



## **Detroit Wayne Integrated Health Network**

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### **PROGRAM COMPLIANCE COMMITTEE MEETING**

*Virtual Meeting*

**Wednesday, April 14, 2021**

**1:00 p.m. – 3:00 p.m.**

### **REVISED 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. Children's Initiatives' Quarterly Report** – Please provide the following information:
    1. The workgroup that is being created to address the issue of staff retention;
    2. The number of unduplicated individuals served in the Service Delivery and involvement in the School Survey; and
    3. Specify the amount of how each funding source is being utilized for the School Success Initiative.
  - B. Chief Clinical Officer's Report** – Please provide the percentage of people that are vaccinated.
- VI. Approval of the Minutes** – March 10, 2021
- VII. Report(s)**
  - A. Chief Medical Officer
  - B. Corporate Compliance
- VIII. Quarterly Reports**
  - A. Access
  - B. Crisis
  - C. Utilization Management
- IX. Strategic Plan Pillar**
  - A. Access

#### **Board of Directors**

William T. Riley, III, Chairperson  
Dorothy Burrell  
Jonathan Kinloch

Dora Brown, Treasurer  
Lynne F. Carter, MD  
Kevin McNamara

Dr. Cynthia Tauog, Secretary  
Angelo Glenn  
Bernard Parker

Michelle Jawad  
Kenya Ruth



- X. Quality Review(s)**
  - A. FY 20-21 QAPIP Work Plan

- XI. Chief Clinical Officer's Report**

- XII. Unfinished Business - None**

- XIII. New Business**  
**(Staff Recommendations):**
  - A. **BA #21-60** – Michigan Peer Review Organization
  - B. **BA #21-61** – National Council for Behavioral Health

- 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**

**MARCH 10, 2021**

**1:00 P.M.**

***VIRTUAL 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; Michelle Jawad; Chief William Riley, III; Kenya Ruth; and Dr. Cynthia Taueg</p> <p><b>Board Members:</b> Bernard Parker, Board Chair</p> <p><b>Staff:</b> Jacquelyn Davis; Judy Davis; Eric Doeh; Kimberly Flowers; Bernard Hooper; Melissa Moody; Crystal Palmer; John Pascaretti; Ebony Reynolds; April Siebert; Manny Singla; Andrea Smith; Michele Vasconcellos; and June White</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 Board Liaison, Lillian Blackshire. There was a quorum.

### IV. Approval of the Agenda

<b>DISCUSSION/ CONCLUSIONS</b>	The Chair called for approval of the agenda. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Carter to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried</b>
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**V. Follow-Up Items from Previous Meetings**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>MI Health Link Referrals</b> – Provide information on how to eliminate duplicative referrals in the Integrated Health Quarterly Report next month – Kimberly Flowers, Provider Network Clinical Officer submitted and provided information on how to eliminate duplicative referrals. Ms. Flowers reported that they have spoken with Molina and they are working to decrease the number of duplicates and going forward duplicates will not be included in the report. Integrated Health Care and ACCESS divisions will create a workgroup to review current practices/procedures when completing MI Health Link requests. Training and education (components of documentation, available services, presentation and timeframes) will be provided to staff regarding the MI Health Link Demonstration. The goal is to identify opportunities for process improvement, referral coordination and ensuring DWIHN staff are equipped to explain benefits of the MI Health Link Demonstration and Behavioral Health services. Staff will provide an update in 90 days (June) on best practices, ICOs, effectiveness of the script and an explanation of the refusals. <b>(Action)</b></p>
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**VI. Approval of Meeting Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The Chair called for approval of the February 10, 2021 meeting minutes. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Jawad to approve the February 10, 2021 meeting minutes. Dr. Taueg asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b></p>
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**VII. Reports**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Corporate Compliance Report</b> - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report:</p> <ol style="list-style-type: none"> <li>1. <b>National Committee on Quality Assurance (NCQA)</b> – DWIHN submitted documents or evidence of compliance with the 2020 Managed Behavioral Healthcare Organization (MBHO) Standards on February 17, 2021. DWIHN will receive a list of issues identified by the NCQA Survey Team on March 10, 2021. The next step will be a conference call with the NCQA Survey Team on March 16, 2021 to clarify and respond to issues identified. A file review will be conducted electronically due to the pandemic on April 5-6, 2021. NCQA will send a letter to DWIHN indicating that the survey tool is final and include the Accreditation decision and effective date of Accreditation approximately 30 days after the File Review.</li> <li>2. <b>MDHHS 1915 (c) HSW Plan of Correction (POC)</b> – DWIHN was required to have a Behavior Treatment Plan Review Committee (BTPRC) in place or require all contracted Mental Health Clinically Responsible Service Providers (CRSP) to have a BTPRC in place as part of the 2019-20 HSW Plan of Correction. To date, all 26 CRSPs have identified a process for BTPRC reviews and are included in the Mental Health CRSP written contract for FY 2020-21. As an option, providers and CRSPs may collaborate on developing and operating a joint BTPRC. Three CRSP providers have chosen this option.</li> </ol> <p>The Chair called for a motion to accept the Corporate Compliance report. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to accept the</p>
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Corporate Compliance report. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

