 155 MI Health Link authorizations across all ICOs compared to 117authorizations in Quarter 4, a 32.5% increase.
- **State Facilities:** One referral for state hospital admission was received this month; three total referrals are on the wait list. Two referrals are pending for Walter Reuther and one referral is pending for Kalamazoo Psychiatric. All referred members are being treated in a community hospital inpatient setting and are continuously being reviewed for discharge. Liaison staff continue to provide NGRI training to DWIHN and CMH partners to support provider staff, maintain and meet target deadlines, and facilitate skill development. 93 individual training contacts were made this month.
- **SUD:** For the first quarter of FY 23, there were 4591 authorizations; 4125 or 90% were approved within appropriate timeframes.
- **MCG:** The Milliman Care Guidelines (MCG) are evidence-based care guidelines that are integrated within our MH-WIN system within the Preadmission Review and Continued Stay review processes. The majority of the PIHPs have adopted use of the MCG Behavioral Health guidelines to ensure parity across the state. DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. The 26<sup>th</sup> edition of the MCG guidelines and upgrade to Indicia have been implemented. Based on a meeting with the account representative and review of the Summary of Changes, very minor changes were made to the Behavioral Health Guidelines.
- **IRR:** New hire Interrater Reliability (IRR) testing continues to occur for new hires within the Learning Management System. We are currently completing annual IRR review for all entities.
- **Denials and Appeals:** For the 1st Quarter there were 7 denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. Also, we had 0 appeals requested during the quarter.
- **Self-Directing Services:** This past quarter wrapped up the successful transition of having a \$1.8 M contract in place with an Administrative Service Organization to having DWIHN directly oversee all Self-Directed (SD) Arrangements. The transition began March 1, 2022 and 1254 members were successfully transitioned by September 30, 2022. Each transition included execution of 2 SD agreements by the DWIHN team and/or the CRSP, authorizations (some were direct transition via Addendums and some were new IPOS'), individual budgets initiated by the DWIHN team and signatures from the legal representative or member obtained by the CRSP. DWIHN has one consistent process to assist 1531 members (total self-directing) in exercising greater control over their life by self-directing their services.



# Utilization Management FY23 Quarter 1 Report

## Utilization Management Report by Area

### **Habilitation/Supports Waiver (HSW):**

Detroit Wayne Integrated Health Network (DWIHN) receives enhanced funding for participants enrolled in the 1915(b) Habilitation Supports Waiver (HSW) ranging from \$3,500.00 to \$5,500.00 per member/per month from the Michigan Department of Human Services (MDHHS). In order to be enrolled in the HSW program, applicants must meet the following requirements:

- Have an intellectual disability (no age restrictions),
- Reside in a community setting,
- Be Medicaid eligible and enrolled,
- Would otherwise need the level of services similar to an Intermediate Care Facilities/Individuals with Intellectual Disabilities, and
- Once enrolled, receive at least one HSW service per month

HSW utilization for the fiscal quarter is summarized below:

	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Owned	1,084	1,084	1,084
Used	1,015	1,015	1,011
Available	69	69	72
% Used	93.6	93.6	93.4

Utilization has continued below the mandated 95% usage due. Consequently, several initiatives were undertaken in an attempt to increase enrollment.

### Program Details

<b>Outcome Measurement</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
# of applications received			
# of applications reviewed			
# of app. Pended PIHP level for more information			
#of pended app. resubmitted			

# of app. withdrawn			
Total of application sent to MDHHS.			
# of deaths/disenrollment's (recertification forms reviewed & signed)			
# of recertification forms reviewed and signed			
# of recertification forms pended			

**Serious Emotional Disturbance Waiver (SEDW)**

MONTH	Oct	Nov	Dec
# of youth expected to serve in the SEDW for FY 22-23	65	65	65
# of active youth served in the SEDW, thus far for FY 21-22	52	56	56
# of youth currently active in the SEDW for the current month	52	53	53
# of referrals received for current month	5	4	4
# of youth approved/renewed for the SEDW this month	2	7	7
# of referrals currently awaiting approval at MDHHS	0	0	0
# of referrals currently at SEDW Contract Provider	6	5	5
# of youth terminated from SEDW for this month	2	0	0
# of youth transferred to another County, pursuing the SEDW	1	0	0
# of youth coming from another county, receiving the SEDW	1	0	0
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	2	0	0

**Autism Spectrum Disorder (ASD) Benefit:**

The ASD benefit is a MDHHS carve out benefit that funds Applied Behavior Analysis (ABA), an evidenced based treatment for autism spectrum disorder. Medicaid consumers are eligible through age 21 years old. All referrals begin with DWIHN’s Access Center. Parents wishing to have their child screened for the benefit call DWIHN’s Access Center who completes a preliminary screening and then schedules the consumer for an in-depth evaluation with an Applied Behavior Analysis (ABA) provider who determines if the consumer is eligible for the benefit.

During Q4 DWIHN UM team worked with providers to identify opportunities and implement strategies to improve utilization. Any results of these changes will not be visible until FY 2023 data is pulled.

Effective 9/1/22 DWIHN increase the service utilization guide for 97155 (supervision) from 10% to 20% of 97153. This aligns with Behavior Analyst Certification Board recommendations. DWIHN anticipates this increase should support stronger member outcomes in treatment. Providers report they believe this will also assist in reducing turnover of behavior technicians, as this service involves the BCBA’s providing supervision and guidance on working with the members and increasing this support will improve behavior technician confidence and ability to carry out members’ treatment plans.

There were 944 authorizations manually approved in Q4. Another 532 authorizations were automatically approved by MHWIN for a total of 1,476 authorizations for Q4. There are 2,453 cases currently open in the benefit.

<b>ASD Authorization Approvals Fiscal Year to Date*</b>			
	Oct	Nov	Dec
Manual Approvals	374	332	348
Auto Approvals	174	128	172
Total Approvals	547	460	520

*\*numbers are approximate as they are pulled for this report prior to when all data for the month is available.*

<b>ASD Open Cases and Referral Numbers Per WSA Fiscal Year to Date*</b>			
	Oct	Nov	Dec
Open Cases	2130	2184	2198
Referrals	98	47	64

*\*numbers are approximate as they are pulled for this report prior to when all data for the month is available.*

**County of Financial Responsibility (COFR)**

The COFR Committee meets weekly for one (1) hour to determine DWIHN’s responsibility for behavioral health services. For the 4th Quarter, the COFR committee had five (5) adult COFR requests, zero (1) children’s cases and no (0) cases resolved.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
October	Data unavailable	Data Unavailable	Data Unavailable	Data Unavailable
November	2	1	0	n/a
December	3	1	0	n/a

*\*This is a running total.*

\*Note: Not all new cases referred are reviewed within the month they are received. All new cases are added to COFR Master List with date referral is received. Cases are reviewed by priority of the committee.

**General Fund Exceptions**

UM receives General Fund Exceptions requests for individuals without health insurance benefits and receiving behavioral health services. The table below reflects the General Fund actions taken during 4th quarter FY 2021-2022:

ACTIONS TAKEN	October	November	December	1 <sup>st</sup> Quarter Totals FY23
Approvals	332	327	260	<b>919</b>
The Guidance Center CCBHC	12	12	11	<b>35</b>
Administrative Denials	9	10	9	<b>28</b>
Advance Notices	257	266	203	<b>726</b>

**Provider Network**

**Inpatient, Crisis Residential and Partial Hospitalization**

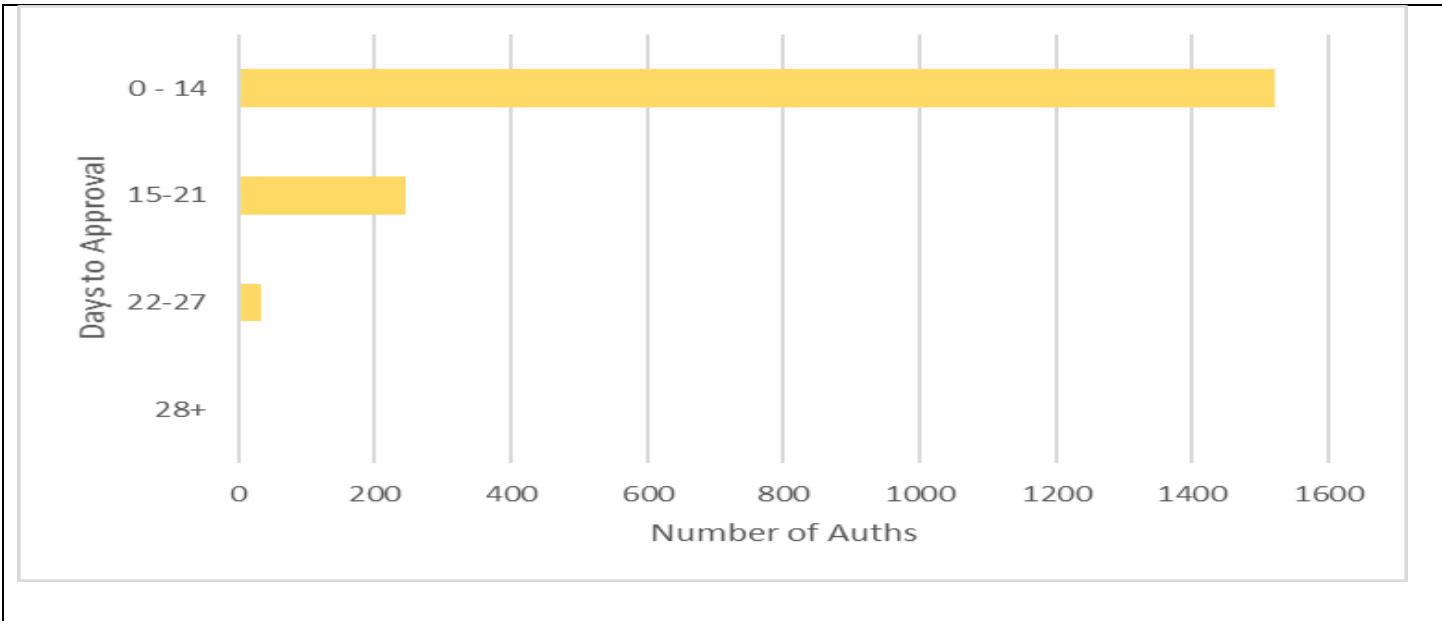


Data for FY 23 Quarter 1 reflects 2,217 Inpatient, Crisis Residential and Partial Hospitalization admissions. This total is inclusive of adults and children admitted to the types of care outlined above. There were 229 members who readmitted in Quarter 1 compared to 155 members in Quarter 4. To decrease the average length of stay and hospital admissions, the Utilization Management department continues to conduct bi-weekly case conferences with DWIHN's physician consultant to review inpatient admissions with lengths of stay equal to or beyond 14 days, promote treatment in the least restrictive environment and interdepartmental collaboration with Crisis Services, Residential, Quality and Integrated Care. UM leadership has also implemented weekly meetings with the staff that manage Stonecrest. This provider typically admits members who require longer admissions due to their severe presentation and higher acuity. Additional supervision is being provided to support staff and ensure members are receiving care that meets their needs and when clinically appropriate, step back into the community with services and supports to continue their recovery.

Residential/UM/Crisis Services work group still meets monthly to identify members who can transition for continued treatment at lower level of clinically appropriate care, from inpatient to CRU or from CRU to substance abuse treatment, pre-placement or a specialized residential placement. Due to COVID restrictions, inpatient providers continue operations at decreased capacity. There are units available at some facilities for individuals who tested positive or are asymptomatic. The two Adult Crisis Residential Units at Boulevard and Oakdale House have again reduced capacity due to a staffing shortage. Hegira Boulevard had seven available beds and Hegira Oakdale house had five available beds through the months of February and March. Only one location (Warren) of Safehaus remains open. The Grand Rapids and Rose City locations have been permanently closed.

**Outpatient Services** (Non-Urgent, Pre-service Authorizations)

Timeframes of Outpatient Service Authorizations are being examined for possible adjustments in accordance with the feedback being received from providers regarding the ways the approval time frames impact the service delivery to our members. Currently, the PowerBI Dashboard indicates that in December there were 1,799 authorizations manually approved by the UM department. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations. Of these 1,799 authorizations, 1,522 (or 85%) were approved within 14 days of request; 244 (or 13.9%) were approved within 21 days of request; 33 (or 1.8%) were approved within 28 days; and none were approved beyond 28 days.



*\*\*Source: Power BI Dashboard, Authorization Approvals*

**MI Health Link**

MI Health Link is a health care option for Michigan adults, ages 21 or over, who are enrolled in both Medicare and Medicaid. MI Health Link offers a broad range of medical and behavioral health services, pharmacy, home and community-based services and nursing home care, all in a single program designed to meet individual needs. Also, there are no co-pays for in-network services and medications.

For MI Health Link enrollees, all behavioral health services covered by Medicare and Medicaid are managed by the Michigan Pre-paid Inpatient Health Plans (PIHPs), organizations that the Department of Community Health contracts with to administer the Medicaid covered community mental health benefit. Behavioral health services are delivered through the local Community Mental Health Services Provider (CMHSP).

During Quarter 1, there were 155 MI Health Link authorizations across all ICOs compared to 117authorizations in Quarter 4, a 32.5% increase.

**State Hospital Report**

- One referral for state hospital admission was received this month; three total referrals are on the wait list. Two referrals are pending for Walter Reuther and one referral is pending for Kalamazoo Psychiatric. All referred members are being treated in a community hospital inpatient setting and are continuously being reviewed for discharge.
- Liaison staff continue to provide NGRI training to DWIHN and CMH partners to support provider staff, maintain and meet target deadlines, and facilitate skill development. 93 individual training contacts were made this month.

## **Milliman Care Guidelines (MCG)**

The Milliman Care Guidelines (MCG) are evidence-based care guidelines that are integrated within our MH-WIN system within the Preadmission Review and Continued Stay review processes. The majority of the PIHPs have adopted use of the MCG Behavioral Health guidelines to ensure parity across the state. DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization.

The 26<sup>th</sup> edition of the MCG guidelines and upgrade to Indicia have been implemented. Based on a meeting with the account representative and review of the Summary of Changes, very minor changes were made to the Behavioral Health Guidelines.

## **Substance Use Disorders**

For the first quarter of FY 23, there were 4591 authorizations; 4125 or 90% were approved within appropriate timeframes.

<b>Authorization Requests 1<sup>st</sup> Quarter FY 23</b>	<b>#Authorizations</b>	<b>#Reviewed Timely</b>	<b>Percentage of Compliance (Benchmark 90%)</b>
Totals	4591	4125	90%

Source: Power Bi

## **Denials and Appeals**

For the 1st Quarter there were 7 denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. Also, we had 0 appeals requested during the quarter.

<b>Timeframe</b>	<b>Denials</b>	<b>Appeals</b>
Q1	7	0
Q2	24	15
Q3		
Q4		

DWIHN is required to monitor the turnaround time for all decisions (denials and approvals) and the notifications of the decisions. This is for initial determinations and does not include appeals. It is for both benefit and medical necessity determinations.

The timeliness report calculates rates of adherence to time frames for each category of request (urgent concurrent, urgent preservice, nonurgent preservice and post-service) for each factor. The numerator represents the number of cases meeting the decision time frame. The denominator represents the total number of requests.

All Crisis Centers are compliant with the timeliness (decision and notification) threshold of 90%. Internally, the UM Department, Autism and MI Health Link timeliness response met or exceeded the 90% threshold.

***Timeliness of UM Decision Making: Quarter 1 (October-December 2022) Threshold 90%***

*\*\*Note: COPE, measures were not available at the time of the report. \*\*Source: Power BI*

**Autism Program**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	N/A	N/A	1060	N/A
<b>Denominator</b>	N/A	N/A	1065	N/A
<b>Total</b>	N/A	N/A	99.5%	N/A

**MI Health Link Program**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	2	N/A	30	12
<b>Denominator</b>	2	N/A	34	12
<b>Total</b>	100%	N/A	88.2%	100%

**Substance Use Disorder**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	1053	N/A	3071	N/A
<b>Denominator</b>	1097	N/A	3464	N/A
<b>Total</b>	95.9%	N/A	88.7%	N/A

**COPE (NOTE: data not available at time of report)**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A
<b>Total</b>	N/A	N/A	N/A	N/A

***\*New to the Report***

**\*Self-Directing Services-** This past quarter wrapped up the successful transition of having a contract in place with an Administrative Service Organization to having DWIHN directly oversee all Self-Directed (SD) Arrangements. The transition began March 1, 2022 and 1254 members were successfully transitioned by September 30, 2022. Each transition included execution of 2 SD Agreements by the DWIHN team and/or the CRSP, authorizations (some were direct transition via Addendums and some were new IPOS'), individual budgets initiated by the DWIHN team and signatures from the legal representative or member obtained by the CRSP. All authorizations are in MHWIN but returned signed budgets and agreements require on-going follow up to ensure signed copies are returned.

DWIHN has one consistent process to assist 1531 members (total self-directing) in exercising greater control over their life by self-directing their services. The transition has brought to light some practices and processes where opportunities for improvement were evident such as; underutilization, purchasing of Durable Medical Equipment (DME), 1:1 staff at vocational programs, content of the Individual Plan of Service to support the authorizations. The SD Team has collaborated with various internal DWIHN departments for processes and procedures to address each opportunity for improvement. For Underutilization, the SD Team looked at data from historical claims for members who were identified as "self-directing", followed up with the CRSP and Financial Management Service agency to confirm medical necessity of the current authorization and/or SD status. For DME; process has been developed which includes an UM authorization after medical necessity is established and coordination with Finance for purchasing. 1:1 staff at a vocational program; input and collaboration between finance, UM, and MCO to develop a rate for the vocational program to provide support directly rather than the historical practice of having residential staff be provided at the vocational program. IPOS' not supporting the authorization; UM participated in the recent overall collaboration with Clinical Practices Improvement and Quality to train the network providers. Additional targeted Goal training is being developed to further support improvements.

Additional successes this quarter; first quarterly Financial Management Service newsletter, standardized background check hiring waiver form, and updated the SD brochure [www.dwihn.org/brochures-self-determination.pdf](http://www.dwihn.org/brochures-self-determination.pdf).

**QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY21/22  
JANUARY 11, 2023**

**Executive Summary:**

The Quality Improvement Unit is responsible for implementing and monitoring the QAPIP Annual Work Plan that reflects ongoing activities throughout the year. This report serves to provide the Program Compliance Committee (PCC) Board with updates on the progress in meeting the goals and objectives, improvements made, and identified barriers.

**Goal II – Access Pillar (Quality of Clinical Care and Service)**

**Michigan Mission Based Performance Indicators (MMBPI)**

The 4<sup>th</sup> Quarter Performance Indicator data was submitted to the Michigan Department of Health and Human Services (MDHHS) on January 3, 2023.

**Quantitative Analysis and Trending of Measures**

Indicator 2a (Access of services or Biopsychosocial within 14 days of request), the percentage increased from Q3(36%) to Q4 (44%), an 8 percent increase from the previous quarter. We will continue improvement efforts with better outcomes expected during 1st Quarter. The average score for the state is noted at 51.03% for Q3. DWIHN continued to meet the standards for PI#1 (Children and Adult), 4b (SUD), and PI#10 (Children). We have shown an improvement in PI#10 (Recidivism or Readmission within 30 days) from Q3 17.79% (Adult) to Quarter 4 (15.85%) demonstrating an overall compliance 15.15%. This remains an opportunity for ongoing improvement. We will continue with the efforts to meet the standard and will continue to evaluate the effectiveness of the interventions.