### VIII. Quarterly Reports -

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Children’s Initiatives</b> – Crystal Palmer, Director of Children’s Initiatives submitted and gave highlights of her quarterly report. Mrs. Palmer reported:</p> <ol style="list-style-type: none"><li>1. <b>Autism Spectrum Disorder ABA</b> - DWIHN’s ABA Benefit continues to grow each quarter. There are currently 1,748 open cases receiving services with the largest concentration of enrollees between the ages of two and seven.</li><li>2. <b>Wraparound Services</b> – From October to December 2020, there were 81 new families that began receiving these services. 95% of the youths receiving these services are connected to other clinical services as well as other community mental health services (Youth Peer Support, Respite, Community Living Supports and Parent Support Partner. There were 377 youths and families that received these services during the first quarter with 61.8% having 1-3 natural supports (an individual who is not paid to be part of the Child’s team) on their Child and Family Teams.</li><li>3. <b>Home-Based Services</b> – There were 696 families served in home-based services from October through December 2020 and 694 (51.2%) were between the ages of 7-13 years old and 5.2% were placed out of the community and into a psychiatric hospital and 4% were placed in a partial hospitalization setting. The average length of stay for families in home-based services is approximately 13.2 months.</li><li>4. <b>Michigan Child Care Collaborative (MC3)</b> – There are 173 providers enrolled. During the first quarter, the behavioral health consultant facilitated 27 consultations between the Child/Adolescent/Perinatal Psychiatrist (CAPP) and the primary care physicians. The primary care physicians referred 38 patients to the behavioral health consultant for brief intervention and resources.</li><li>5. <b>School Success Initiative</b> – There are 329 unique schools who are providing Community Mental Health services. Individual therapy, family therapy and home-based therapy were the main services being provided. The funding source is broken down as 66% being Medicaid, 19% being Grant/Private Pay and 14% being General Fund.</li><li>6. <b>Patient Health Questionnaire-Modified for Adolescents (PHQ-A)</b> - A self-administered tool implemented by DWIHN for screening, diagnosing, monitoring and measuring the severity of depression. During the first quarter, there were 1,159 intake assessments completed and of those, 1,090 (94%) had a PHQ-A screening. The compliance rate was 68.1% of all youths between the ages of 11-17 years old who met the criteria for a follow-up PHQ-A screening and scored a 10 or higher on the screening.</li></ol> <p>The committee requested information for the following:</p> <ul style="list-style-type: none"><li>- The workgroup that is being created to address the issue of staff retention;</li><li>- The number of unduplicated individuals served in the Service Delivery and involvement in the School Survey; and</li><li>- Specify the amount of how each funding source is being utilized. <b>(Action)</b></li></ul> <p>B. <b>Clinical Practice Improvement</b> – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave highlights of her quarterly report. Ms. Reynolds reported:</p> <ol style="list-style-type: none"><li>1. <b>Evidence-Based Supported Employment (EBSE)/Individual Placement Support (IPS) Services</b> - Staff continue to provide support to providers</li></ol>
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delivering EBSE services through routine weekly telephonic check-ins. Technical assistance was provided to Central City Integrated health and Team Wellness' administrators on DWIHN's authorization process for EBSE services.