Performance Indicators	Population	1st Quarter 21/22	2nd Quarter 21/22	3rd Quarter 21/22	4th Quarter 21/22
Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request (95% Standard)	Children	97.78%	98.14%	98.91%	98.80%
	Adults	97.14%	98.81%	97.83%	97.69%
	Total	97.29%	98.65%	98.06%	97.89%
Indicator 4a & 4b: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95% Standard)	Children	98.15%	93.75%	86.44%	100.00%
	Adults	94.80%	95.94%	96.81%	97.90%
	Total	95.09%	95.71%	95.83%	98.10%
	SUD	100%	99.37%	99.81%	98.97%
Indicator 10: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days (<15% Standard)	Children	5.06%	7.69%	6.76%	6.80%
	Adults	14.93%	16.31%	17.79%	15.85%
	Total	14.05%	15.63%	16.86%	15.15%

**Evaluation of Effectiveness**

DWVHN's Quality Department continues to monitor various Performance Indicators and standards closely. During Quarter 1 to Quarter 4 for PI#2a, the highest improvement has been for our members with Severe Mental Illness (SMI) for the Adult population Q4 (51.89%) and the Intellectual Developmental Disability (I/DD) Adult population Q4 (46.67%) Organizations providing services to Children with Severe Emotional Disturbances (SED) continue to remain a focused area for improvement.

### **Barriers**

Staff shortages continue to be a reported barrier with our behavioral health provider network. The shortage is not just in our state but is Nationwide. Evidence and resources indicate that the shortage is attributed to several factors:

- Shortage of behavioral health workforce particularly: Master's Level Licensed Social Workers, Psychiatrists, and Nurses
- Organizations are pulling from the same limited pool of professionals
- Current staff are moving into private clinical practice or School Based Programs as there is less paperwork and what is described as an administrative burden
- Current shortages have resulted in high caseloads
- Staff prefer more options to work from home

### **Next Steps**

QI will continue ongoing collaboration and efforts towards working with the providers to target recidivistic individuals to improve recidivism outcomes for PI#10 and staff shortages. We will continue to review providers' data and meet with CRSPs every 30-45 days to discuss their staffing recruitment strategy, member engagement, and making same-day appointments to avoid member no-shows and cancellations. DWIHN will also continue working on the expansion of the "Med Drop" Program to improve outpatient compliance with goals to decrease the need for a higher level of care for inpatient hospitalizations.

### **Goal V Quality Pillar (Safety of Clinical Care)**

#### **Performance Monitoring Activities**

##### **Home and Community Based Services (HCBS)**

DWIHN is working with the Michigan Department of Health and Human Services (MDHHS) to implement the required Home and Community-Based Services (HCBS) Transition Tracking for the Members of DWIHN who are residing in homes that are not HCBS compliant. The HCBS rule requires that residential providers make sure that individuals receiving services have the opportunity to make decisions about their lives, are supported in their desire to participate in the community, and have their rights respected. The transition planning and the process have identified 54 members as being in residential settings and not eligible for funding to provide HCBS services after March 17, 2022. All transition planning will occur through the person-centered planning process and be consistent with all Medicaid requirements.

### **Goal VII – External Quality Reviews (Quality of Clinical Service)**

#### **Compliance Review**

DWIHN has received the final Compliance Review Report with an overall compliance score of 83% for Year 2. The areas with the greatest opportunity for improvement were related to Provider Selection, Grievance and Appeal Systems, Sub-contractual Relationships and Delegation, Practice Guidelines, Health Information Systems, and Quality Assessment and Performance Improvement Program, as these areas received performance scores below 90 percent. The Quality Team will continue to work internally with each Department to assure implementation of the CAPs. HSAG will do the final review (Year 3) in Summer of 2023 and a final score will be aggregated.

**Performance Improvement Project (PIP)**

DWIHN has received Full Compliance 100% with all the reportable areas for the HSAG PIP (Reducing the Racial Disparity of African Americans Seen for Follow-Up Care Within 7-Days of Discharge from a Psychiatric Inpatient Unit). The goal of the PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time. The next scheduled reporting remeasurement period for DWIHN's PIP to HSAG will include data from 01/01/2023–12/31/2023.

**MDHHS 90-Day Follow-up Waiver Review of DWIHN's HSW, CPW, SEDW, and SUD services**

DWIHN has received full compliance with the implementation of the plan of correction. The follow-up review involved evaluation of the current status of the Corrective Action Plans, submitted by DWIHN, in response to the Full Site Review that was conducted March 14 through April 22, 2022.



**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY  
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**COVID-19 RESPONSE PLAN:**

DWIHN’s Covid-19 Response Plan includes maintaining and creating an infrastructure to support a holistic care delivery system, with access to a full array of services. Planning will continue for COVID-19 to ensure access, placement and specialized programs for individuals served by DWIHN.

**COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION**

	<b># of Inpatient Hospitalizations</b>	<b>COVID-19 Positive</b>
October 2022	680	4
November 2022	700	7
December 2022	689	5

Inpatient Hospital Admission Authorization data as of 1/3/2023.

**COVID-19 INTENSIVE CRISIS STABILIZATION SERVICES** - Intensive Crisis Stabilization Services are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated.

<b>Crisis Stabilization Service Provider</b>	<b>Services</b>	<b>December 2022- # Served</b>
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	225 (November-235)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	217 (November-254)

\*9.6% decrease in utilization in Dec. 2022

**COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES**

These individuals must be receiving outpatient services from a licensed SUD provider in DWIHN’s network via telehealth or telephone communications. The providers may provide up to 14 days for this specific recovery housing service for individuals who are exhibiting COVID-19 symptoms and/or tested for COVID-19 and positive.

<b>Provider</b>	<b># Served- December 2022</b>
Quality Behavioral Health (QBH)	37 (November-8)
Abundant	3 (November-10)

\*122% increase from November to December 2022.

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**COVID-19 PRE-PLACEMENT HOUSING** - Pre-Placement Housing provides Detroit Wayne Integrated Health (DWIHN) consumers with immediate and comprehensive housing and supportive services to individuals who meet DWIHN admission criteria and eligibility. Pre-Placement Housing provides funding to residential providers contracted to provide short-term housing for a maximum stay of 14- days, meals, transportation and supportive services that promote stable housing and increase self-sufficiency. Due to the COVID-19 emergency, DWIHN Credentialing Department provisionally impaneled the following residential providers, to provide services for those persons identified as COVID-19 positive or symptomatic (mild to moderate).

<b>Provider</b>	<b>Services</b>	<b># Beds</b>	<b>December 2022- # Served</b>
Detroit Family Homes	Licensed Residential Home- Adults	4	0 (November-0)
Kinloch	Licensed Residential Home- Adults	3	0 (November-0)

**RESIDENTIAL DEPARTMENT- COVID-19 Impact:**

	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>	<b>Fiscal Year 2022</b>	<b>Fiscal Year 2023 (Oct. 1, 2022- current</b>	<b>December 2022</b>
<b>Total # Covid-19- Members</b>	169	76	136	6	4 (Nov.- 2)
<b>Related Deaths</b>	34	7	3	0	0 (Nov.-0)
<b>Total# Covid-19 Staff</b>	71	59	58	0	0 (Nov.- 0)
<b>Related Deaths</b>	3	0	1	0	0 (Nov.- 0)

**COVID-19 MICHIGAN DATA:**

**Michigan COVID-19 Cases:** January 3, 2023 update: The total number of COVID-19 cases in Michigan is 2,988,654 with 40,767 deaths. Wayne County reported 349,589 Covid-19 cases and 5.051 deaths. The City of Detroit reported 170,363 Covid-19 cases with 3,801 deaths. (Source: [www.michigan.gov/Coronavirus](http://www.michigan.gov/Coronavirus))

**Michigan COVID-19 Vaccination Updates:**

<b>Area</b>	<b>First dose- Initiation</b>	<b>Fully Vaccinated</b>
State of Michigan	63.9%	59.2%
Wayne County	71.4%	65.8%
City of Detroit	48%	41%

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY  
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**INTEGRATED HEATHCARE SERVICES:**

**Behavioral Health Home (BHH):**

- ❖ Current enrollment- 399 members (October- 300, 33% increase)
  - Detroit Wayne is one of 5 PIHPs in the State that participates in the Behavioral Health Home model
  - Behavioral Health Home is comprised of primary care and specialty behavioral health providers, thereby bridging two distinct delivery systems for care integration
  - Utilizes a multi-disciplinary team-based care comprised of behavioral health professionals, primary care providers, nurse care managers, and peer support specialists/community health workers
  - Michigan's BHH utilizes a monthly case rate per beneficiary served
  - Added Community Living Services as a BHH provider & currently in the process of adding Psygenics as well. This will result in a total of seven (7) Health Home partners for DWIHN. DWIHN has also opened this up to our CRSP Network in an effort to provide these integrated services to more members.

**Opioid Health Home (OHH):**

- ❖ Current enrollment- 344 members (October- 394) \*Reduction noted due to data clean-up and closures.
  - Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration
  - Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers
  - Michigan's OHH utilizes a monthly case rate per beneficiary served
  - Michigan's OHH affords a provider pay-for-performance mechanism whereby additional monies can be attained through improvements in key metrics

**Certified Community Behavioral Health Clinic- State Demonstration (CCBHC):**

- ❖ Current enrollment- 3,383 members (October- 3,343)
  - A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care.
  - This State demonstration model launched on 10/1/2021 and The Guidance Center is the designated provider for Region 7.
  - Baseline outcome data has been established for year 1 and during year 2 outcomes will be a major focus, including outcome incentives.

**RESIDENTIAL SERVICES:**

**DWIHN Serviced in Residential Settings:**

**2,914**

Licensed Settings	2,076
Unlicensed Settings	838

There were 251 referrals to residential services in the month of December. Forty-eight percent (48%) were referred from Clinically Responsible Service Providers and thirty-six percent (36%) were referred by local hospitals. There were 645 authorization requests and 90% were reviewed and approved within 14 days of request. There were three (3) home closures that resulted in eleven (11) members being moved to other home settings in the month of December.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY  
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The Residential Department continues to see an increase in placement needs for members aging out of the Foster Care system and LGBTQI+ communities. DWHIN is working with identified Clinically Responsible Service Providers to develop to meet this increased service need. DWHIN is currently reviewing current specialized residential facilities to develop a service gap analysis of over- and under-utilized facilities. There is also an identified need for ongoing quarterly meetings with guardianship corporations to address needs and concerns as they relate to DWHIN members which will be scheduled.

**CHILDREN’S INITIATIVE SERVICES:**

**School Success Initiative:** DWHIN IT representative attended the December meeting to offer support for utilizing the MHWIN system and representative from PCE finalized the requested school success initiative reports. Providers expressed challenges with schools providing demographic information of students receiving Tier 1 and Tier 2 services. A follow-up meeting has been scheduled to discuss this further. Two (2) students were nominated and selected to receive the Q4 Student Spotlight Awards in connection to Starfish.

**Children’s Outreach, Access, and Prevention Activities:**

- Added Accessing Community Mental Health Services video recording to the website as a resource.
- Finalized the Sexual Awareness Information (SAIT) Program Flyer. Next steps to complete the HEDIS Flyer for children taking ADHD medications and antipsychotic medications, Children Crisis Flyer, Intellectual Developmental Disabilities Flyer, and Integrated Health Care Flyer.
- DWHIN participated in multiple outreach and educational events including: Suicide Prevention Conference at Schoolcraft College, Child’s Hope Summit, Wayne RESA Lunch and Learn on accessing community mental health services, and the K-12 Live Well Lead Well Summit.
- Youth United hosted a focus group with Detroit Public School Community District Exceptional Student Education Program that consisted of students with special needs and disabilities. Discussed social media interests what youth are interested in learning more about in the community.
- Children’s Initiative Director, Cassandra Phipps, met with Detroit Police Department 3<sup>rd</sup> Precinct to discuss plans for the “Here Me Out” Campaign. Goals include: 1) Training police, parents, and youth about sexual assault, 2). Awareness via panel discussions and social media, 3). Enforcement to issue warrants and assist police when questioning victims, 4). Response Team to share trauma resources. Next steps: Assist with developing a resource list of trauma related services.
- Children’s Initiative met with community partners to discuss youth in detainment and ways to provide therapeutic supports. Next steps: Follow up with the Dickerson location to address spacing and staffing limitations, and timeline for the new building.
- Children’s Initiatives met with Wrap Around Providers to discuss SED Waiver capacity challenges and options to expand SED Waiver services to the additional Wrap around Providers. Providers expressed feedback regarding the reimbursement rate for SED Waiver services, additional coordination of care and administrative components with SED Waiver services,
- Children’s Initiative met with DWHIN IT Department to start developing clinical dashboards to track Home Based, Wrap Around, and Outpatient services. Plan to have a draft version to review in January 2023.
- Children’s Initiative Director, Cassandra Phipps, participated in the MDHHS Subcommittee to discuss developing Therapeutic Foster Care Oregon (TFCO) services as a Medicaid service.
- Children’s Initiatives hosted the Annual Report to the Community on 12/1/22. The theme was Encouraging One Another Through Change. CEO/President, Eric Doeh, conducted the opening remarks, Director Cassandra Phipps shared highlights and accomplishments, and Pastor Genetta Hatcher presented the keynote message. Various executive community partners were in attendance. The program is available on the website (71 attendees).

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY  
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**SUBSTANCE USE SERVICES:**

**Request for Qualification (RFQ) for SUD Services:** DWIHN issued an RFQ for both Substance Use Disorder (SUD) Prevention and Treatment services. SUD requested responses to these RFQs for the purpose of creating a list of qualified vendors to provide for Prevention and Treatment services to fulfill commitment to the delivery of substance abuse programs to Wayne County communities. The Qualified list will be valid for 5 years and only approved and qualified providers who meet the qualifications will be placed on the RFQ for services to begin October 1, 2023. All providers must submit a response to the RFQ if they want to participate in any of the SUD Programs. Current providers in good standing are still eligible to continue providing services in FY 23 from the last contract renewal period for the RFP issued in 2020.

**Opioid Treatment Program Bundled Rate:** The FY23 MDHHS approved budget included language regarding Methadone dosing bundles be paid at \$19.00. Discussion regarding what this means for the Outpatient Treatment Providers, what is the expectation, and when will this take effect. DWIHN is waiting for further guidance from MDHHS, including a clear definition as to what services will be provided in the bundle.

**Naloxone Initiative:** DWIHN's Naloxone Initiative program has saved 1,427 lives since its inception. Again, the saved lives are under reported, especially during this time of COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

**Consolidated Appropriations ACT, 2023 (Amended):** Congress for including several elements in a legislative package that will increase resources for SUD services. This includes:

- Eliminating the “X-waiver” to prescribe buprenorphine for opioid use disorder (and associated patient limits), as called for by the Mainstreaming Addiction Treatment (MAT) Act;
- Requiring controlled medication prescribers to receive education on treating and managing patients with substance use disorder, as called for by the Medication Access and Training Expansion (MATE) Act;
- Appropriating \$40,000,000 for Fiscal Year 2023 for the Health Resources and Services Administration (HRSA)'s Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program;
- Appropriating \$25,000,000 for Fiscal Year 2023 for HRSA's Addiction Medicine Fellowship Program to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings;
- Reauthorizing a grant program for screening, assessing, and treating maternal mental health conditions and substance use disorders, as well as continued funding of the Maternal Mental Health Hotline;
- Authorizing \$10,000,000 in grants for each of the first five fiscal years beginning after the date of enactment to support mental health and substance use disorder parity implementation;
- Codifying regulations that allow opioid treatment programs (OTPs) to operate mobile medication components without separate DEA registrations, as called for by the Opioid Treatment Access Act;
- Extending mental health and addiction parity requirements to nonfederal governmental health plans;
- Revising Medicare's partial hospitalization benefit beginning on January 1, 2024 to provide coverage of intensive outpatient services;
- Amending the Medicaid Inmate Exclusion Policy to allow otherwise eligible juveniles to continue receiving Medicaid-funded health care while awaiting trial, at the option of the State (ASAM, Dec. 23, 2022).



**CHIEF CLINICAL OFFICER'S REPORT  
Program Compliance Committee Meeting  
Wednesday, January 11, 2023**

**CHILDREN'S INITIATIVES – Director, Cassandra Phipps**

**EXECUTIVE SUMMARY REPORT – NOVEMBER and DECEMBER 2022**

<b>Pillar 1</b> Clinical Services & Consultation	<b>Pillar 2</b> Stability & Sustainability	<b>Pillar 3</b> Outreach & Engagement	<b>Pillar 4</b> Collaboration & Partnership
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**Mental Health Care: Putting Children First**

Goals	Updates
<p><b>ACCESS</b></p> <p>Branding Outreach Census Screening New Opportunities</p>	<ul style="list-style-type: none"> <li>Added Accessing Community Mental Health Services video recording to the website as a resource</li> <li>Finalized the <b>Sexual Awareness Information (SAIT) Program Flyer</b>. Next steps to complete the HEDIS Flyer for children taking ADHD medications and antipsychotic medications, Children Crisis Flyer, Intellectual Developmental Disabilities Flyer, and Integrated Health Care Flyer.</li> <li>Children's Initiative Clinical Specialists, Monica Hampton and Kim Hoga presented Accessing Community Mental Health Services at a <b>Suicide Prevention Conference</b> at Schoolcraft College in Livonia on 11/8/22.</li> <li>Children's Initiative Director, Cassandra Phipps conducted the keynote message at <b>Child's Hope Summit</b> on accessing community mental health services and Putting Children First Initiative (40 attendees)</li> <li>The access screening for ages 0 to 6 in MHWIN is in the development stage. Plan for DWIHN Access to begin completing screening eligibility for children ages 0 to 6 by March 2023.</li> </ul>
<p><b>PREVENTION</b></p> <p>Conferences Workshops Schools Tri-County Initiative Pediatric Care Prevention Activities</p>	<ul style="list-style-type: none"> <li>Children's Initiative Clinical Specialist, Monica Hampton presented at <b>Wayne RESA Lunch and Learn</b> on accessing community mental health services on 11/9/22 (22 attendees).</li> <li>Children's Initiative Director, Cassandra Phipps attended the <b>K-12 Live Well Lead Well Summit</b> on 11/21/22 and participated in the panel discussion hosted by Wayne RESA. Discussed partnership between community mental health services and school districts.</li> <li>Youth United hosted a focus group on 11/21/22 with <b>Detroit Public School Community District Exceptional Student Education</b> Program that consisted of students with special needs and disabilities. Discussed social media interests what youth are interested in learning more about in the community.</li> <li>Youth United hosted a <b>Stigma Busting workshop</b> on 11/28/22 at The Guidance Center with Youth Peer Support Staff.</li> <li>Children's Initiative Director, Cassandra Phipps met with <b>Detroit Police Department 3<sup>rd</sup> Precinct to discuss plans for the Here Me Out Campaign</b>. 4 Goals are 1) Training police, parents, and youth about sexual assault, 2). Awareness via panel discussions and social media, 3). Enforcement to issue</li> </ul>

	<p>warrants and assist police when questioning victims, 4). Response Team to share trauma resources. Next steps: Assist with developing a resource list of trauma related services.</p> <ul style="list-style-type: none"> <li>• Youth MOVE Detroit hosted a <b>Winter Wonder Bash Paint Party</b> meet and greet on 12/8/22 at the Children’s Center.</li> <li>• Youth United hosted a <b>Courageous Conversations: Battling Social Pressures and their Associated Anxieties</b> on 12/15/22 (14 attendees).</li> <li>• Youth United hosted a <b>SMART Goal workshop</b> on 12/15/22 (10 attendees)</li> </ul>
<p><b>CRISIS INTERVENTION</b></p> <p><b>Care Center Juvenile Justice Expansion of Crisis Services Crisis Trainings</b></p>	<ul style="list-style-type: none"> <li>• Children’s Initiative met with community partners on 12/19/22 to discuss <b>youth in detention</b> and ways to provide therapeutic supports. Challenges included: Lack of residential placements, lack of spacing at new Dickerson location for therapeutic services, unable to bill Medicaid while youth are in a detention setting, unable to due teletherapy sessions due to poor wifi connection and limited staffing. Next steps to follow up with Dickerson location to address spacing limitations, staffing limitations, timeline for new building. Also, research training network on Moral Reconciliation Therapy (MRT), a group model.</li> </ul>
<p><b>TREATMENT</b></p> <p><b>Workforce Diversity / Equity / Inclusion Evidenced Based Practices Quality Services Expansion of Services</b></p>	<ul style="list-style-type: none"> <li>• Children’s Initiative Special Project Specialist, Marika Orme facilitated the <b>Self Care Training Learning Series: Practicing What You Preach</b> on 11/16/22 (34 attendees) Discussed identifying vicarious trauma, signs and symptoms, and understanding the impact of vicarious trauma.</li> <li>• <b>Children’s Mental Health Lecture Series: Wayne County Juvenile Justice 101 was</b> held on 11/17/22 (82 attendees). Discussed the history of Care Management Organizations (CMO)s and the juvenile justice system.</li> <li>• Children’s Initiative Special Project Specialist, Marika Orme facilitated the first <b>Core Competency Training</b> on 12/12/22 (61 attendees). Focused on understanding System of Care, the golden thread of community mental health services, strength-based goals and measurable goals and objectives, multidisciplinary teams, ancillary services, effective clinical care, and documentation management.</li> <li>• On 12/14/22 Children’s Initiative met with Wrap Around Providers to discuss <b>SED Waiver capacity</b> challenges and options to expand SED Waiver services to the additional Wrap around Providers. Providers expressed feedback regarding the reimbursement rate for SED Waiver services, additional coordination of care and administrative components with SED Waiver services,</li> <li>• Children’s Initiative Special Project Specialist, Marika Orme facilitated the <b>Quarterly Leadership Training Series</b> on 12/16/22 that focused on supporting clinical supervisors and managers.</li> <li>• Children’s Initiative met with DWIHN IT Department to start developing clinical dashboards to track Home Based, Wrap Around, and Outpatient services. Plan to have a draft version to review by Jan 2023.</li> <li>• Children’s Initiative Clinical Specialists Kim Hoga and Monica Hampton facilitated a 2-day <b>CLS Training</b> on 12/9/22 and 12/14/22 (over 200 attendees). Plan to add the training recording to the website.</li> <li>• Children’s Initiative Director, Cassandra Phipps participated in the MDHHS Subcommittee on 12/15/22 to discuss developing <b>Therapeutic Foster Care Oregon (TFCO) services</b> as a Medicaid service.</li> </ul>

- Children’s Initiative hosted the annual **Report to the Community** on 12/1/22. The theme was Encouraging One Another Through Change. CEO/President, Eric Doeh conducted the opening remarks, Director Cassandra Phipps shared highlights and accomplishments, and Pastor Genetta Hatcher presented the keynote message. Various executive community partners were in attendance and the final program is available on the website (71 attendees).

**School Success Initiative (SSI) / GOAL Line**

**School Success Initiative:** DWIHN IT representative attended the December meeting to offer support for utilizing the new MHWIN system. Representative from PCE finalized the requested school success initiative reports. Providers expressed challenges with schools providing demographic information of students receiving Tier 1 and Tier 2 services. Meeting has been scheduled with IT Department to discuss further. 2 students were nominated and selected to receive the Q4 Student Spotlight Awards in connection to Starfish.

**Goal Line:** Technical challenges were identified with the tracking system developed to measure outcomes of the program. Currently working on updating the tracking system. Children’s Initiative plans to attend the GOAL Line program in January 2023 to observe the activities at the Northwest Activity Center.

**System of Care / Special Projects**

**CAFAS/PECFAS Trainings:** (November) PECFAS Initial Training = 19 attendees, CAFAS Initial Training = 24 attendees, CAFAS Booster Training = 9 attendees, (December) PECFAS Booster = 22 attendees, CAFAS Booster = 14 attendees. **Conferences:** Children’s Initiative Director, Cassandra Phipps attended the Substance Use Maternal Infant Conference on 11/10/22. Research and Evaluation Program Manager, Kourtnee Elliott started with Children’s Initiative on 11/28/22. Also attended the Improving Outcomes Conference in Grand Rapids on 12/1/22-12/2/22.

**Autism Spectrum Disorder (ASD) – Clinical Officer, Ebony Reynolds**

*Please See Attached Report*

**CLINICAL PRACTICE IMPROVEMENT (CPI) – Marianne Lyons, Adult Initiatives Director**

*Please See Attached Report*

**CRISIS SERVICES – Director, Daniel West**

*Please See Attached November and December Report*

**CUSTOMER SERVICE – Director, Michele Vasconcellos**

**Administration/Call Center Operations/ Family Support Subsidy/Medical Records**

- A total of 1,899 calls were offered to the Customer Service Department’s Welcome/Reception Switchboard and Call Center Operations during the month of November and a total of 1,671 for December. The Welcome /Reception Switchboard handled 1,368 calls with an ABD rate of 1.5% for November and 1,126 with an ABD rate of 1.2% for December. The Customer Service Call Center processed 531 calls with an ABD rate of 6.1 % for November and 545 for December with an ABD rate of 4.6%. The ABD compliance standard is <5%.



In November the service level for Front Desk was 100%, and Call Center Operations was 94.5%, meeting the answering goal standard of within 30 seconds. The goal is 80%. The decrease in the call volume and the increased ABD rate for the Customer Service Dept. resulted from limited staff during the Thanksgiving Holiday, PTO, and Bereavement time. In December, the service level for the Front Desk was 100%, and Call Center Operations was 92.6%, again meeting the goal of answering the call within 30 seconds. The decrease in the call volume between the two months was the result of calls transferred to the Access Call Center for the Christmas Holiday week closure.

- Family Support Subsidy Activity: Calls handled 634 for November and 426 for December. Applications rec'd 105 for November and 72 for December. Applications Submitted to State 77 in November and 53 for December.
- Participated in various provider closure meetings and processed "Choice" letters for mailing to members as a result of provider closures or discontinuance of services.
- Medical Records: 20 requests processed via email and/or mailed.
- Conducted Customer Service Orientations for new hires of the Access Center and Customer Service Member Engagement.
- Prepared Customer Service reports to address Provider Customer Service Audit process.
- Prepared and reported on Bi-Monthly Disenrollment Update for Authorization meetings.
- Conducted Bi-monthly Customer Service staff meetings.
- Processed Unit Cobblestone and ReQLogic data entries for Finance processing.
- Replaced Winifred Williamson Customer Service Administrator with Bonnie Herndon as a result of Ms. Williamson's retirement.

#### **Customer Service Performance Monitoring/ Grievance & Appeals**

- Participated in MCO, UM, Quality Ops, ASD, ICO and Credentialing monthly meetings.
- Provided grievance technical assistance/training to various providers within the network.
- Facilitated Monthly Due Process Meeting
- Trained New Access Center Call Center Staff person on Appeals, Second Opinions, Mediation.
- Dorian Johnson Due process Manager, attended Improving Outcomes Conference in Grand Rapids
- Consultation with ASD Program Administrator staff on Appeals and ABDs
- Attended SUD Prevention kickoff meeting
- Conducted monthly appeals and grievances case reviews with G&A staff and selected providers.
- Facilitated Family subsidy appeal hearing
- Participated in discussion with IC and UM regarding ICO marketing materials.
- Trained ORR Manager CW on ABD and appeals process
- Completed Post Grievance Training Quiz reviews with Zelexa, AIHFS, Safe Step Recovery, Southwest Counseling Solutions, Psygenics, Chitter Chatter, Goodwill Detroit and New Oakland.
- Completed Mock Grievance Feedback Sessions with Psygenics, Wayne Center and Southwest Counseling Solutions.
- Provided extensive Grievance training/testing/technical assistance to multiple providers.
- Collaborated with DWIHN units to address Disenrollment issues.

#### **NCQA/HSAG**

- Attended HSAG CAP feedback meetings to address DWIHN's POC.

- Met regarding delegation of ABDs with, UM and NCQA consultants regarding CS and delegation.
- Participated in FY 21 HSAG Compliance Review meetings in conjunction with Quality.

### **Member Engagement & Experience**

#### ***November***

- Prepared for retirement and replacement of Customer Service Member Engagement Administrator.
- Worked on ECHO Adult and Children’s Survey with Purchasing and process for seeking future 2023 vendors once contract terminates with Wayne State.
- Coordinated National Core Indicator (NCI) Survey activity to ensure 1,000 contacts were available pre-survey reporting amongst 12 primarily IDD Service Providers.
- Worked on State initiative for the Credentialing and required CEU’s for Peers commencing in January 2023.
- Conducted CV related meetings to address new efficiencies in reporting to DWIHN CEO.
- Participated in Bridging Gap Programming with Community Health Workers
- Worked on Peer Support and Mentoring initiatives to track participants.
- Worked on HSAG Comprehensive Member Experience Report that is due on February 15, 2023.

#### ***December***

- Management continues to review goals and objectives of the unit and efficiencies.
- Margaret Keyes-Howard promoted to Manager of Member Engagement Unit replacing Donna Coulter.
- Unit Member Engagement Specialists position filled. One position remains vacant for a Member Experience Coordinator, interviews are to be conducted in January.
- 200 grooming/hygiene kits were donated to Clubhouses from the CV Engaged Action Committee and generous donations from members, staff and others.
- HSAG related PIP being addressed with Quality regarding a continued LTSS Study.
- Working with the Credentialing to address new State Peer CEU requirement.
- Outlined the Winter edition of the PPOV newsletter.
- Worked on new formatting of What’s Up you-tube project to include four reporters and peers as roving reporters for videos about resources in the DWIHN community.
- Assessing Clubhouse FSR process for recommendations on process improvements.

### **INNOVATION AND COMMUNITY ENGAGEMENT – Director, Andrea Smith**

The department continued to offer support to the provider network and community in the areas of training, technical assistance, and community education/outreach.

During the month of December, there was participation in weekly Detroit Homeless “DHOT” Outreach Meetings. Identified complex cases and assisted with the coordination of care to address individual needs.

A Behavioral Health Specialist (BHS) continues to be embedded at DPD’s Communication Center to assist with any calls that need mental health support and resources. There were 30 individuals referred for follow-up, and 5 individuals received various mental health resources and support.

Reach Us Detroit 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 and up. A virtual assessment protocol has begun to be piloted in collaboration with Detroit Police Department.

Advocacy with National Health Service Corps scored for an internal employee. Verification and review of site approval requirements were received.

15 students completed training in the centralized training program developed during the HRSA training grant.

Technical support for providers regarding new implicit bias requirements for health care professionals (specifically social work) was provided.

Collaboration with Ruth Ellis Center employment and The Children's Center youth development programming. Race-based oppression training delivered to youth.

**INTEGRATED HEALTH – Director, Vicky Politowski**

*Please See Attached Report*

**MANAGED CARE OPERATIONS – Interim Director, Sharon Matthews**

*Please See Attached Report*

**RESIDENTIAL SERVICES – Director, Shirley Hirsch**

*Please See Attached Report*

**SUBSTANCE USE DISORDER – Director, Judy Davis**

*Please See Attached Report*

**UTILIZATION MANAGEMENT – Director, Leigh Wayna**

*Please See Attached Report*

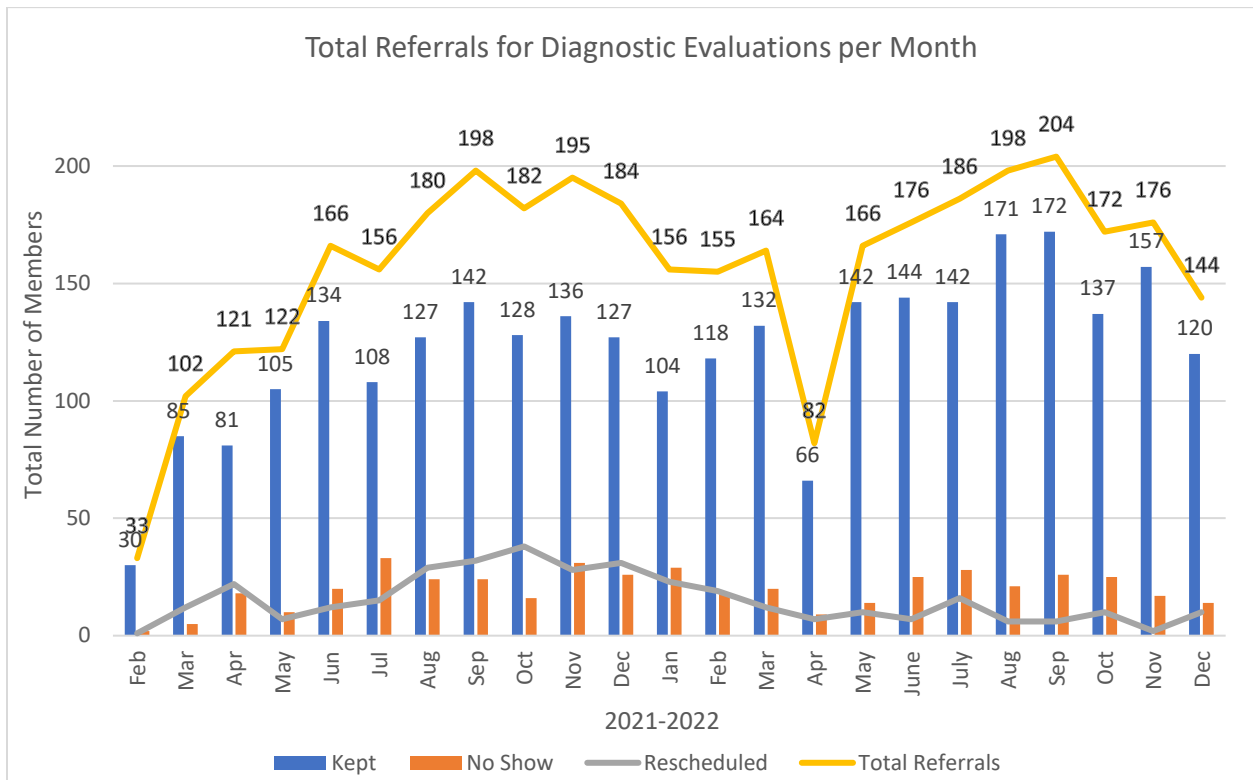
## Autism Spectrum Disorder Benefit December 2022 Monthly Report

### Enrolled in ASD Benefit

Total open cases for the month of December is 2,679 members which is an increase of 102 members from November to December.

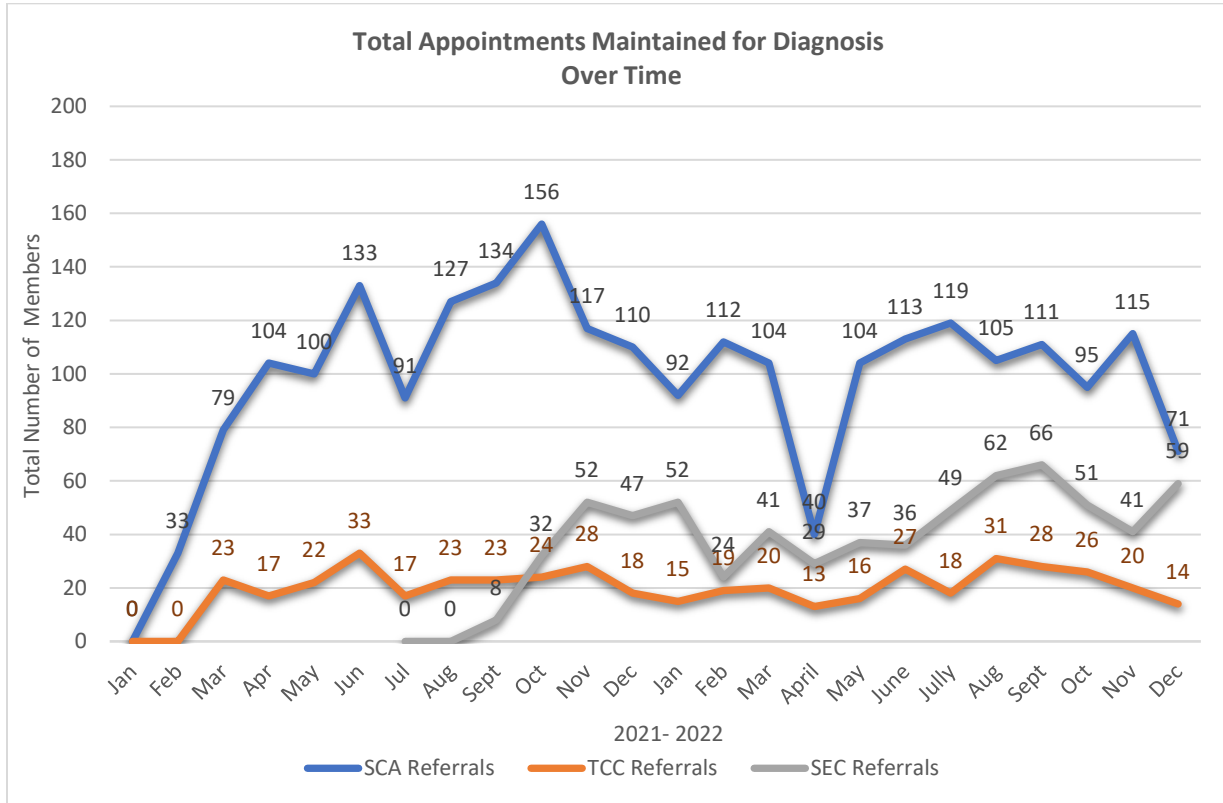
### Summary of Initial Diagnostic Evaluations

Independent Evaluator data displayed below includes Social Care Administrator (SCA), The Children’s Center (TCC), and Sprout Evaluation Center (SEC) for totals referral for ASD diagnosis per month. Total referrals scheduled by the Access Call Center was 144 and of those scheduled 120 appointments were kept resulting in 15 members not eligible (non-spectrum) for the Autism Benefit and 105 diagnosed with Autism Spectrum Disorder.



**Individual Data Points for Diagnostic Evaluators:**

The below graph represents all three Diagnostic Evaluator’s total appointments kept across January 2021 to December 2022. The average diagnostic evaluation appointments kept across three months for Social Care Administration was 73 appointments, for The Children’s Center 17 appointments, and Sprout Evaluation Center reports 47 appointments.



**Provider Updates**

- DWIHN provided a Service Delivery Expansion Survey to determine capacity of ABA providers in network was introduced in September. A total of 5 ABA providers submitted a response to immediately accept members waiting for ABA services and an additional 12 new ABA providers are interested in joining DWIHN provider network. Meetings occurred with the interested providers.
- In an effort to meet the service requests for ABA therapy DWIHN will be posting a Request for Qualifications (RFQ) for the purpose of creating a list of qualified vendors to provide Behavioral Health Therapy (BHT) of high-quality Applied Behavioral Analysis (ABA) to DWIHN eligible individuals as well as re-evaluation of medical necessity per the Medicaid Provider Manual. Award will only be issued to the list of qualified vendors that result from the RFQ.

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**Clinical Practice Improvement Executive Summary Report  
November 2022**

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**Assertive Community Treatment**

CPI Monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, Northeast Integrated Health, Hegira, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center, and The Guidance Center including the appropriateness of the level of care determinations and providing technical assistance to ensure program eligibility requirements were met.

CPI facilitated the monthly ACT forum where topics discussed were DWIHN staff, updates on Pre-Admission Review (PAR) completion rate within two hour time frame, Quarter 3 data on Patient Health Questionnaire-9 (PHQ-9) letter, Quarter 3 hospital recidivism list, face to face percentages per provider agency and provider discussion, feedback and questions/concerns were discussed. Please see data for face to face vs telehealth for ACT providers below.