2. **Project – WC Jail – Incompetent to Stand Trial (IST) – Probate Court** – The Wayne County Jail Board Action is proceeding with a reduction in current funding of \$6,000,000 to \$4,250,000. Community Care Services reported success with its' Med-Drop program. The Jail received an increase in its' per diem rate to \$135.00 due to COVID-19. The Jail Bulletin was revised to reflect the increase, updated language and change of the actual code to H2016.
  3. **Project – Jail Diversion** – Team Wellness is now a partner and will work collaboratively with Northeast Integrated Health (NEIH) and Central City Integrated Health (CCIH) on the Detroit Outreach Project Pilot Program for FY 20/21. For FY 19/20, the Mental Health Court saw 47 participants with 10 successful completions through CCIH.
  4. **PHQ-9** – Staff met internally for shared problem-solving on increasing outcomes on completion of the PHQ-9 during the initial assessment. Staff will contact providers directly to problem-solve and increase the completion rate.
  5. **Assertive Community Treatment (ACT)** – Staff monitors the ACT program Providers' admissions/discharges, the appropriateness of the level of care determinations and technical assistance to ensure program eligibility requirements were met. Fidelity reviews were also conducted of the ACT Program Providers. Staff participated in a meeting on November 13, 2020 hosted by MDHHS regarding ACT providers, completion of ACT fidelity reviews, ACT providers' current staff and member roster. Staff sent all information requested by MDHHS on Friday, November 20, 2020.
- C. **Customer Service** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of her quarterly report. Ms. Vasconcellos reported:
1. **DW IHN Customer Service Unit Call Center Activity** – There were less calls (53,951) in the first quarter of FY 20/21 compared to the first quarter of FY 19/20 (83,560) Pre-COVID.
  2. **DW IHN Welcome Center (Reception Area) Walk-Ins** – Due COVID, the reception area remains closed to outside visitors. For FY 19/20 first quarter, there were 1,057 walk-ins.
  3. **Medical Record Request** – \$195.37 were paid out for medical records' requests for FY 20/21 first quarter. \$430.80 was paid out for medical records' requests in FY 19/20 first quarter.
  4. **Family Support Subsidy Activity** – Staff is working remotely. There was an increase in calls but a drop in applications during the first quarter of FY 20/21.
  5. **Grievances Activity** - There were eight grievances for the first quarter of FY 20/21 and 18 grievances in the first quarter of FY 19/20.
  6. **Grievances by Category** – There were 12 grievances reported for the first quarter of FY 20/21. There were 27 grievances reported for the first quarter of FY 19/20.
  7. **MI Health Link Grievances** – There were no MI Health Link grievances reported for the first quarter of FY 20/21.
  8. **Appeals Advance and Adequate Notices** – There were 4,356 notices reported for the first quarter of FY 20/21. There were 14,530 notices reported for the first quarter of FY 19/20.