<i>ContractPgm</i>	<i>ACT</i>		
<i>DOS</i>	<i>July - Sept 2022</i>		
<i>% Units FTF vs. Telehealth</i>			
<i>Sum of Units</i>	<i>% Face to Face</i>		
<i>BillingProvider</i>	<i>FY22 Q4</i>	<i>FY22 Q3</i>	<i>Q4 inc/(decr) vs. Q3</i>
All Well-Being Services d/b/a AWBS - Main Office	89%	88%	1%
Central City Integrated Health (CCIH)	82%	74%	8%
CNS Healthcare	59%	54%	5%
Development Centers, Inc.	93%	87%	6%
Hegira Health, Inc.	75%	55%	20%
Lincoln Behavioral Services Inc.	87%	84%	3%
Team Mental Health Services, Inc - Main Office	69%	55%	14%
<b>Grand Total</b>	<b>78%</b>	<b>70%</b>	<b>8%</b>

**Med Drop**

During the month of November, CPI met with Med Drop coordinator to discuss the updates to the pilot Med Drop referral process and any barriers.

CPI met with Med Drop for a monthly follow up meeting, where it was noted that there are currently **60 Clients**: AWBS = 1; Hegira-Downriver = 15; CNS = 9; DCI = 14; Hegira- Westland = 2; LBS= 15; TGC = 2; Team Wellness= 2.

**Self-Management Performance Improvement Project (Q1.7 AND Q1.11 Element: B)**

DWVHN offers myStrength as a self-management tool to the DWVHN Provider Network as a self-management tool requirement of NCQA. The Current Goal for the Self-Management Performance Improvement Project: Enroll additional one thousand and twenty (1,020) new

myStrength members annually using the DWIHNC, DWIHNSupport and DWINHNAccess codes.

### ***Outcomes Improvement Committee (OIC)***

The Outcomes Improvement Committee strives to reduce recidivism and improve clinical outcomes. Data elements currently being tracked and monitored include: referral date, initial assessment scores (CAFAS, LOCUS, PHQ-A, PHQ-9), quarterly assessment scores, crisis encounters (crisis stabilization and hospitalization), critical/sentinel events, and members with Assisted Outpatient Treatment (AOT) status. Tracking tool is updated quarterly (Oct, Jan, April, July). Tracking tool was last updated October 2022

Currently the OIC is monitoring and providing follow up regarding 30 high recidivistic cases. CRSP bring the members to OIC meetings for recommendation on high acuity cases. and we have received additional referrals from the Sentinel Event Review Committee (SERC), Quality and Office of Recipient Rights have also been brought to the OIC for treatment recommendations.

### ***CRSP Oversight and Monitoring***

Through partnerships with Quality, The Sentinel Events Committee, Residential Services and Integrated Health the Adult Initiatives Director identified a need for a more streamlined approach to provide monitoring and oversight for member enrollees.

The vision for adult services will be to provide these initiatives and reduce recidivism and sentinel events, as well as assist with transition from members aging out of services. Adult initiatives will provide improved over site and provide CRSP's with clear expectations. Adult initiatives, in collaboration with Quality will provide over-site, monitoring as well as training and education to support the best outcomes for our members.

CRSPs organizations were divided among the clinical specialists on the clinical practice improvement team (CPI) to begin closely monitoring and providing oversight on persons served.

### ***RFQ Evaluation Committee 2022-010 Substance Abuse Disorder Treatment***

CPI Team members are voting members of the DWHIN RFQ Substance Abuse Disorder Treatment Evaluation Committee.

- Committee completed provider scoring for 1st RFQ 2022-010 Evaluation
- RFQ 2022-010 2<sup>nd</sup> Evaluation kickoff starts March 28, 2023

### ***Policies and Procedures***

Current policy and procedure authored by the CPI clinical specialist are as follows:

Self-Management Tool Policy

Self-Management Tool Procedure

CRSP Member Re-engagement and Enrollment Policy

### ***Evidence Based Supported Employment***

This reporting period there were a total of (262) referrals, (173) admissions, (108) individuals employed with an average wage of (\$14.25). Fifteen (15) employed were returning citizens. Twenty-nine (29) successfully transitioned from EBSE/IPS services after reaching their employment goals. Individuals served were employed in a variety of positions, such as Delivery Driver, Medical Assistant, Teacher, Security Officer, Janitorial Associate,

Restaurant Crew Worker, Hotel and Hospitality Worker, Construction Worker and Office Manager.

There was one clinical specialist on the CPI team that retired in November. Staff will provide coverage of EBSE until a new clinical specialist has been recruited.

In addition to providing monitoring and oversight of clinical practice improvement, the Adult Initiatives team also participates in the following meetings:

- DWIHN All Staff Meeting
- Clinical Practice Improvement Meeting
- Improving Practices Leadership Team (IPLT) Meeting
- Outcomes Improvement Committee
- SEC/PRC Committee
- Procedure Code Workgroup
- ACT Forum Meeting
- Behavioral Health Learning Collaborative Meeting
- DWIHN CRSP Provider Meeting
- DWIHN Outpatient Provider Meeting

***Other activities completed by the Adult Initiatives Team include:***

- Participated in Program Compliance Committee
- Participated in consultation with AWBS member
- Participated in ACT fidelity review technical assistance
- Participated in recidivism internal meeting
- Participated in PHQ-9 updates with internal staff
- Participated in IPOS Policy updates
- Participated in OIC internal/external meeting.
- Participated in Quality Operation Technical Advisory Workgroup (QOTAW)
- Participated in COPE biweekly follow up meetings.
- Participated in Med Drop update meeting (internal)
- Facilitated monthly meetings with Genoa Health coordinator.
- Facilitated a follow up monthly meeting with all pilot program providers for Med Drop, which are Hegira, Lincoln Behavior Services, CNS, Team Wellness, Development Centers, All Well Being Service and The Guidance Center. Topics discussed were ways to increase admissions, strengths, barriers, referral process, and recommendations for providers with regards to presenting the program to members and any concerns, any authorizations issues or concerns.



## Crisis Services Monthly Report for November, 2022

Below is the monthly data for the Crisis Services Department for November, 2022 for adults and children.

### CHILDREN'S CRISIS SERVICES November 2022

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
October	287	258	60	21%	215	75%	140
November	292	267	79	27%	210	72%	116

- Requests for Service (RFS) for children increased slightly this month and the diversion rate increased from 75% to 72% as compared to October.
- There were 116 intensive crisis stabilization service (ICSS) cases for the month of November, a 17% decrease compared to October. Of the 116 cases there were 69 initial screenings.
- 44 cases were served by The Children's Center Crisis Care Center in November, a slight increase from the month of October.

### COPE November 2022

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
October	968	886	671	69%	286	30%	12
November	912	857	634	70%	254	28%	2

- There was a 5% decrease in the number of requests for service for adults in November compared to October, and the diversion rate decreased by 2% in November.
- The Crisis Stabilization Unit (CSU) at COPE served 235 cases in this month, an 21% increase from October at 193.
- The Mobile Crisis Stabilization Team provided services to 59 members in November, down from 62 in October.

### CRISIS RESIDENTIAL/HEGIRA November 2022

- The number of available beds is 9.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	1	1	Level of Care change – Not medically stable due to SUD – 0 Not medically stable due to physical health – Violent/aggressive behavior – 5 No follow-up from SW/Hospital – 0 Pending: 4 Member refusal-2 AMA from ED-1 CRU bed unavailable-0 1:1 staffing not available-0 Denied unspecified-4 Total - 16
COPE	22	15	
DWIHN Res.	3	1	
Step Down (Inpatient)	16	9	
Total	42	26	

**TEAM WELLNESS CSU November 2022**

Total served at TEAM CSU: 254 members. 6 resulted in a higher level of care. 7 members seen at the CSU were on an AOT and 2 people were on a Transport Order.

**PROTOCOLL November 2022**

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
September	628	593	81.2%	29s	1.7%
October	756	732	81.6%	26s	2.8%

November data not available at the time of this report

Protocall saw an 20% increase on call volume in November, and a 23% increase in the number of calls answered. The percentage of calls answered within 30 seconds has remained relatively constant, while the abandonment increased slightly.

**COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT November 2022:**

- The number of ATRs for the month of November decreased by 48% (150 completed for this month as compared to 288 in October).
- Community Law Enforcement Liaison engaged 44 individuals this month.
  - 84% have repeat hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning. 39% have Team Wellness as a CRSP. 7% not assigned
  - 16% were residential matters
  - 9% were on SUD hx.
- 10 Citizens returned and were connected to DWIHN services upon release from MDOC. Four members did not attend their initial CRSP intake appointment. MDOC, the members CRSP and PCS were notified of the members failure to attend their intake appointment.
- DWIHN received 84 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral Conferences continue with CRSP engagement.
- There were 16 ACT consumers referred to COPE: 56% went inpatient, 19% went Outpatient, 0% were admitted to CRU and 13% PHP. No pre-placement was sought during this reporting period. It should be noted 13% of ACT PARs were completed by COPE. COPE saw 5 members who were on an AOT and 2 Transport Orders.

**COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT November 2022**

- In November 2022, there were 181 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 20% increase in contacts from October at 151. Out of the 181 encounters, 48 were diverted to a lower level of care, an overall diversion rate of 73%. 0 admissions were made to Hawthorn, and 0 admissions were made to WRPH and Kalamazoo.

- Hospital liaisons received 13 “crisis alert” calls collectively in November and 2 of those members were diverted to lower levels of care (84% diversion rate for crisis alert calls).
- In November, there were 7 members who repeated an emergency encounter twice within the month, and between the 7 members considered recidivistic there were 14 encounters. One member was diverted on the first encounter, and hospitalized on the second, and the rest went inpatient at each encounter.
- No requests were made related to veterans’ affairs.

**DATA SPECIFICALLY RELATED TO 23 HOUR REPORT November 2022**

- Of the 23-hour report activities during this reporting period there were 181 encounters (a 20% increase from October) related to movement from a 23+ hour wait in the ED. 48 of the 181 cases specifically related to the 23-hour list were diverted, resulting in a 73% diversion rate.

**DISPOSITION TOTALS**

<b>Admission Type</b>	<b>Members</b>
St. John Macomb	0
Beaumont Behavioral	12
BCA Stonecrest	11
Detroit Receiving	5
Garden City	5
Harbor Oaks	19
Havenwyck	6
Henry Ford Wyandotte	2
Henry Ford Kingswood	12
Behavioral Centers of Michigan	0
Pontiac General	19
St. John Providence	6
Samaritan	6
Sinai Grace	4
St. Mary Mercy	9
St. Joes Ann Arbor	1
Discharge with Mobile Crisis Stabilization	53
Medical Admissions	4
Partial Day Hospitalization	5
Residential Referrals	1
Nursing Home	0
AMA	0

**DISCHARGE LIAISON TOTALS, November 2022**

The DWIHN Discharge Hospital Liaison was involved in 15 cases in November, up from 12 cases in October. There were 9 referrals from clinical specialists within Utilization Management at DWIHN, and 6 were self-referrals from the Discharge Hospital Liaison. All of the referrals already had a crisis alert within the system. Of the 10 hospital discharge appointments scheduled, 0 members kept their appointment while 6 are pending at the time of reporting. The Discharge Liaison has since followed up with the CRSP for all those that missed appointments.

**MOBILE OUTREACH SERVICES, November 2022**

<b>Category</b>	
Number of mobile events attended	9
Number of meaningful engagements	325
Number of subsequent contacts	43
Number of screenings in the system	0
Number of follow-up calls made	39
Number of referrals made as a result of follow up	7
Benefit assistance referral	1
Bill payment referral	3
Complex Case Management referral	1
Connection to Access Center	48
Housing referral	2

**MOBILE OUTREACH SUMMARY, November 2022**

The DWIHN Mobile Outreach Clinician was able to add new events to the calendar with continued partnerships with Wayne Metro and Black Family Development (BFDI), and also adding events for the November calendar- Bridge Academy East, Senior Connect, City of Detroit Councilwoman, Franklin Wright Community fair. Our Mobile Outreach Clinician added several new resource vendors to the Detroit Health Department, Detroit Area Agency on Aging.

## Crisis Services Monthly Report for December 2022

Below is the monthly data for the Crisis Services Department for partial reporting period, December, 2022 for adults and children.

### CHILDREN'S CRISIS SERVICES December 2022

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
November	292	267	79	27%	210	72%	116
December	235	208	58	25%	167	71%	89

- Requests for Service (RFS) for children decreased by 19% this month and the diversion rate decreased slightly as compared to November.
- There were 89 intensive crisis stabilization service (ICSS) cases for the month of December, a 23% decrease compared to November at 116. Of the 89 cases there were 47 initial screenings.
- 32 cases were served by The Children's Center Crisis Care Center in November, a 37% decrease from the month of November.

### COPE December 2022

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
November	912	857	634	70%	254	28%	2
December	890	830	613	69%	260	29%	1

- There was a slight decrease in the number of requests for service for adults in December compared to November, and the diversion rate increased slightly in December.
- The Crisis Stabilization Unit (CSU) at COPE served 225 members this month, a slight decrease from November at 235.
- The Mobile Crisis Stabilization Team provided services to 47 members in December, down from 59 in November.

### CRISIS RESIDENTIAL/HEGIRA December 2022

- The number of available beds is 9.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change - 3
COPE	23	15	Not medically stable due to SUD – 0
DWIHN Res.	0	0	Not medically stable due to physical health – 0
Step Down (Inpatient)	11	5	Violent/aggressive behavior: 4 Member refusal: 2
Total	34	20	No follow-up from SW/Hospital      Pending: 4

**TEAM WELLNESS CSU December 2022**

- Total served at TEAM CSU 217 members. 5 resulted in a higher level of care. No members seen at the CSU were on an AOT and 2 people on a Transport Order.

**PROTOCOL December 2022**

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
October	756	732	81.6%	26s	2.8%
November	662	639	87.2%	20s	1.5%

December data not available at the time of this report

Protocall saw an 12% decrease on call volume in November, and a 12% decrease in the number of calls answered. The percentage of calls answered within 30 seconds has remained relatively constant, while the abandonment decreased slightly.

**COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT December 2022:**

- The number of ATRs for the month of December increased by 13% (172 completed for this month as compared to 150 in November).
- Community Law Enforcement Liaison engaged 50 individuals this month.
  - 100% have repeat hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning. 40% have Team Wellness as a CRSP. 14% not assigned
  - 84% were Probate related
  - 9% were on SUD hx.
- 1 Citizen returned and were connected to DWIHN services upon release from MDOC.
- DWIHN received 104 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral Conferences continue with CRSP engagement.
- There were 10 ACT consumers referred to COPE: 70% went inpatient, 20% went Outpatient, 10% were admitted to CRU and 0% PHP. No pre-placement was sought during this reporting period. It should be noted 30% of ACT PARs were completed by COPE.

**COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT December 2022**

- In December 2022, there were 135 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 25% decrease in contacts from November at 181 d/t DWHIN being closed for two weeks due to the holiday season. Out of the 135 encounters, 32 were diverted to a lower level of care, an overall diversion rate of 76%. 0 admission were made to Hawthorn, and 0 admissions were made to WRPH and Kalamazoo.
- Hospital liaisons received 13 “crisis alert” calls collectively in December and 2 of those members were diverted to lower levels of care (15% diversion rate for crisis alert calls).
- In December, there were NO members who repeated an emergency encounter twice within the month.

- No requests were made related to veterans' affairs.

**DATA SPECIFICALLY RELATED TO 23 HOUR REPORT December 2022**

- Of the 23-hour report activities during this reporting period there were 135 encounters (a 20% decrease from November) related to movement from a 23+ hour wait in the ED. 32 of the 135 cases specifically related to the 23-hour list were diverted, resulting in a 32% diversion rate.

**DISPOSITION TOTALS**

<b>Admission Type</b>	<b>Members</b>
St. John Macomb	0
Beaumont Behavioral	7
BCA Stonecrest	17
Detroit Receiving	6
Garden City	4
Harbor Oaks	13
Havenwyck	5
Henry Ford Wyandotte	6
Henry Ford Kingswood	9
Behavioral Centers of Michigan	1
Pontiac General	15
St. John Providence	1
Samaritan	4
Sinai Grace	2
St. Mary Mercy	7
St. Joes Ann Arbor	0
Discharge with Mobile Crisis Stabilization	19
Medical Admissions	1
Partial Day Hospitalization	3
Residential Referrals	3
Nursing Home	0
AMA	1

**DISCHARGE LIAISON TOTALS, December 2022**

The DWIHN Discharge Hospital Liaison was involved in 13 cases in December, down from 15 cases in November. There were 8 referrals from clinical specialists within Utilization Management at DWIHN, and

5 were self-referrals from the Discharge Hospital Liaison. 12 of the referrals already had a crisis alert within the system. Of the 13 hospital discharge appointments scheduled, 2 members kept their appointment while 6 are pending at the time of reporting. The Discharge Liaison has since followed up with the CRSP for all those that missed appointments.

**MOBILE OUTREACH SERVICES, December 2022**

<b>Category</b>	
Number of mobile events attended	7
Number of meaningful engagements	220
Number of screenings in the system	0
Number of follow-up calls made	10
Number of referrals made as a result of follow up	1
Benefit assistance referral	1
Bill payment referral	2
Complex Case Management referral	0
Connection to Access Center	13
Housing referral	0

**MOBILE OUTREACH SUMMARY, December 2022**

The DWIHN Mobile Outreach Clinician was able to add new events to the calendar for December and continued the existing partnership with Wayne Metro and Black Family Development, adding events for December calendar with the following entities: The Humane Society for the City of Detroit, CAD Lakeshore, Uplite Family Service, and Health Day at Citadel of Praise.

The DWIHN Mobile Outreach Clinician added several new resource vendors including Detroit Health Department, Detroit Area Agency on Aging, Matrix Human Service, Brilliant Detroit, and The University of Michigan.

Above numbers reflect a partial reporting period in the month of December, with ongoing follow up and referrals in process.



## Integrated Health Care Department

### Monthly Report

December 1, 2022

#### Collaboration with Community Partners

During the month of November IHC did not host any community meetings.

#### Quality Improvement Plans

The IHC department manages five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: 7 and 30 day Follow Up After Hospitalization for Mental Illness (FUH), Adherence to Antipsychotic Medication (AMM), Diabetes Screening for members prescribed atypical antipsychotic medications (SSD), and Hepatitis C treatment. The current HEDIS certified platform displays individual CRSP provider data to allow early intervention and opportunity to improve outcomes. The HEDIS certified platform will include measures for Opioid Health Home and Behavior Health Home. DWIHN and Vital Data continue to work on the HEDIS platforms that show the data for these QIP for providers.

During the month of November, the HEDIS scorecard was presented to the CRSP monthly meeting and in individual meetings with 4 CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors.

Scores from HEDIS Scorecard as of July 2022 due to claims lag.

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year to Date
2	AMM Antidepressant Medication Management Acute phase	4549	2110	2439	77.32	46.38
3	AMM Antidepressant Medication Management Continuation Phase	4549	1355	3194	63.41	29.79
4	FUH Follow-Up After Hospitalization for Mental Illness Adults	4228	1996	2232	58	47.21
5	FUH Follow-Up After Hospitalization for Mental Illness Children	372	241	131	70	64.78
5	SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia	4758	2778	1980	85.09	58.39
7	SSD Diabetes Screening for People With Schizophrenia or Bipolar Disorder	7400	4261	3139	86.36	57.58

#### Population Health Management and Data Analytics Tool

All Medicaid Health Plans and ICO's were added to the HEDIS Scorecard. DWIHN can now pull data on these individually by CRSP provider.

#### Integrated Health Pilot Projects

DWIHN has identified 3 Health Plans for Integrated HealthCare Pilot Projects. This will be rolled out to two of the MHP in December and January.