9. **Local Appeals Activity (Appeals Phone Inquiries)** – There were 163 calls received for the first quarter of FY 20/21 and 61 calls received during the first quarter of FY 19/20.  
**Appeals Filed** – There were four appeals received and resolved during the first quarter of FY 20/21. There were six appeals received and four resolved for the first quarter of FY 19/20.
  10. **MI Health Link Appeals and State Fair Hearings** – There were no appeals/hearings for the first quarter of FY 20/21.
  11. **State Fair Hearings** – There was one hearing for the first quarter of FY 20/21. There were two hearings for the first quarter of FY 19/20.
  12. **Member Experience Activity** – The goal of 253 consents was needed in preparation to administer the National Core Indicator survey, 311 consents were collected, as well as 67% of the necessary Pre-Survey Background Package from the respective CRSP for those members were retrieved. Staff coordinated and launched the DWIHN Provider and Practitioner Surveys. Finalized reports for the adult and child ECHO surveys were presented to various DWIHN’s workgroups and stakeholders.
  13. **Member Engagement** – Three virtual workshops on social determinants of health was hosted for peer support. Staff continue to host virtual outreach meetings. Two virtual meetings on the census and voting were held and staff hand-delivered voting packets to more than 25% of the AFC homes in Detroit and surrounding areas of Wayne County. The MDHHS’ grant award for clubhouse engagement (spenddown) went grossly underutilized due to COVID. Staff crafted and submitted a proposal to MDHSS to expand the scope of the program and allow for the purchase of technological equipment and services for virtual clubhouse engagement and is waiting for a response.
  14. **Performance Monitoring and Quality** – Staff has responded to HAP and Molina’s Plan of Corrections (POCs). Staff has also participated in the Annual ICO audits of AmeriHealth and Michigan Complete. Staff continue to monitor the CRSPs POCs performance.
- D. **Integrated Health Care** – Kimberly Flowers, Provider Network Clinical Officer submitted and gave highlights of her quarterly report. Ms. Flowers reported:
1. **Collaboration with Health Department** – A Hepatitis-A vaccination clinic was held at the Salvation Army during the first quarter where 42 individuals received education on Hepatitis-A and 18 individuals received the Hepatitis A vaccination.
  2. **Health Plan Pilots (3)** – DWIHN and Health Plan 1 Care Coordination provider agreed to utilize the Care Coordination module offered by Vital Data Technology, LLC (VDT) as a shared electronic platform and the contract between DWIHN and VDT was fully executive in late October. Late March is the tentative go live date for the shared platform. DWIHN, Health Plan 2 Care Coordination providers and Manager staff hold monthly meetings to exchange information and address any identified gaps in care. Staff was in communication with Health Plan 3 Care Coordination providers and they are reviewing the proposal for a joint pilot project internally.
  3. **Medicaid Health Plans** – Staff continues to perform Care Coordination Data Sharing on a monthly basis with the eight Medicaid Health Plans (MHPs) serving Wayne County for mutually served individuals who met the risk stratification criteria (Multiple hospitalizations, ER visits for both physical and behavioral health and multiple chronic physical health conditions. DWIHN is inline to receive bonus monies.
  4. **MI Health Link Demonstration** – 235 behavioral health care referrals were completed and submitted to the ICO during this quarter. Care Coordination