**Health Plan 1:**

Health Plan 1 and DWIHN met November 14<sup>th</sup> with Health Plan 1 to discuss shared platform. Training on this will happen in January. Health Plan 1 has created a statement of work and it was approved by the legal department and signed by the CEO. DWIHN is waiting for the return of the SOW. DWIHN and IHC meet monthly for care coordination.

**Health Plan 2:**

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had six members identified of having gaps in care with partial compliance 5 from FUH. Intervention were outreach to members and CRSP, 5 of the five gaps were closed due to assistance with post reschedule where member kept appointments. Health Plan 2 has decided that the shared platform has a benefit and IHC Director, DWIHN IT and Health Plan 2 have discussed how the data will be obtained for the platform. VDT has added all Health Plan 2 members in the shared platform and training will happen in November.

**Health Plan 3's**

DWIHN staff are working with Health Plan 3 on a new project of monitoring individuals who utilized the emergency room department or inpatient psychiatric unit and how to perform data sharing.

There are 4 CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022

DWIHN IT and PCE are developing a database so that the number of members can be tracked.

**MI Health Link Demonstration**

IHC department under the MI Health Link Program received total of **384** request for level II in the month of November 2022 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	7	10	15	32
Amerihealth	0	0	4	4
HAP	2	2	6	10
Meridian	0	1	3	4
Molina	88	81	165	334
<b>TOTAL</b>	<b>97</b>	<b>94</b>	<b>193</b>	<b>384</b>

**Voided referrals reasons are as follows:**

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	3	2	0	10
Amerihealth	0	4	0	0	0
HAP	0	3	1	0	2
Meridian	0	1	0	0	3
Molina	0	69	11	9	76
<b>Total</b>	<b>0</b>	<b>80</b>	<b>14</b>	<b>9</b>	<b>90</b>

**Comparison Data for Voided Referrals:**

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
October 2021	172	5	85	5	24	53
November 2021	152	11	94	2	9	36
December 2021	186	11	125	5	7	38
January 2022	180	3	120	5	7	45
February 2022	177	2	81	8	25	61
March 2022	153	3	93	3	7	47
April 2022	241	3	48	2	6	28
May 2022	105	3	57	4	11	33
June 2022	66	1	801	16	2	66
July 2022	138	1	71	8	12	46

August 2022	219	7	91	10	18	93
September 2022	162	2	38	12	8	102
October 2022	201	0	77	28	19	77
<b>November 2022</b>	<b>193</b>	<b>0</b>	<b>80</b>	<b>14</b>	<b>9</b>	<b>90</b>

\*Increase in number of Member declined services, process and interventions to be reviewed.

ICO Meridian is still unable to receive level II responses through the Care Bridge, referrals are logged in MH WIN and manually processed by sending to Meridian through secure email. documents have not been received to share internally with DWIHN.

There were **26** LOCUS assessments completed for the MI Health Link Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees **40** individuals who have been identified to have a gap in services. Nine (**9**) returned post 30 day readmit to the hospital. This is a combined effort between IHC staff and the ICOs.

ICO Plan Name	Number of members w/Gaps in care	Type of Gap: A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care C.) FUH post follow up	What Were Interventions: A.) Coordinate and Outreach to BHCSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
HAP	0				
AET	6	B=3	A=2	0	1
Amerihealth	6	A, B = 3 C=1	A, C=3	0	2
Meridian	3	C=3	A=3 B=3	0	2
Molina	0	0	0	0	0

**Special Care Coordination Project**

<b>Plan Name</b>	<b>Number of members w/Gaps in care</b>	<b>Type of Gap:</b> A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care C.) FUH post follow up	<b>What Were Interventions:</b> A.) Coordinate and Outreach to BHCERSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members	<b>Number of cases to refer to Complex Case Management</b>	<b>Total Number of Successful Outcomes</b>
<b>BCC</b>	<b>8</b>	<b>A,C=5</b>	<b>A=5</b> <b>C=5</b>	<b>0</b>	<b>4</b>
<b>Priority</b>	<b>6</b>	<b>A,C=3</b>	<b>A,C=4</b>	<b>0</b>	

**Data Share with Medicaid Health Plans**

In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Data Sharing was completed for **40** individuals in November. 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.

MHP/PIHP Data Sharing Coordination, all 8 MHP plan meetings have occurred in the month of November, **40** cases were reviewed see details below:

<b>MHP Plan Name</b>	<b>Number of members w/Gaps in care</b>	<b>Type of Gap:</b> A. Non/Partial Compliance B. Assisting Plan to connect for	<b>What Were Interventions:</b> A. Coordinate and Outreach to BHCERSP.	<b>Number of cases to refer to Complex Case</b>	<b>Total Number of Successful Outcomes</b>
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		HRA/Physical Health Care C. FUH post follow up	B. Coordinate w/ICO for transportation. C. Outreach to members	Management	
AET	3	A,C=3	A=3	0	0
BCC	7	A, B, C=7	A,C=3	0	4
HAP	2	A=2 C=2	A,C=2	0	2
McLaren	2	A,C =1	A= 2	1	0
Meridian	3	A,B,C=4	A, B=5	0	2
Molina	5	A=5 C=5	A,C=5	0	0
Priority	8	A, B, C=7	A,C=8	0	3
United	2	A,C=2	A, C=2	1	0

In November **538** members admitted, **296** are still inpatient, **242** has been discharged of the cases, **24** currently have and encounter for HEDIS. **40** cases were contacted from IHC department of those **16** kept are confirmed to kept appointments due to engagement.

Medicaid Health Plan (total)	Kept follow up apt
Priority	1

<b>BCC</b>	<b>7</b>
<b>Aetna</b>	<b>1</b>
<b>HAP</b>	<b>1</b>
<b>McLaren</b>	<b>0</b>
<b>Meridian</b>	<b>2</b>
<b>Molina</b>	<b>4</b>
<b>UHC</b>	<b>1</b>

**FUA:**

There was a total **55** FUA members presented at an ED for the month of November of those cases. **23** cases were fee for service Medicaid no plan attached of the cases **6** were open to DWIHN and **1** kept the appointment.

<b>Medicaid Health Plan (total)</b>	<b>How many open DWIHN</b>	<b>How many made aftercare appt.</b>	<b>How many were sent to health plan</b>	<b>How many did the health plan indicate will attempt to be reach</b>	<b>How many were attempted to reach</b>	<b>How many kept apt</b>
<b>Priority</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>BCC</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>0</b>
<b>Aetna</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>HAP</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>McLaren</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Meridian</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Molina</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>UHC</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Fee for Service</b>	<b>23</b>	<b>15</b>	<b>17</b>	<b>2</b>	<b>13</b>	<b>5</b>

## **Audits**

- ICO Molina has initiated the delegation annual audit for MHL all departments completed virtual desk audit. Outcome from audit indicates more collaboration with Access Dept to complete lv2 timely. ICO Molina has requested additional policies and procedures that will be submitted during next reporting period.
- There were 3 closures that were reported to ICOs to insure compliance with program for members residing in residential settings with ICO Aetna and ICO Molina.
- During this reporting period encounter reports were shared with the department for oversight or correction, still being reviewed to determine barriers to reporting.
- ICO Meridian has requested cost settling meeting for this reporting month for the CY2019, 2020, 2021, and 2022. IHC and Finance will review data internally along with verifying contract language to determine if cost settling is appropriate at this time as contract indicated completion in CY2019. Finance will reevaluate rates for services to determine if current with todays standards of Medicare service fees. DWIHN has not resolved cost settlements but has confirmed CEO address for Quality Withhold notifications that will be sent to DWIHN before the end of this reporting period for CY2020, CY 2021. No update for this currently. ICO Meridian has requested annual delegation audit and information is being gathered from respective departments.
- IHC department has identified 6 ICO Members impacted by the High Scrutiny Waiver Program. ICOs have been notified that members will be requested to move from current location according to the list provided by DWIHN Quality Department and will be updated upon new location by next reporting period. Aetna (1), Amerihealth (1), HAP (1), Meridian (1), Molina (2). IHC has continued to follow these cases members have not been transitioned during this reporting period. No update provided at this time on members transitions.

ICOs are requesting monthly reporting of HAB Waiver share members, IHC is working with IT to improve metrics on Power BI so that ICO can obtain data independently of manual monthly reporting, project will be completed next reporting period. During this reporting period ICO HAP requested a list be sent of current HAB Waiver members (12).

## **Complex Case Management**

Complex Case Management Services require the individual to agree to receive services, have Physical and Behavioral Health concerns and experiencing gaps in care. The enrollee must also agree to receive services for a minimum of 60 days.



For the month of November 2022, there are currently **16** active cases, **2** new case opened, **2** case closures, and no pending cases. Both **(2)** case were closed due to meeting treatment goals.

Care Coordination services were provided to **19** additional members in November who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **83** consumers to help identify needs and **21** individuals who had hospital recidivism. Out of these members, **9** were reached and coordinated of care was completed and **1** were engaged in CCM.

Complex Case Management staff have been working to identify additional referral opportunities. IHC completed **20** presentations for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

#### **EMS Friendly Faces:**

DWIHN had **0** on the EMS lists for November.

#### **Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services:**

DWIHN contracts with Neighborhood services Organization (NSO) to perform the OBRA screening.

The DWIHN Clinical Specialist OBRA/PASRR continued to monitor the MDHHS OBRA/PASARR assessment que on an ongoing basis to review assessments that have been submitted by the OBRA/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter. In April 2022 NSO was taken off the plan of correction and DWIHN has received the letter from the State of Michigan and has placed it in Cobblestone.

Congruence rate between OAS recommendations and MDHHS determinations is 95% for the month of October 97% 2022.

11/91 (12%) pended in **October 2022**. Reasons include: Psychosocial Issue 2, Nursing Issue 1, Spelling and Grammar 3, Recommendations 1, Coordinator 2, Other 1, and Presenting Problem 1.

13/84 (15%) pended in **September 2022**. Reasons include: Psychosocial Issue 1, Nursing Issue 2, Spelling and Grammar 1, 3877/3878 or No SPMI Letters 2, Coordinator 5, Other 1, and Dx Formulation 1

8/87 (9%) pended in **August 2022**. Reasons include: Dx Issue 1, Spelling and Grammar 1, Coordinator 3, Dx Formulation 1, and Presenting Problem 2.

12/73 (16%) pended in **July 2022**. Reasons include: Psychosocial Issue 1, Nursing Issue 1, Spelling and Grammar 1, Clerical 1, 3877/3878 Issue or No SPMI 1, and Coordinator 7.

3/87 (3%) pended in **June 2022**. Reasons include: Psychosocial Issue 2, and 3877/3878 Issue or No SPMI 1.

12/86 (14%) pended in **May 2022**. Reasons include: Psychosocial Issue 5, 3877/3878 Issue or No SPMI 2, Coordinator Issue 3, Other 1, and Presenting Problem 1

11/72 (15%) pended in **April 2022**. Reasons include: Psychosocial Issue 1, Dx Issue 2, Recommendation 2, Coordinator Issue 6.

5/85 (6%) pended in **March 2022**. Reasons include: Nursing Issue 1, Dx Issue 2, and Coordinator Issue 2.

13/66 (20%) pended in **February of 2022**. Reasons include: psychosocial issue 4, Nursing Issue 1, 3877 or No SPMI Letter 3, returned twice 1, Coordinator Issue 3, and other issue

8/67 (12%) pended in **January of 2022**. Reasons include: psychosocial issue 2, Dx Issue 2, spelling and grammar 2, returned twice 1, and presenting problem 1.

14/72 (19%) pended in **December of 2021**. Reasons include: psychosocial issue 2, nursing issue 2, spelling and grammar 1, 3877/78 or no SPMI letters 1, Coordinator 5, other 2, presenting problem 1.

9/59 (15%) pended in **November of 2021**. Reasons include: psychosocial issue 2, nursing issue 2, spelling and grammar 1, 3877/78 or no SPMI letters 1, Coordinator 2, other 1.

## Integrated Health Care Department

### Monthly Report

December 1, 2022

#### Collaboration with Community Partners

During the month of December IHC did not host any community meetings.

#### Quality Improvement Plans

The IHC department manages five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: 7 and 30 day Follow Up After Hospitalization for Mental Illness (FUH), Adherence to Antipsychotic Medication (AMM), Diabetes Screening for members prescribed atypical antipsychotic medications (SSD), and Hepatitis C treatment. The current HEDIS certified platform displays individual CRSP provider data to allow early intervention and opportunity to improve outcomes. The HEDIS certified platform will include measures for Opioid Health Home and Behavior Health Home. DWIHN and Vital Data continue to work on the HEDIS platforms that show the data for these QIP for providers.

During the month of December, the HEDIS scorecard was presented to the CRSP monthly meeting and in individual meetings with **10** CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors.

Scores from HEDIS Scorecard as of August 2022 due to claims lag.

1	Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year to Date
2	AMM	Antidepressant Medication Management Acute phase	4549	2110	2439	77.32	46.38
3	AMM	Antidepressant Medication Management Continuation Phase	4549	1355	3194	63.41	29.79
4	FUH	Follow-Up After Hospitalization for Mental Illness Adults	4228	1996	2232	58	47.21
5	FUH	Follow-Up After Hospitalization for Mental Illness Children	372	241	131	70	64.78
5	SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	4758	2778	1980	85.09	58.39
7	SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder	7400	4261	3139	86.36	57.58

#### Population Health Management and Data Analytics Tool

All Medicaid Health Plans and ICO's were added to the HEDIS Scorecard. DWIHN can now pull data on these individually by CRSP provider.

#### Integrated Health Pilot Projects

DWIHN has identified 3 Health Plans for Integrated HealthCare Pilot Projects. This will be rolled out to two of the MHP in December and January.

**Health Plan 1:**

Health Plan 1 and DWIHN met on December 12 with Health Plan 1 to train on the new shared platform. Health Plan 1 agreed that the shared platform will be helpful with care management. The platform will be used to find members who need more services and follow up. Health Plan 1 has created a statement of work and it was approved by the legal department and signed by the CEO. DWIHN is waiting for the return of the SOW. DWIHN and IHC meet monthly for care coordination.

**Health Plan 2:**

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had eight members identified of having gaps in care with partial compliance 5 from FUH. Intervention were outreach to members and CRSP, 4 of the wight gaps were closed due to assistance with post reschedule where member kept appointments. Health Plan 2 has decided that the shared platform has a benefit and IHC Director, DWIHN IT and Health Plan 2 have discussed how the data will be obtained for the platform. VDT has added all Health Plan 2 members in the shared platform and training will happened in December.

**Health Plan 3's**

DWIHN staff are working with Health Plan 3 on a new project of monitoring individuals who utilized the emergency room department or inpatient psychiatric unit and how to perform data sharing.

There are 4 CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022

DWIHN IT and PCE are developing a database so that the number of members can be tracked. This should be completed in January 2023.

**MI Health Link Demonstration**

IHC department under the MI Health Link Program received total of **283** request for level II in the month of December 2022 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	0	19	16	35

Amerihealth	0	0	0	0
HAP	2	4	4	10
Meridian	4	1	9	14
Molina	55	33	136	224
<b>TOTAL</b>	<b>61</b>	<b>57</b>	<b>165</b>	<b>283</b>

**Voided referrals reasons are as follows:**

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	9	0	0	7
Amerihealth	0	0	0	0	0
HAP	0	3	0	0	1
Meridian	0	6	0	0	3
Molina	0	45	6	12	73
<b>Total</b>	<b>0</b>	<b>63</b>	<b>6</b>	<b>12</b>	<b>84</b>

**Comparison Data for Voided Referrals:**

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
October 2021	172	5	85	5	24	53
November 2021	152	11	94	2	9	36
December 2021	186	11	125	5	7	38
January 2022	180	3	120	5	7	45

February 2022	177	2	81	8	25	61
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August 2022	219	7	91	10	18	93
September 2022	162	2	38	12	8	102
October 2022	201	0	77	28	19	77
November 2022	193	0	80	14	9	90
<b>December 2022</b>	<b>165</b>	<b>0</b>	<b>63</b>	<b>6</b>	<b>12</b>	<b>84</b>

\*Increase in number of Member declined services, process and interventions to be reviewed.

ICO Meridian is still unable to receive level II responses through the Care Bridge, referrals are logged in MH WIN and manually processed by sending to Meridian through secure email. documents have not been received to share internally with DWIHN.

ICO Aetna had a system issue where 60 referral responses are delayed in sending to ICO due to system issue dates from 11/3/22 to current.

There were **10** LOCUS assessments completed for the MI Health Link Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees **40** individuals who have been identified to have a gap in services. Eighteen (**18**) returned post 30 day readmit to the hospital. This is a combined effort between IHC staff and the ICOs.

ICO Plan Name	Number of members w/Gaps in care	Type of Gap: A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care	What Were Interventions: A.) Coordinate and Outreach to BHCSP. B.) Coordinate w/ICO for	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
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		C.) FUH post follow up	transportation. C.) Outreach to members		
HAP	12	A=8 B=4	A=7	0	5
AET	6	AB=2 BC=3	A=5	0	1
Amerihealth	4	A, B = 3 C=1	A, C=3	0	1
Meridian	3	C=2	A,B=1	0	1
Molina	6	A, B=3 C=1	0	0	3

### Special Care Coordination Project

Plan Name	Number of members w/Gaps in care	Type of Gap: A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care C.) FUH post follow up	What Were Interventions: A.) Coordinate and Outreach to BHCRSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
BCC	8	A,C=4	A=4 C=4	0	3
Priority	6	A,C=3	A,C=2	0	0

### Data Share with Medicaid Health Plans

In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet

risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Data Sharing was completed for **40** individuals in December. 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.

MHP/PIHP Data Sharing Coordination, all 8 MHP plan meetings have occurred in the month of December, **40** cases were reviewed see details below:

<b>MHP Plan Name</b>	<b>Number of members w/Gaps in care</b>	<b>Type of Gap:</b> A. Non/Partial Compliance B. Assisting Plan to connect for HRA/Physical Health Care C. FUH post follow up	<b>What Were Interventions:</b> A. Coordinate and Outreach to BHCSP. B. Coordinate w/ICO for transportation. C. Outreach to members	<b>Number of cases to refer to Complex Case Management</b>	<b>Total Number of Successful Outcomes</b>
<b>AET</b>	<b>3</b>	<b>A,B C=2</b>	<b>A,B=3 BC=3</b>	<b>0</b>	<b>3</b>
<b>BCC</b>	<b>6</b>	<b>A, B, C=3</b>	<b>A=2</b>	<b>0</b>	<b>3</b>
<b>HAP</b>	<b>7</b>	<b>A=2 C=2</b>	<b>A=7 A,C=2</b>	<b>0</b>	<b>3</b>
<b>McLaren</b>	<b>7</b>	<b>A=3 C=2</b>	<b>A,B,C=1</b>	<b>2</b>	<b>2</b>
<b>Meridian</b>	<b>2</b>	<b>A,C=2</b>	<b>A, C=2</b>	<b>1</b>	<b>4</b>
<b>Molina</b>	<b>6</b>	<b>A,B=2 C=3</b>	<b>A,C=2</b>	<b>1</b>	<b>4</b>
<b>Priority</b>	<b>8</b>	<b>A, B, C=3</b>	<b>A=2  C=3</b>	<b>0</b>	<b>3</b>



<b>United</b>	<b>7</b>	<b>A,C=4</b>	<b>A=2</b>	<b>1</b>	<b>2</b>
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In December **398** members admitted and discharged of the cases, **39** currently have and encounter for HEDIS. **40** cases were contacted from IHC department of those **18** kept are confirmed to kept appointments due to engagement.