	<p>was provided to 39 MI Health Link members to support engagement in Behavioral Health services and Transitions of Care Coordination was provided for 140 MI Health Link members who were discharged from a psychiatric hospitalization.</p> <ol style="list-style-type: none"> <li>5. <b>Complex Case Management (CCM)</b> – Staff continues to offer/provide CCM services to DWIHN’s members as part of the NCQA’s Accreditation. There were 17 active cases, 11 new cases and 11 cases were closed during this quarter. Information on CCM was sent to six provider organizations, including hospitals, clinically responsible service providers and a residential provider. Services were also provided to 60 additional members during this quarter who either declined or did not meet eligibility.</li> <li>6. <b>OBRA/PASRR</b> – Staff continued monitoring and the oversight of the OBRA/PASRR services. The provider completed PASRR screenings and reviews for 292 members during the first quarter.</li> </ol> <p>The Chair bundled all quarterly reports. The Chair called for a motion to accept Children’s Initiatives; Clinical Practice Improvement; Customer Service; and Integrated Health Care’s quarterly reports. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to accept the Children’s Initiatives; Clinical Practice Improvement; Customer Service; and Integrated Health Care’s quarterly reports. Dr. Tauveg opened the floor for further discussion. There was no further discussion. <b>Motion carried.</b></p>
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**IX. Strategic Plan Pillar - Quality**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>April Siebert, Director of Quality Improvement submitted and gave a report on the Strategic Plan – Quality Pillar. Ms. Siebert reported that the Quality Pillar is at 70% completion. There are four organizational goals under this pillar and they range from 55% to 95% completion for the high-level goals.</p> <ol style="list-style-type: none"> <li>1. <b>Ensure consistent Quality by September 30, 2022</b> – 55% completion;</li> <li>2. <b>Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021</b> – 95% completion;</li> <li>3. <b>Implement Holistic Care Model: 1 unit by December 31, 2021</b> – 55% completion; and</li> <li>4. <b>Improve population health outcomes by September 30, 2022</b> – 74% completion.</li> </ol> <p>The first and third goals are behind due to the COVID-19 pandemic which should improve as more people get vaccinated. The Chair called for a motion to accept the Strategic Plan - Quality Pillar report. <b>Motion:</b> It was moved by Chief Riley and supported by Ms. Jawad to accept the Strategic Plan - Quality Pillar report. Dr. Tauveg opened the floor for further discussion. There was no further discussion. <b>Motion carried.</b></p>
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**X. Quality Review(s) -**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p><i>There was no Quality Review(s) for review and approval.</i></p>
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**XI. Chief Clinical Officer’s (CCO) Report**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report. Mrs. Moody reported that:</p> <ol style="list-style-type: none"> <li>1. <b>COVID-19 and Inpatient Psychiatric Hospitalization</b> – Hospitalizations data showed a decrease in admissions for the month of February by approximately 11%. There were four reported cases of COVID-19 inpatient in February 2021 (January 2021 – 14 cases).</li> <li>2. <b>COVID-19 Intensive Crisis Stabilization Services</b> – There was a 7% decrease in crisis stabilization services provided in February 2021 compared to January 2021.</li> <li>3. <b>Residential Department Report of COVID-19 Impact</b> – From 3/30/20 to 2/28/21, 266 positive cases were reported and 35 reported deaths. There was a 10% increase in staff positive rates in February 2021. No new reported deaths. Last month there was an error in reported deaths. The report stated 40 but it should have been 35.</li> <li>4. <b>Total Number of COVID-19 Vaccinations (Wayne Co., City of Detroit and Out-County):</b> <ul style="list-style-type: none"> <li>- # of AFC Staff – 392</li> <li>- # of Residential Members – 1533</li> <li>- # of Pending appointments - 237</li> <li>- 326 Refused Vaccine</li> </ul> <p>Staff continue to do outreach and education on the COVID-19 Vaccine to those that are undecided about receiving the vaccine. The committee requested the percentage of the people that are vaccinated. The percentage will be provided at next month’s meeting. <b>(Action)</b></p> </li> <li>5. <b>COVID-19 Recovery Housing/Recovery Support Services</b> – There was a 78% decrease in the utilization of COVID-19 recovery homes in the month of February 2021 compared to January 2021.</li> <li>6. <b>COVID-19 Urgent Behavioral Health Urgent Care Sites</b> – There was a 20% increase in utilization of Urgent Behavioral Health Urgent Care Services in February 2021.</li> </ol> <p>The City of Detroit has partnered with DWIHN to distribute vaccinations to the following groups: Adult Foster Care and Substance Use staff and residents and our CRSP Provider network. The first dose was administered the week of 2/8/21 and the following week at identified locations throughout the City of Detroit. This included select provider locations and the use of mobile units to go out to residential settings. This resulted in over 1,100 vaccinations being provided. On March 3<sup>rd</sup>, DWIHN started a partnership with the City of Detroit Health Department holding vaccination clinics for members we support who reside within the City of Detroit. This provides vaccination availability to over 37,000 of our members. Discussion ensued. The Chair called for a motion to accept the Chief Clinical Officer’s report. <b>Motion:</b> It was moved by Mrs. Ruth and supported by Chief Riley to accept the Chief Clinical Officer’s Report. Dr. Tauveg opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p>