<b>Medicaid Health Plan (total)</b>	<b>Kept follow up apt</b>
<b>Priority</b>	<b>1</b>
<b>BCC</b>	<b>5</b>
<b>Aetna</b>	<b>1</b>
<b>HAP</b>	<b>1</b>
<b>McLaren</b>	<b>0</b>
<b>Meridian</b>	<b>2</b>
<b>Molina</b>	<b>3</b>
<b>UHC</b>	<b>1</b>

**FUA:**

There was a total **53** FUA members presented at an ED for the month of December of those cases. **27** cases were fee for service Medicaid no plan attached of the cases **8** were open to DWIHN and **1** kept the appointment.

<b>Medicaid Health Plan (total)</b>	<b>How many open DWIHN</b>	<b>How many made aftercare apt.</b>	<b>How many were sent to health plan</b>	<b>How many did the health plan indicate will attempt to be reach</b>	<b>How many were attempted to reach</b>	<b>How many appr kept</b>

<b>Priority</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>BCC</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>Aetna</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>HAP</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>McLaren</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Meridian</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Molina</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>UHC</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Fee for Service</b>	<b>27</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>
<b>Total</b>	<b>44</b>	<b>16</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>6</b>

**Audits**

PIHP DWIHN continues to go through the auditing process with the following ICO.:

- ICO Molina has initiated the delegation annual audit for MHL all departments completed virtual desk audit. Outcome from audit indicates more collaboration with Access Dept to complete lv2 timely. ICO Molina has requested additional policies and procedures that will be submitted during next reporting period. ICO Molina has placed DWIHN on POC for timeliness.
- Access Dept was trained by IHC for new hires and importance of program. IHC also met with Access team to update MHWIN system for MHL demo during this reporting period.
- IHC met with ICO HAP, Aetna and Amerihealth regarding marketing materials for 2023 then in turn worked with Customer Services and Utilization Management to update and submit to ICOs templates awaiting finalization from IT Vendor
- There were 4 closures that were reported to ICOs to insure compliance with program for members residing in residential settings with ICO HAP, ICO Meridian, and ICO Molina.
- During this reporting period encounter reports were shared with the department for oversight or correction, still being reviewed to determine barriers to reporting.
- ICO Meridian has requested cost settling meeting for this reporting month for the CY2019, 2020, 2021, and 2022. IHC and Finance will review data internally along with verifying contract language to determine if cost settling is appropriate at this time as contract indicated completion in CY2019. Finance will reevaluate rates for services to determine if current with todays standards of Medicare service fees. DWIHN has not resolved cost settlements but has confirmed CEO address for Quality Withhold notifications that will be sent to DWIHN before the end of this reporting period for CY2020, CY 2021. No update for this currently. ICO Meridian has requested annual delegation audit and information is being gathered from respective

## **Complex Case Management**

Complex Case Management Services require the individual to agree to receive services, have Physical and Behavioral Health concerns and experiencing gaps in care. The enrollee must also agree to receive services for a minimum of 60 days.

For the month of December 2022, there are currently **11** active cases, **2** new case opened, **5** case closures, and no pending cases. Five (**5**) cases were closed due to meeting treatment goals.

Care Coordination services were provided to **12** additional members in November who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **63** consumers to help identify needs and **0** individuals who had hospital recidivism. Out of these members, **4** were reached and coordinated of care was completed and **2** were engaged in CCM.

Complex Case Management staff have been working to identify additional referral opportunities. IHC completed **10** presentations for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

### **EMS Friendly Faces:**

DWVHN had **0** on the EMS lists for December.

### **Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services:**

DWVHN contracts with Neighborhood services Organization (NSO) to perform the OBRA screening.

The DWVHN Clinical Specialist OBRA/PASRR continued to monitor the MDHHS OBRA/PASRR assessment que on an ongoing basis to review assessments that have been submitted by the OBRA/PASRR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter. In April 2022 NSO was taken off the plan of correction and DWVHN has received the letter from the State of Michigan and has placed it in Cobblestone.

Congruence rate between OAS recommendations and MDHHS determinations is 95% for the month of December 98% 2022.

20/105 (19%) pended in **November 2022**. Reasons include: Psychosocial Issue 5, Nursing Issue 1, Diagnostic Issue 2, Spelling and Grammar 4, 3877/3878 or No SPMI Letters 2, Coordinator 4, and Other 2.

11/91 (12%) pended in **October 2022**. Reasons include: Psychosocial Issue 2, Nursing Issue 1, Spelling and Grammar 3, Recommendations 1, Coordinator 2, Other 1, and Presenting Problem 1.

13/84 (15%) pended in **September 2022**. Reasons include: Psychosocial Issue 1, Nursing Issue 2, Spelling and Grammar 1, 3877/3878 or No SPMI Letters 2, Coordinator 5, Other 1, and Dx Formulation 1

8/87 (9%) pended in **August 2022**. Reasons include: Dx Issue 1, Spelling and Grammar 1, Coordinator 3, Dx Formulation 1, and Presenting Problem 2.

12/73 (16%) pended in **July 2022**. Reasons include: Psychosocial Issue 1, Nursing Issue 1, Spelling and Grammar 1, Clerical 1, 3877/3878 Issue or No SPMI 1, and Coordinator 7.

3/87 (3%) pended in **June 2022**. Reasons include: Psychosocial Issue 2, and 3877/3878 Issue or No SPMI 1.

12/86 (14%) pended in **May 2022**. Reasons include: Psychosocial Issue 5, 3877/3878 Issue or No SPMI 2, Coordinator Issue 3, Other 1, and Presenting Problem 1

11/72 (15%) pended in **April 2022**. Reasons include: Psychosocial Issue 1, Dx Issue 2, Recommendation 2, Coordinator Issue 6.

5/85 (6%) pended in **March 2022**. Reasons include: Nursing Issue 1, Dx Issue 2, and Coordinator Issue 2.

13/66 (20%) pended in **February of 2022**. Reasons include: psychosocial issue 4, Nursing Issue 1, 3877 or No SPMI Letter 3, returned twice 1, Coordinator Issue 3, and other issue

8/67 (12%) pended in **January of 2022**. Reasons include: psychosocial issue 2, Dx Issue 2, spelling and grammar 2, returned twice 1, and presenting problem 1.

14/72 (19%) pended in **December of 2021**. Reasons include: psychosocial issue 2, nursing issue 2, spelling and grammar 1, 3877/78 or no SPMI letters 1, Coordinator 5, other 2, presenting problem 1.

9/59 (15%) pended in **November of 2021**. Reasons include: psychosocial issue 2, nursing issue 2, spelling and grammar 1, 3877/78 or no SPMI letters 1, Coordinator 2, other 1.



## **Monthly Report**

### **Managed Care Operations (MCO)**

**November – December 2022**

#### **MCO DEVELOPMENT MISSION:**

There are 20 staff members in MCO all are committed to serving and reaching out to our 400+ providers monthly and quarterly to ensure providers know we are here to assist in answering any questions and directing them to the appropriate department for assistance. Questions come in daily through email or calls surrounding adding sites, authorization questions, claims questions as well as possible closing sites, in which we assist in answering.

#### **FY 22-23 Contracts:**

The FY23 contracts were sent out as of 10/4/22, with 99% received back signed by providers approximately over 400 contracts were sent out to our provider network for signature, 5 contracts were sent back due to provider signing with initials or with mark/line in the signing area.

MI Health Link and hospital contracts that were approved under BA will go out no later than December 22, 2022. Note that these contracts have an expiration date of December 31 2022.

Given DWIHN's growth mode, as well as some providers experiencing staffing problems causing service delays at times, there is a need to add new providers to the DWIHN network during the course of FY 22/23. Note that MCO has developed a structured On Boarding process that evaluates prospective providers as well as facilitates and tracks the on boarding of new providers.

#### **Internal /External-Training Meetings Held:**

- a. Met with 8 CRSP providers regarding the performance indicators most providers continue to experience staff shortages in the intake department for new intakes as well as ongoing services they provide. DWIHN is evaluating incentives built around this indicator to see if this could assist with other challenges providers are having.
- b. Access Committee Meeting held this month focused on the review of provider requests to become contracted DWIHN providers. This meeting is typically held to discuss network adequacy and provider gaps in services, it was identified that we are going to open the network and review an RFQ later this year. We are still in the process of credentialing 3 new residential providers and 1 outpatient provider. The Service Delivery Expansion Survey was reviewed internally resulting in a few of providers able to extend capacity to provider services for children.
- c. Attended an external meeting held by NSO one of our providers on Homeless Action meeting there over 100 attendees from state reps, community and other providers. Also, attended monthly meetings with Continuum of Care Board (COC), to discuss HUD/Homeless project and the renewal of the NOFO project. Met with Children's Initiative Department staff to discuss Youth Homelessness



**PIHP Email Resolutions and Phone Provider Hotline:**

For the months of November and December 27 new provider requests and received/answered 65 mails, from providers with concerns related to claims billing, credentialing issues, Provider change notifications, Procedure Code changes, Single Case agreements, and changes with the FY 2022 State Code/Modifier changes.

**New Providers/ Merger/Closures Changes to the Network /Provider Challenges:**

2 new providers have completed our credentialing process. Board Action 23-07 has been revised for DWIHN Board approval January 2023. Once approved contracts will be routed to the providers.

Providers continue to struggle with staff shortages to maintain staff in homes as well as staff in general among all of our providers resulting from the continued plague of Coronavirus pandemic.

DW also continues to meet with providers to find solutions that will assist during these unprecedented times. Qualified providers received retention payments to pay to staff as an incentive for staff to maintain employment.

The network continues to drop in access to care as they struggle with meeting the performance indicators 2A, # and 4A, one of the major concerns is the staff shortage which is still affecting access to services are well access to care.

The network has had several home consolidations for licensed and unlicensed settings, which has been a result of the members personal health or staff challenges providers experienced resulting in mergers or closures. For the Months of November and December we had 9 notifications

Provider Closure/Mergers FY 22-23					
Description	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.	YTD Totals
Licensed-Residential Homes	2				
Unlicensed /Private Home Services (SIL's)	16				
Clubhouse services					
Outpatient-services, SUD services	1				
Provider Organization Merger(s)					



Total	19				
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**Housing Resource and Street Outreach to the Homeless:**

HUD is announcing they will be funding 2.8 Billion to help people experiencing homelessness. Although the number in Michigan for 2022 decrease about 17% there is still much work to do to keep the homeless from experiencing homelessness and solutions to get them in more permanent housing. According the Housing Urban Development (HUD) Annual Homeless Assessment Report, *the funding opportunity reflects the Biden-Harris Administration’s continued commitment to equity and evidence-based solutions to address homelessness. It also reinforces the Administration’s commitment to boost housing supply and lower costs by supporting local engagement to increase the supply of affordable (Home/Press Room/Press Release / HUD No. 22-140)* As the report found that the number of sheltered people in families with children declined considerably between 2021 and 2022, while the number of sheltered individuals remained relatively flat. As we partner with our providers to assist in the fight against homelessness and reaching individuals on street to -date we continue to see improvement one month at time.

**Quarterly Goals still in progress:**

Quarterly goals set for FY 2023.

- |   |
|---|
| <ul style="list-style-type: none"> <li>• <b>The Risk Matrix-</b> The Risk Matric is a web-based software system that our providers can use to coordinate care, manage operations, view cost of services paid and better serve our members. The matrix allows DWHIN to be able to monitor the provider’s performance and gain a base line of care services for our members. We are able to track and monitor cost and related services that will assist in finding improvement opportunities in our current care model. Each department is viewing the data for accuracy as this is a new system in place. Interdepartmental meetings are held to share and discuss data.</li> </ul> |
| <ul style="list-style-type: none"> <li>• <b>Network Adequacy form/procedure.</b> This internal process will assist in structing our network in a way where we can view our provider services at a glance for better monitoring over our network through this procedure. Evaluated the network in the first quarter of the FY 2022, notified gaps and analyzed for interventions. Network Adequacy assists MCO in targeting needed services and providers.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• <b>Online Directory- Provider/Practitioner.</b> We are working with internal depts (Customer Service/Credentialing unit) to enhance our online contracted provider and practitioner directory to include the type of services along with the disability designations served by the provider or practitioner making the directory more user friendly and informative for the members as well as internal use. Updates are made consistently to ensure complete and accurate information with in the Provider Directory. Ages served and payment options have been added to the search option.</li> </ul>                                    |
| <ul style="list-style-type: none"> <li>• <b>Provider Orientation Meetings</b> – Provider Meeting Orientations are scheduled twice a</li> </ul>  |





<p>year. The Provider Meeting Orientation will be recorded so that providers can access the Provider Orientation upon demand.</p>
<ul style="list-style-type: none"> <li>● <b>Quarterly Provider Network Managers “One on One’ Provider Meetings</b> - have on going meeting with 362 providers out of 362 since the start of the meetings in January 2022. This is a 100% completion rate. Next meetings will start Jan 2023.</li> </ul>
<ul style="list-style-type: none"> <li>● <b>DWC Trainings</b> – all MCO staff are in 100% compliance with the DWC Training Schedule as required by DWIHN</li> </ul>

**Annual Provider/Practitioner Survey:**

The Provider/Practitioner survey is a way for DWIHN to retrieve feedback from providers and practitioners on how well DWIHN does as a manager of care, this survey also helps us identify any gaps in process or procedures as well as reveal any areas for improvements. The Provider and Practitioners surveys are currently under review and analysis. Results will be reviewed internally as well as with the providers at an upcoming Provider Meetings. The analysis will be included in the Annual Availability and Accessibility Report.

**Provider Meetings Upcoming/Held:**

- a. CRSP meeting scheduled for December 19, 2022
- b. Residential and Outpatient Provider meetings were held on December 16, 2022
- c. We have scheduled in the 1<sup>st</sup> quarter 9 Provider Capacity meetings to discuss the provider’s indicator numbers.

*Submitted by June Sharon Matthews, Interim Director, Contract Management  
December 19, 2022*



**Detroit Wayne  
Integrated Health Network  
Residential Services Department**

**Department Monthly Report: December 2022**

**DWIHN Serviced in Residential Settings 2,914**

Licensed Settings	2,076
Unlicensed Settings	838

**Residential Referrals 251**

CRSP	120
Inpatient Hospitals	91
Emergency Departments	16
Nursing Homes   SNFs	8
Residential Assessment reviews in Specialized Settings	7
Crisis Residential (Oakdale House)	5
SD-to-Specialized Residential Requests	3
Youth Aging Out (DHHS)	1

**Unit Metrics**

**RECEIPT NOTIFICATION:** Timeliness to complete emailed receipt notification to referring agents on same day or next business day if received after 2 PM. **251**

- Completed same day 118
- Next business day 58
- After management review (for staff assignment) 75

**RCS FIRST CONTACT (after case assignment):** Timeliness to complete First Contact to referring agent. The measure is within 24 hours or by next business day. **251**

- Completed within 1-2 days 143
- 3-5 days 9
- 6 or more days 99

**ASSESSMENT DATE:** Timeliness is to complete the Residential Assessment within 1-3 business days after First Contact. **251**

- No assessments need (Brokering Only, Cancelled/Redirected after assigned) 153
- Completed within 1-5 days 44
- 6-10 days 17
- 11 or more days 19
- Assessments appointments scheduled after 12/31/22 18

**Metric Barrier Trends**

- Cancellation/rescinded/redirected requests by the referring agent after case assignment date or after First Contact [i.e., nursing home needed, SUD services or program, returning to family home refusing specialized services].
- CRSP response time from First Contact to confirm requested appointment with the referring agent, member, guardian and/or current residential provider to assure member’s availability to attend.
- Members inpatient or in the ED may not be clinically stable enough to speak with RCS complete needed assessment.

### Service Authorizations

<b>Authorizations Processed</b>	<b>645</b>
Approved within 14 Days	578
Approved after 14 Days	68
o Interim IPOS Completed by DWIHN Auth Team	39
o Requests Submitted Residential Care Specialists	161
o Requests Processed Through MHWIN Queues	485

### State Hospitals

	Walter Reuther	Caro	Kalamazoo	Forensic Psychiatry
<b># of Carry Overs (prior to 12/1/22)</b>	<b>15</b>	<b>0</b>	<b>1</b>	<b>0</b>
New Referrals Received	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
# Members Placed	3	0	1	0
Pending Discharges (awaiting community placement)	12	0	1	2
<b>Average Length of Stay (days)</b>	<b>88.5</b>	<b>0</b>	<b>81.0</b>	<b>0</b>
<b>Prospective Discharge Locations:</b>				
MCTP Program	2	0	0	0
Out-of-County	3	0	0	2
Community	7	0	1	0

### Placement Barriers

- o Age of patient (younger)
- o Bed Availability requests NGRI committee requests (outside Detroit/Wayne County)
- o Noted behaviors (history of aggression, property destruction, etc.)

## Member Discharges Notifications

<i>30-DAY DISCHARGES carried over prior to 12/1/22</i>	<b>3</b>
<b>Notifications Received: December 2022</b>	<b>10</b>
30-Day Discharges <b>COMPLETED</b> within 30-days	6
<i>Rescinded 30-Day Discharges</i>	<b>1</b>
Discharges in Progress	6

Average timeliness of 30-day discharge closure: **11.1 days**

<i>EMERGENT DISCHARGES carried over prior to 12/1/22</i>	<b>3</b>
<b>Notifications Received: December 2022</b>	<b>15</b>
Emergency Discharges <b>COMPLETED</b>	14
<i>Rescinded Emergency Discharges</i>	<b>1</b>
Discharges in Progress	3

Average timeliness of emergent discharge closure: **2.3 days**

## COVID-19

<b># of COVID-19 Positive Cases: 12/1/22 – 12/31/22</b>	<b>4</b>
AMI 4	
IDD 0	
<b>Related Death Cases: 12/1/22 – 12/31/22*</b>	<b>0</b>
AMI 0	
IDD 0	
<b>DCW Staff COVID-19 Positive cases</b>	<b>0</b>

*\*No reported deaths since February 2022*

## COVID-19 Vaccination & Boosters\*

Licensed Facilities	TOTALS
AMI 424	<b>649</b>
IDD 225	
o # of Members NO LONGER in the Facility (since initial vaccine reporting)	96
o Initially REFUSED Vaccine; Changed Mind	29
o Member is NEW ADMISSION into DWIHN and/or Facility	17

Unlicensed Facilities	TOTALS
AMI 48	<b>93</b>
IDD 45	
o # of Members NO LONGER in the Facility (since initial vaccine reporting)	57
o Initially REFUSED Vaccine; Changed Mind	24
o Member is NEW ADMISSION into DWIHN and/or Facility	11

*\*No reported deaths since February 2022*

## Residential Facility Closures

<i>Carried Over prior to 12/1/2022</i>	<b>6</b>
<b>TOTAL # of Closure Notifications: December 2022</b>	<b>2</b>
Requests ON-HOLD (0) / PENDING (2)	2
Completion of Facility Closures	3
<b>Members Relocated under Alternate DWIHN Providers</b>	<b>11</b>
<b>NOTIFICATION TYPE</b> MCO Notifications   Sanctions	0
CRSP Notifications   Recipient Rights Complaint	0
Provider Notifications	2

## Residential Sponsored Meetings and Trainings

Residential department meetings & trainings to resume January 2023.

## Department Goals

### Staffing

- Continue to interview for remaining positions for (2) Residential Care Specialists.
- Continue to assess department staffing needs based on increased number specialized referral and emergent placement requests

### Members' Services

- Overview of specific MDHHS (direct) specialized placement referrals identifying staffing and specialized residential facility needs.
- Identify number of increased number of requests for first-time IDD member CRSP requests entering specialized placements from family homes.
- Develop specific programs as they pertain to increased placement requests of DHHS age-out foster kids and LGBTQI+ communities.
- Work with identified CRSP to develop programming to meet increase service needs of the DHHS foster care and LGBTQI+ communities.
- Implementation of quarterly meetings with guardianship corporations to begin dialogue addressing needs and concerns as they relate to DWIHN members.

### Facilities

- Review current specialized residential facilities to develop service gap analysis of over- and under-utilized facilities.
- Overview and reinstatement of DWIHN pre-placement facilities and providers with quarterly meetings to review policies and procedures.

<b>Residential CVD-19 Reporting</b>		<b>Dec-22</b>	
		<u>CVD-19+ Residents</u>	<u>Resident Deaths</u>
	<b>December 2022</b>	4	0
	<b>November 2022</b>	2	0
	<b>October 2022</b>	0	0
	FY 2022-23	6	0
	<b>FY 2021-22</b>	136	3
	<b>FY 2020-21</b>	76	7
	<b>FY 2019-20</b>	169	34
	Accumulative Total of CVD-19 Positive Residents	<b>387</b>	
	Accumulative Total of CVD-19 Resident Deaths	<b>44</b>	
		<u>CVD-19+ DCW Staff</u>	<u>DCW Staff Deaths</u>
	<b>December 2022</b>	0	0
	<b>November 2022</b>	0	0
	<b>October 2022</b>	0	0
	FY 2022-23	0	0
	<b>FY 2021-22</b>	58	1
	<b>FY 2020-21</b>	59	0
	<b>FY 2019-20</b>	71	3
	Accumulative Total of CVD-19 Positive DCW Staff	<b>188</b>	
	Accumulative Total of CVD-19 DCW Staff Deaths	<b>4</b>	

Residential COVID-19 Facility Reporting      September 2022

					FY-2019-20	FY-2020	FY 2021	FY 2022	FY 2023		
<b>CVD-19 Quarantine Facility Provider</b>	<b>Services</b>	<b>Start Date</b>	<b>End Date</b>	<b># Beds</b>	<b># Served</b>	<b># Served</b>	<b># Served</b>	<b># Served</b>	<b># Served</b>	<b>December 2022 - # Served</b>	
Detroit Family Home-Southfield	Licensed Residential Home- Adults	03/31/20		4	10	15	49	17	0	0	
<b>FY TOTALS:</b>					<b>21</b>	<b>32</b>	<b>217</b>	<b>320</b>	<b>0</b>	<b>0</b>	
Total # of COVID-19 Positive Cases Referred to Quarantine and returned to specialized setting:					---	17	127	38	0		
# of Fatalities in Quarantine Fatalities:					---	0	0	0	0		



# Detroit Wayne Integrated Health Network

Director Monthly Report

## Reporting Department Substance Use Disorders

For the Month of November, 2022

### COVID -19

During this pandemic, substance use disorder residential treatment providers are likely to experience peaks of COVID-19 in their perspective programs. Residential SUD Treatment Programs servicing individuals positive for COVID-19 may utilize Quarantine Services at 3 locations. Suppose a program cannot isolate or quarantine members. In that case, the program should work with the three designated locations regarding where members may be quarantined if they do not have anywhere else they can stay. The three designated locations are as follow Quality Behavioral Health (35 beds), Detroit Rescue Mission (6 beds), and Abundant Community Recovery Services (8 beds), members are safely treated in a virtual outpatient program concurrent with recovery housing. Our goal is to keep our members engaged in the treatment process during quarantine and we want to make the process as seamless as possible. In October, we provided services to 61 individuals for quarantine compared to the previous month (25); this shows a 60 percent increase in the number of referrals from the month of September. In addition, of the 61 identified with positive for COVID cases, 43 were vaccinated and 16 did not received vaccinations and 2 did not report their status. Several providers had to temporarily close admissions and among the providers were the following: Sobriety House, Quality Behavioral Health, Salvation Army Harbor Light

Provider	# Serviced	# Vaccinated	Variant	Completed Quarantine
Abundant Community Recovery Services	10	3	Unknown	9
Quality Behavioral Health	8	5	Unknown	8

### Request for Qualification (RFQ) for SUD Services

DWPHN issued an RFQ on October 26, 2022 for Substance Use Disorder (SUD) prevention services. SUD is requesting responses to this RFQ for the purpose of creating a list of qualified vendors to provide for Primary Prevention services to fulfill commitment to the delivery of substance abuse primary prevention programs to Wayne County communities, with priority on at-risk populations.

The Qualified list will be valid for 5 years and only approved and qualified providers who meet the qualifications will be placed on the RFQ for services to begin October 1, 2023. All providers must submit a response to the RFQ if they want to participate in any of the SUD Programs. Current providers in good standing are still eligible to continue providing services in FY 23 from the last contract renewal period for the RFP issued in 2020.

The initial response is due November 29, 2022 and the final response is due June 1, 2027,

### Opioid Treatment Program Bundled Rate

The FY23 MDHHS approved budget included language regarding methadone dosing bundles be paid at \$19.00. Discussion regarding what this means for the OTPs, what is the expectation, and when will this take effect. At this point, DWPHN/SUD need to be aware of the change, but will wait for further



approval from the legislature and guidance from MDHHS, including a clear definition as to what services will be provided in the bundle.

## NARCAN Initiative

**Status Overview:** Each year thousands of individuals die from opioid overdoses with oxycodone, morphine and fentanyl accounting for a significant number of deaths in Detroit Wayne County. To support the Governor’s initiative to respond to the increase in opioid overdose related deaths and to save lives in the Detroit Wayne County area, DWIHN began providing Naloxone training and kits, March 22, 2016, to all Wayne County residents at no cost. The life-saving drug Naloxone will allow those at risk of experiencing an overdose the chance to recover and spare families the heartache of losing a loved one. DWIHN is working in collaboration with Wayne State University to combat this crisis and one strategy for achieving such a widespread distribution with few resources and limited staff is through the use of vending machines. The use of vending machines to distribute free naloxone kits has been successful in jail setting across the United States. DWIHN has identified several Opioid Treatment Programs that are interested in a free vending machine to distribute naloxone.

**Work in progress:** DWIHN continues to support access to naloxone by training health care workers, providers, drug court staff, inmates/jail staff and the community and other organizations that intersect closely with people who use opioids on how to reverse an opioid overdose. It can be easily administered by

nasal spray and does not affect someone who has not used opioids. DWIHN is increasing the number of providers that can train and distribute Naloxone in the community and is utilizing the zoom platform to implement these trainings

The Naloxone vending machines are programmed to dispense free naloxone kits. Wayne State University will purchase vending machines and DWIHN will arrange for the machine to be refilled with a provider, who will be responsible for monitoring supply levels and ordering additional naloxone kits as necessary. **There will be no cost to the provider to implement a vending a machine for the purpose of naloxone distribution**

**Planned Key Milestones, Activities and/or Events:** DWIHN’s Naloxone Initiative program has saved **1,427** lives since its inception. Again, the saved lives are under reported, especially during this time of COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

Month of November 2022 DWIHN reports the following:

Naloxone saves 4

Unsuccessful saves 0

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DWIHN expanded access to Naloxone through the Barbershop Talk Tour Initiative. This permits the life-saving medication to include more people who might encounter someone experiencing an overdose. In addition, it allows family and friends of opioid users to have more knowledge of opioid overdose and the

ability to respond appropriately after receiving training in naloxone administration. Training includes topics on Men’s Health Issues, Male Responsibilities, Substance Use Disorder, Mental Health, Police Brutality, and Naloxone training. During November, presentations were conducted at 8 locations in Wayne County. Data from the ten barbershops where training was conducted indicate the total number of individuals trained was 19, of which 16 were men and 3 were female, ages 35-54, each received a free naloxone kit at the end of the training. Furthermore, evidence suggests that bystander naloxone administration and overdose education programs are associated with increased odds of recovery and with improved knowledge of overdose recognition and management.

**QUALITY BEHAVIORAL HEALTH, INC (QBH)**

Quality Behavioral Health, Inc offer free Narcan through a vending machine at their main location at 6821 Medbury St, Detroit MI 48211. QBH are the first location in the area to offer this service, which dispenses nasal Naloxone spray, both free of charge and without a prescription.

This service has already seen a lot of use, and is already saving lives. A member told us “I always make sure to carry Narcan on me. With how much fentanyl is out there these days you never know when you may need it. For yourself or for someone else.” Similarly, another member, the mother of an addict, has come to get Naloxone in case her son overdoses, stating “I wish he would get into treatment and get clean, but at least in the meantime I can have this on hand in case I need it if something happens. I think it is a great option and I am grateful for it and I think it should be more available.”

We have even seen some healthcare professionals come and utilize this service, such as a registered nurse, who has come in more than once and told us that she has already saved at least one life, when she stopped at the scene of an accident and found someone who had overdosed, who she was able to save by using the Naloxone nasal spray that she obtained from our vending machine.

While we wish treatment and recovery for everyone who has to experience the battle of addiction at some point in their lives, making this harm-reduction service available without a prescription and without needing

money, is a real life-saving measure that we can take today, to save lives, keep families together, and give people the chance to find recovery and not just become a statistic.



**Gambling Disorder**



Mariners Inn and Sobriety house provides residential treatment to members with gambling disorders. Elmhurst had 6 recent employees receive their Gambling disorder certification. One of the challenges of getting participants is that Gambling disorder is heavily stigmatized in the Recovery Community. Many clients who qualify for the program are reluctant in disclosing their gambling issues to staff.

*Empowerment Zone Coalition (EZC)*

EZC works to reduce the stigma associated with problem gambling. We have been successful in raising awareness through social media campaigns, geofencing, public service announcements (PSA), digital billboards, and community billboards. EZC also designed postcards to promote the problem gambling helpline. We also designed and produced a 30-minute infomercial special. These initiatives reached 2 million people.



*Center for Youth and Families*

Problem gambling has been linked with several psychological disorders such as depression, anxiety, and even some personality disorders. Problem gamblers are also at high risk for developing substance use disorders as well. It is for this reason that Central Care Management Organization–Center for Youth & Families has merged its substance abuse prevention program with its gambling disorder prevention program to provide important resources to the community at-large. The program is designed to raise awareness of problem gambling among youth and young adults and to provide education and resources to at risk youth and their families. All participants are required to complete pre and posttest.

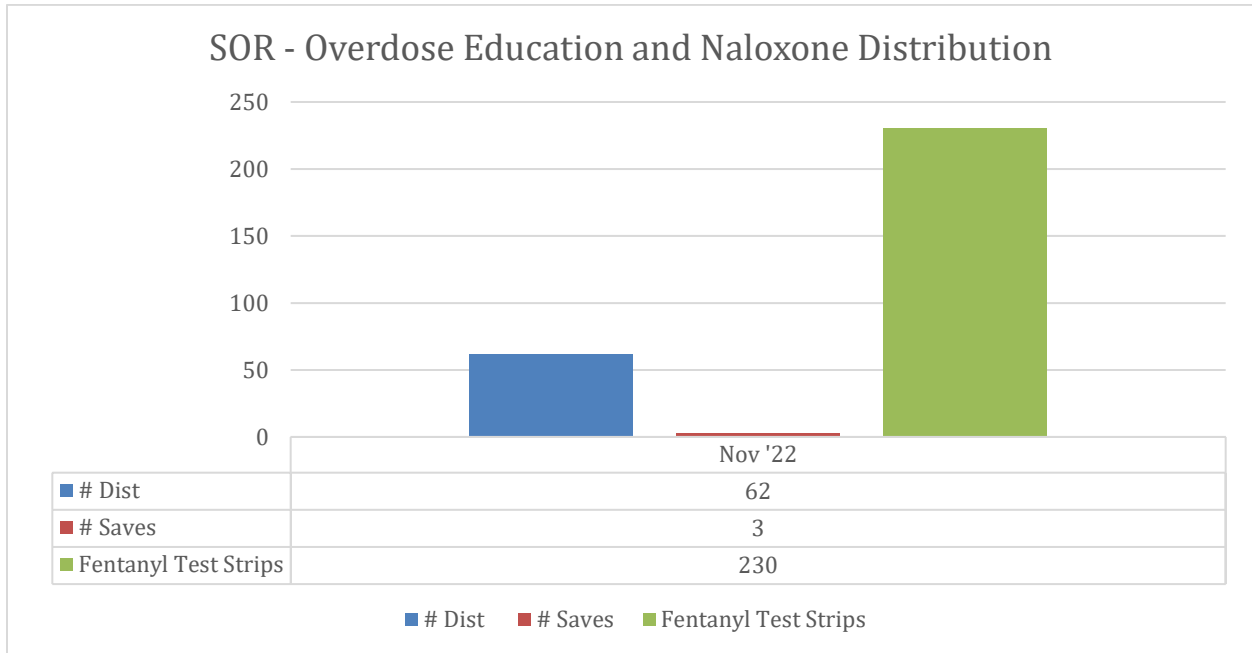


**State Opioid Response III**

Detroit Wayne Integrated Health Network was awarded State Opioid Response funding in 2019 as a measure to reduce overdose deaths related to opioids in Michigan which are of epidemic proportion. The State Opioid Response Grant is a comprehensive program constructed to combat to the surge of opioid related overdoses tailored to encompass prevention, treatment and recovery services. Prevention services have a two-tier approach to prevent the onset of addiction in high risk population groups, and to prevent fatal overdoses through the distribution of naloxone. Treatment services address the onset and progression of opioid use disorder, designed to help the individual progress to remission. Recovery programs are designed to empower and engage individuals in recovery and prevent relapse.

**Overdose Education and Naloxone Distribution with Harm Reduction Services**

The OEND with harm reduction program enhances and expands our existing naloxone training within different caveats in the community.



OEND providers are: The Youth Connection, Community Health Awareness Group, Piast Institute, Spectrum Health and Family Services

**Government Performance Results Act Outcomes**

As a federal requirement of the State Opioid Response Grant we are collecting data for the Government Performance Results Act, data is collected at time of intake, discharge and six month follow up. Our compliance rate for six month follow up is 41%



# DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT

## December 2022

### Executive Summary

- **Autism:** There were approximately 348 authorization requests manually approved during the month of December. There were an additional 172 authorizations completed via the auto-approval process for a total of 520 approvals for the month of December. There are currently 2,666 cases open in the benefit. There will not be an update on FY 2023 Q1 until after February 2023 to allow for submission of claims.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 12/31/22 1,011 filled, 72 were open, for a utilization rate of 93.4%.
- **County of Financial Responsibility:** In the month of December, there were two (2) adult review requests & one (1) child review request. This total does not include committee-reviewed cases deemed non-COFR that were redirected to DWIHN Residential and/or identified as single-case agreements/contract updates.
- **Denials and Appeals:** For the month of December, there were two (2) denials and zero (0) appeals reported. There were also twenty-two (22) inpatient service authorization administrative denials and thirteen (13) administrative appeals. One (1) of the administrative appeals was upheld, four (4) were overturned, six (6) were partially upheld and two (2) are pending a determination.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during December 2022, there were 260 approvals, including 12 for the Guidance Center. There were 9 Administrative Denials. There were 203 Advance Notices for timeline and SUG corrections and for Administrative Denials.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. There were 49 MI Health Link authorizations received and processed as of 12/31/22. The number of MI Health Link admissions to inpatient, partial and CRU are also included in the Provider Network data.
- **Provider Network/Outpatient Services:** A total of 803 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential were managed by the UM Department. Timeframes of Outpatient Service Authorizations are being examined for possible adjustments in accordance with the feedback being received from providers regarding the ways the approval time frames impact the service delivery to our members. Currently, the PowerBI Dashboard indicates that in December there were 1,799 authorizations manually approved by the UM department. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations. Of these 1,799 authorizations, 1,522 (or 85%) were approved within 14 days of request; 244 (or 13.9%) were approved within 21 days of request; 33 (or 1.8%) were approved within 28 days; and none were approved beyond 28 days.
- **State Facilities:** There were no adult state hospital admissions for the month and 70 NGRI consumers are currently managed in the community. 3 consumers remain on the wait list. There

were no new children’s state hospital admissions; there are no youth in the admission pool (wait list).

- **SUD:** The Power Bi dashboard indicates SUD UM staff approved 1,289 authorizations as of 12/31/2022. Of these 1,289 authorizations, 748 (or 58%) were approved within 3 days of request; 456 (or 35.4%) were approved within 4 - 11 days; 54 (or 4.2%) were approved within 12-14 days; and 31 (or 2.4%) were approved outside of 14 days.
- **Administrative Denials:** During the month of November the SUD team issued 12 administrative denials compared to 9 the previous month.

## General Report

### Utilization Management Committee

The monthly UMC Meeting was held in December and minutes are available for review.

### Autism Spectrum Disorder (ASD) Benefit

There were approximately 348 authorization requests manually approved during the month of December. There were an additional 172 authorizations completed via the auto-approval process for a total of 520 approvals for the month of December. There are currently 2,666 cases open in the benefit. There will not be an update on FY 2023 Q1 until after February 2023 to allow for submission of claims.

#### *ASD Authorization Approvals for Current Fiscal Year to Date\**

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Manual Approvals	374	332	348									
Auto Approvals	174	128	172									
Total Approvals	547	460	520									

\*Numbers are approximate as they are pulled for this report prior to when all data for the month is available.

#### *ASD Open Cases and Referral Numbers Per WSA\**

Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Open Cases	2550	2628	2666									
Referrals	134	110	Pending update from the WSA									

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\*Numbers are approximate as they are pulled for this report prior to when all data for the month is available.

**Habilitation Supports Waiver**

There are 1,084 slots assigned to the DWIHN. As of 12/31/22 1,011 filled, 72 were open, for a utilization rate of 93.4%.

Monthly HSW Utilization	November 2022
Allocated	1,084
Used	1,011
Available	72
Percent Used	93.4%

Quality and Timeliness are the primary issues. Currently the overall quality of the IPOS’ greatly impacts timeliness (reviewing, returning certs, corrections needed). “Training” has been the primary action taken to address audit citations for the past two years. However, unless quality is addressed in a different manner, repeat citations are likely to continue. It should also be noted, HSW Coordinator only monitors one habilitative goal and does not make recommendations or review IPOS in its entirety. To address timeliness; a clear timeline which includes follow up has been established, 2 additional CRSPs (NSO and WC) will begin entering their recertifications directly into the WSA, tasks for backlog/recertification/future enrollees divided. Additional staff will be hired and ongoing discussion regarding quality will be pursued in the upcoming month.

**Serious Emotional Disturbance Waiver (SEDW)**

# of youth expected to be served in the SEDW for FY 22-23	65
# of active youth served in the SEDW, thus far for FY 22-23	56
# of youth currently active in the SEDW for the month of November	53
# of referrals received in November	4
# of youth approved/renewed for the SEDW in November	7
# of referrals currently awaiting approval at MDHHS	0
# of referrals currently at SEDW Contract Provider	5
# of youth terminated from the SEDW in November	0
# of youth transferred to another County, pursuing the SEDW	0
# of youth coming from another county, receiving the SEDW	0
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

## County of Financial Responsibility (COFR)

Due to staffing transitions, limited updates are available for reporting.

	<b>Adult COFR Case Reviews Requests</b>	<b>Children COFR Case Reviews Requests</b>	<b>Resolved</b>	<b>Open*</b>
December 2022	3	1	0	n/a

\*This is a running total. Recommendations forwarded to Administration and pending determination

Note: Not all new cases referred are reviewed within the month they are received. All new cases are added to COFR Master List with date referral is received. Cases are reviewed by priority of the committee.

This total does not reflect committee-reviewed cases deemed non-COFR that were redirected to DWIHN Residential and/or identified as single-case agreements/contract updates.

## General Fund

Consumers requesting General Fund Exception are:

- Without health care benefits at the time of the start of behavioral health services
- Returning for services without health care benefits after an absence
- Actively receiving services and experiencing a lapse in insurance benefits

The following chart shows the FY 2022-2023 number of approved authorization requests, the number of Guidance Center CCBHC approvals and the number of Advance Notices for corrections to requests and Administrative Denials issued.

<b>General Fund Fiscal Year 2022-2023 to Date</b>													
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	<b>FY To Date TOTAL</b>
Approvals	<b>332</b>	<b>327</b>	<b>260</b>										<b>915</b>
The Guidance Center	<b>12</b>	<b>12</b>	<b>11</b>										<b>35</b>
Advance Notices	<b>257</b>	<b>266</b>	<b>203</b>										<b>726</b>
Administrative Denials	<b>9</b>	<b>10</b>	<b>9</b>										<b>28</b>

## Denials and Appeals

### *Medical Necessity Denials*

For the month of December, there were twenty-two (22) authorization requests sent to the physician for a peer review. Of the twenty-two (22) peer reviews sent to the physician, two (2) reviews were denied due to not meeting medical necessity criteria for continued inpatient hospitalization stay days. The remaining twenty (20) authorization requests that were sent to the physician for a peer review were approved for additional continued inpatient days. There were no medical necessity appeals reported for the month of December.



	Oct 22	Nov. 22	Dec. 22	Jan. 23	Feb. 23	Mar 23	Apr 23	May 23	Jun. 23	Jul. 23	Aug. 23	Sept 23
Denial	3	2	2	0	0	0	0	0	0	0	0	0
Appeal	0	0	0	0	0	0	0	0	0	0	0	0

**Service Authorization Administrative Denials**

During the month of December, there were a combined total of sixty-five (65) administrative denials between the inpatient, outpatient and SUD services. There were also thirteen (13) administrative appeals. One (1) of the administrative appeals was upheld, four (4) were overturned, six (6) were partially upheld and two (2) are pending a determination. The chart below shows the number of denials and appeals for each service.

	Inpatient	Outpatient	SUD
Denial	22	2	43
Overturn	4	0	0
Upheld	1	0	0
Partial Denial	6	0	0

**Timeliness of UM Decision Making: Quarter 1 (October-December 2022) Threshold 90%**

*\*\*Note: COPE, measures were not available at the time of the report. \*\*Source: Power BI*

**Autism Program**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	N/A	N/A	1060	N/A
Denominator	N/A	N/A	1065	N/A
Total	N/A	N/A	99.5%	N/A

**MI Health Link Program**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	2	N/A	30	12
Denominator	2	N/A	34	12
Total	100%	N/A	88.2%	100%

**Substance Use Disorder**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	1053	N/A	3071	N/A
<b>Denominator</b>	1097	N/A	3464	N/A
<b>Total</b>	95.9%	N/A	88.7%	N/A

**COPE (NOTE: data not available at time of report)**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A
<b>Total</b>	N/A	N/A	N/A	N/A

**State Hospital Liaison Activity Report**

Hospital	Caro Center		Kalamazoo		Walter Reuther	
<b>Census</b>	Total	2	Total	2	Total	81
	NGRI	0	NGRI	1	NGRI	26
	Non-NGRI	2	Non-NGRI	1	Non-NGRI	55
<b>Wait List</b>	0		1		2	
<b>Admissions</b>	Total	0	Total	0	Total	0
	NGRI	0	NGRI	0	NGRI	0
	Non-NGRI	0	Non-NGRI	0	Non-NGRI	0
<b>ALS Status</b>	0		0		70	

- One referral for state hospital admission was received this month; three total referrals are on the wait list. Two referrals are pending for Walter Reuther and one referral is pending for Kalamazoo Psychiatric. All referred members are being treated in a community hospital inpatient setting and are continuously being reviewed for discharge.
- Liaison staff continue to provide NGRI training to DWIHN and CMH partners to support provider staff, maintain and meet target deadlines, and facilitate skill development. 93 individual training contacts were made this month.

**Children’s State Hospitalization**

As of 12/31/22, there are three (3) youth admissions being funded by DWIHN, with no new admissions this month. Two (2) of the funded members are discharge ready and awaiting MDHHS placement, with the longest since 8/2022. One (1) member transferred to Walter Reuther Psychiatric Hospital this month. No additional discharges. There are currently no youth in the admission pool.

As noted in previous reports, MDHHS State Hospitals Administration partnered with Hope Network to create the Michigan Community Transition Program (MCTP), which is used as a step down from state hospitalization; the State Hospitals Administration fully funds this program. Like state hospitalizations, DWIHN (or its CRSP designee) participates in monthly meetings to monitor treatment updates. Currently, there are currently two (2) DWIHN members in that program. Two (2) other members have been accepted and await admission dates; MCTP works to secure adequate staffing to meet member needs.

## **MI Health Link**

### ***Monthly ICO Authorization Report – December 2022***

Report Filters	
Date Range Selected:	12/1/2022 thru 12/31/2022
ICO's Selected:	AETHNA BETTER HEALTH OF MICHIGAN; AMERHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH PLAN, INC.; MOLINA HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
49	0	0	20	20	0	0	29	29

*\*\*The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.*

The data for December 2022 delineates the total number of authorization requests and the amount of each authorization type for the 5 ICOs. The table(s) account for the total number of authorizations by ICO, the type of authorization and the amount of time taken to process the request. Additionally, the data only includes those authorizations that required manual review and approval by UM Clinical Specialists. It does not include those authorizations that were auto approved because the request fell within the UM Service Utilization Guidelines.

There were 49 MI Health Link authorizations received compared to 55 authorizations during the month of November, a 10.9% decrease. By ICO, there were 11 authorizations for Aetna, 6 for AmeriHealth, 0 for Michigan Complete Health (Fidelis), 8 for HAP Midwest and 24 for Molina. All MI Health Link authorization requests were processed within the appropriate timeframes.

At the time of this report, UM notes that technical errors with populating authorizations are now fixed. However, COPE staff may require additional training on correct authorization entry. In the interim, UM Clinical Specialists continue to amend authorizations.

Of note, this technical error likely affects the validity of the MI Health Link and Provider Network monthly reports, as many members may be incorrectly reported (and initially authorized) under the DWIHN CMH affiliate.

## **Provider Network**

As of 12/31/22, the UM Team has managed a total of 693 admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of December, there were 689 (non-MI Health Link) admissions for inpatient treatment, reflecting a 3.2% decrease from the 712 inpatient admissions during November 2022.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
IDD	22	23	11.00	10
SED	86	91	9.42	9
SMI	548	565	9.38	9
SUD	10	10	7.60	6.5
		0	0.00	
N/A		0	0.00	
NON		0	0.00	
Not Assesed		0	0.00	
<b>Total</b>	<b>666</b>	<b>689</b>	<b>9.41</b>	<b>9</b>

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Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient

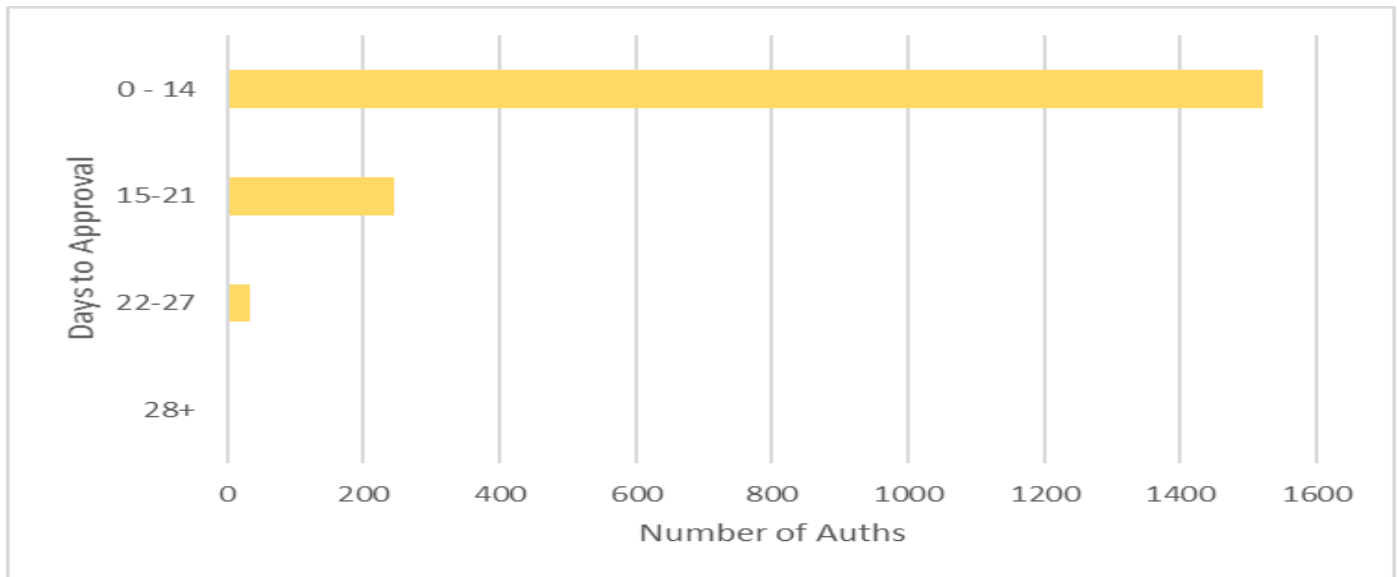
***The data outlined below reflects the number of admissions as of 12/31/22:***

- Inpatient: 689
- MHL Inpatient: 4
- Partial Hospital: 80
- Crisis Residential: 30 (adults - 26 and children - 4)
- Total Admissions: 803

The UM and Crisis Services teams continue their work with increasing education & utilization of other step down and diversion resources. Other pilot programs will be implemented after the new year, including targeted discharge planning efforts with CRSPs and UM Higher Levels of Care staff assisting with aftercare scheduling.

**Outpatient Services (Non-Urgent, Pre-Service Authorizations)**

Timeframes of Outpatient Service Authorizations are being examined for possible adjustments in accordance with the feedback being received from providers regarding the ways the approval time frames impact the service delivery to our members. Currently, the PowerBI Dashboard indicates that in December there were 1,799 authorizations manually approved by the UM department. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations. Of these 1,799 authorizations, 1,522 (or 85%) were approved within 14 days of request; 244 (or 13.9%) were approved within 21 days of request; 33 (or 1.8%) were approved within 28 days; and none were approved beyond 28 days.



\*\*Data Source: Power-BI\*\*

## Substance Use Disorder

### *SUD Authorizations*

The Power Bi dashboard indicates SUD UM staff approved 1,289 authorizations as of 12/31/2022. Of these 1,289 authorizations, 748 (or 58%) were approved within 3 days of request; 456 (or 35.4%) were approved within 4 - 11 days; 54 (or 4.2%) were approved within 12-14 days; and 31 (or 2.4%) were approved outside of 14 days.

### *Medical Necessity Denials*

There were no SUD medical necessity denials for the month of December. (Source Sharepoint Master UM Data Tracking Log – SUD)

### *SUD Bulletins Issued by PCWG*

Two bulletins were issued by the Procedure Code Workgroup that pertain to SUD. #22-005 addresses atypical medications in SUD Residential in August. They are posted on the website. There are follow up questions primarily from Hegira that are being addressed by the PCWG. This needs to be reviewed to ensure follow-up. We are still awaiting a rate for Q9991 and Q9992 from finance. These are new codes from MDHHS re: Buprenorphine injections. **The SUD UM Guidelines as well as the SUD rate sheet need to be updated when established.**

### *SUD Timeliness Dashboard*

For the month of December, there was a total of 1289 authorizations approved. There were 349 urgent authorizations approved. Out of the 349, 316 (90.5%) were authorized within 72 hours. There were 940 non-urgent authorizations and 912 (97%) were approved within 14 days.

### *SUD Provider Training PowerPoint*

Feedback on current powerpoint which was updated by Jennifer Miller was not received from any of the SUD staff. Reviewers discussed the training should be limited to one hour which will allow for questions. It appears as if zoom may be the preferred training platform. New leadership may have to move this forward. Minimally the powerpoint may be shared at the next SUD Provider meeting.

## **MCG**

MCG Has been updated to the 26<sup>th</sup> edition.

## **IRR**

IRR testing continues with new hires. IRR annual case studies have been distributed for all staff eligible and required to receive annual case studies.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: #22-66R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/18/2023

Name of Provider: HPS Consulting LLC

Contract Title: HPS Services for NCQA

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/11/2023

Proposed Contract Term: 2/1/2023 to 7/31/2023

Amount of Contract: \$ 146,875.00 Previous Fiscal Year: \$ 98,125.00

Program Type: Continuation

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 75000

Date Contract First Initiated: 2/1/2023

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).

Detroit Wayne Integrated Health Network is requesting a Professional Service Contractual Agreement with Diana Hallifield, RN dba HPS Consulting, LLC to provide clinical care consultative support as the DWIHN prepares for National Committee for Quality Assurance (NCQA) Reaccreditation. DWIHN is requesting approval to extend the previous purchase order term to July 31, 2023 and increase the requested amount by \$98,125 for an amount not to exceed \$146,875.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Multiple	\$ 146,875.00	\$ 146,875.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64910.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:




Signed: Friday, January 6, 2023

Signed: Thursday, January 5, 2023



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 23-07 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/18/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 22/23

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 1/11/2023

Proposed Contract Term: 10/1/2022 to 9/30/2023

Amount of Contract: \$ 804,448,924.00 Previous Fiscal Year: \$ 677,393,988.00

Program Type: Continuation

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 71,682

Date Contract First Initiated: 10/1/2022

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).

This is a request to add 2 newly credentialed providers. Note that these providers were credentialed subsequent to DWIHN's approval of BA 23-07. No budget increase due to reallocation of funds.

(DWIHN) DWIHN is requesting approval for continued funding for the Provider Network System for the fiscal year ended September 30, 2023. 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 current 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.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Multiple	\$ 804,448,924.00	\$ 804,448,924.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 804,448,924.00	\$ 804,448,924.00

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:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, January 3, 2023

Signed: Tuesday, January 3, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA 23-26R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/18/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: COVID-19 Grant

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/11/2023

Proposed Contract Term: 10/1/2022 to 9/30/2023

Amount of Contract: \$ 7,083,210.00 Previous Fiscal Year: \$ 6,719,938.00

Program Type: Continuation

Projected Number Served- Year 1: 1,200 Persons Served (previous fiscal year): 10000

Date Contract First Initiated: 10/1/2022

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 revised board action is to request the following Prevention programs that have been granted funding from MDHHS for fiscal year 2023: \$3,500 for the annual Coverage Study to Leaders Advancing and Helping Communities (LAHC). In addition, MDHHS has granted an additional \$590,909.00 in COVID-19 Prevention Funds to provide Media, Outreach and Evidence Based Programming (EBP) services. . The funding will allow prevention providers to continue to work and improve efforts to adapt to the challenges that COVID has brought.

The providers are as follows:

Outreach - LAHC (\$50,000) and The Youth Connection (\$30,909)  
DABO (\$10,000)

EBPs - Carefirst (\$36,364) LAHC (\$50,000) and NCADD (\$50,000)

Prevention COVID Media - CARE of SEM (\$71,212) Elmhurst (\$71,212) NCADD (\$100,000) Piast (\$71,212) and SOOAR (\$50,000)

The FY23 Prevention Services program budget of \$6,488,801.00 is increased by \$594,409.00 to \$7,083,210.00 and consist of Federal Block Grant \$4,974,210.00 and Public Act 2 funds of 2,109,000.00

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to the approved not to exceed amount. As a result, budget may be decreased/increased among providers.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
SUD Block Grant	\$ 4,974,210.00	\$ 4,974,210.00
Local Funds - Public Act 2 (PA2)	\$ 2,109,000.00	\$ 2,109,000.00
<b>Total Revenue</b>	<b>\$ 7,083,210.00</b>	<b>\$ 7,083,210.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

**Eric Doeh**

**Stacie Durant**

Signed: Friday, January 6, 2023

Signed: Friday, January 6, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA 23-27R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/18/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: COVID-19 Grant

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/11/2023

Proposed Contract Term: 10/1/2022 to 9/30/2023

Amount of Contract: \$ 10,553,670.00 Previous Fiscal Year: \$ 7,830,900.00

Program Type: Modification

Projected Number Served- Year 1: 1,200 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2022

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 revised board action is a request to increase the amount of the SUD Treatment Program by \$3,000,000 for a total amount not to exceed \$10,553,670 allocated to DWIHN by the Michigan Department of Health and Human Services. The additional COVID-19 funding will provide treatment, and recovery support continuum services, including various evidence-based services and supports for individuals, families, and communities. In addition, the funding will allow providers to continue to work with the SUD population on efforts to facilitate and support services to include the following: Quick Response Teams, Parenting, Post-Partum Opioid Health Homes, Treatment and Prevention Evidence Base Programs (EBP), SUD Health Homes, Crisis Engagement and Expansion, Vaccination Support, Workforce Recruitment, Telehealth Technology and Hubs, Recovery Support Services and Housing, Accessing Behavioral Health African Community.

The Treatment Services program of \$10,553,670 consist of Federal Block Grant of \$9,561,670 and Public Act 2 funds of \$992,000.00

Funds may be reallocated between providers up to the not to exceed amount without board approval.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 22/23</b>	<b>Annualized</b>
SUD Block Grant	\$ 9,561,670.00	\$ 9,561,670.00
Local Funds - Public Act 2 (PA2)	\$ 992,000.00	\$ 992,000.00
<b>Total Revenue</b>	<b>\$ 10,553,670.00</b>	<b>\$ 10,553,670.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, January 6, 2023

Signed: Friday, January 6, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 23-51 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/18/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Mental Health First Aid/ QPR

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/11/2023

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

Amount of Contract: \$ 550,000.00 Previous Fiscal Year: \$ 550,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 1320

Date Contract First Initiated: 1/1/2023

Provider Impaneled (Y/N)? 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 Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to enter a contract with various vendors (enclosed) for the continuation of Mental Health First Aid and QPR-Question, Persuade, Refer under BA 23-51. Each of the curricula supports the efforts that DWIHN has worked toward for the past couple of years.

**It is requested that the contracts utilizing General Fund begin January 1, 2023, and continue through September 30, 2023. The cost and fees for professional services to DWIHN will not exceed \$550,000.00.** Each of the entities has certified trainers and has met outcomes in alignment with DWIHN expectation were selected for contract continuation. These are Providers who will offer training and participate in training efforts for the county.

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

Source of Funds: General Fund



Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 23</b>	<b>Annualized</b>
General Fund	\$ 550,000.00	\$ 550,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 550,000.00	\$ 550,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER:

In Budget (Y/N)? Y


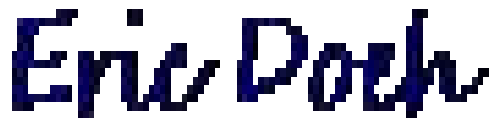
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, January 4, 2023

Signed: Wednesday, January 4, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 23-54 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 1/18/2023

Name of Provider: Guidance Center, The, Hegira Health Inc.

Contract Title: Infant and Early Childhood Mental Health Consultation (IECMHC) Expansion

Address where services are provided: 8623 N. Wayne Road, Westland, MI 48185

Presented to Program Compliance Committee at its meeting on: 1/11/2023

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

Amount of Contract: \$ 211,655.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 20 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 1/1/2023

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).

This board action is requesting the approval of a one year contract effective January 1, 2023 through September 30, 2023 for an amount not to exceed \$211, 655 for the Infant and Early Childhood Mental Health Consultation (IECMHC) Expansion Grant. The service will be provided by Hegira Health, Inc. and The Guidance Center. Hegira Health, Inc. will receive \$91,226 and The Guidance Center will receive \$117,929. The additional \$2,500 will be allotted for indirect costs. The program is a prevention based, indirect intervention that teams a mental health professional with child care providers to improve the social, emotional, and behavioral health of children. Through the development of partnerships among providers and families, consultation builds adult's capacity to understand the influence of their relationships and interactions on young children's development.

Please note "projected number served" reflects the number of childcare providers served, per the scope of the service.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 22/23</b>	<b>Annualized</b>
Block grant	\$ 211,655.00	\$ 211,655.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 211,655.00	\$ 211,655.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: various

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Wednesday, December 14, 2022

Signed: Wednesday, December 14, 2022