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**XII. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA #20-57 (Revised)</b> – COVID-19 Virtual Therapy Collaborative – Staff requesting approval to add new funds awarded totaling \$150,000.00 for a COVID-19 related to virtual therapy via a chat line for Wayne County residents. The funding will come from the Flinn Foundation (\$75,000.00) and Community</p>
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	<p>Foundation for Southeast Michigan (\$75,000.00) and extend through March 31, 2022. DWIHN is not required to provide any match funds. Dr. Taueg opened the floor for discussion. Discussion ensued.</p> <p>B. <b>BA #21-23 (Revised2)</b> – Crisis Intervention Services – Hegira Health, Inc. – Staff requesting approval for the revised board action to include additional funding to Detroit Recovery Project (DRP)/Certified Community Behavioral Health Clinic (CCBHC) program in the amount of \$197,450.00 to provide mental health services. Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>C. <b>BA #21-33 (Revised2)</b> – SUD Prevention, Treatment and Recovery Block Grant Funding – Staff requesting approval to increase prevention block grant funding for \$280,000.00 for the fiscal year ended September 30, 2021 from \$4,492,054.00 for a revised total of \$4,772,054.00 for services to be rendered Care of SE MI; Chance for Life Organization; Detroit Association of Black Organization (DABO); Leaders Advancing and Helping Communities (LAHC); and The Youth Connection. Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>D. <b>BA #21-53 (Revised)</b> – HUD Permanent Supportive Housing – Staff requesting approval for renewal, acceptance and disbursement of FY 2021 grant amounts for the HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,106,195.00 and DWIHN’s State general fund match of \$104,785.00 for an amount not to exceed \$2,210,980.00. Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>The Chair bundled all “Unfinished Business” board actions. The Chair called for a motion on BA #20-57 (Revised); BA #21-23 (Revised2); BA #21-33 (Revised); and BA #21-53. <b>Motion:</b> Chief Riley abstained from voting on BA #21-33 – Chance for Life portion and Michelle Jawad abstained from voting on BA #21-33 – LAHC portion. It was moved by Dr. Carter and supported by Mrs. Ruth to move BA #20-57 (Revised); BA #21-23 (Revised2); BA #21-33 (Revised); and BA #21-53 to Full Board for approval. Dr. Taueg opened the floor for further discussion. There was no further discussion. <b>Motion carried.</b></p>
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**XIII. New Business: Staff Recommendation(s) -**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA# 21-56</b> – Mental Health First Aid – The Chair called for a motion on BA #21-56. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-56 to Full Board for approval. Staff requesting approval of a one-year contract from March 1, 2021 through September 30, 2021 for \$500,000.00. The services to be delivered will be training in the evidence-based practice models - Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR). Dr. Taueg opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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**XIV. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSIONS</b>	The Chair asked if there were any Good and Welfare/Public Comment. There was no Good and Welfare/Public Comment.
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ACTION ITEMS	Responsible Person	Due Date
<b>1. Follow-Up from Previous Meeting:</b> A. MI Health Link Referrals - Staff will provide an update in 90 days (June) on best practices, ICOs, effectiveness of the script and an explanation of the refusals.	Kim Flowers	<b>June 9, 2021</b>
<b>2. Children’s Initiatives’ Quarterly Report –</b> Please provide the following information: A. The workgroup that is being created to address the issue of staff retention; B. The number of unduplicated individuals served in the Service Delivery and involvement in the School Survey; and C. Specify the amount of much each funding source is being utilized for the School Success Initiative.	Crystal Palmer	<b>April 14, 2021</b>
<b>3. Chief Clinical Officer’s Report –</b> Please provide the percentage of people that are vaccinated.	Melissa Moody	<b>April 14, 2021</b>

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to adjourn the meeting. **Motion carried.**

**ADJOURNED:** 2:52 p.m.

**NEXT MEETING:** Wednesday, April 14, 2021 at 1:00 p.m. *(Virtual Meeting)*



## Program Compliance Committee Meeting April 14<sup>th</sup>, 2020

### Chief Medical Officer's Report

Shama Faheem, MD

#### Update on DWIHN's COVID-19 Response

DWIHN has successfully contributed to the efforts towards “flattening the curve” of the COVID-19 pandemic in Detroit. Some of our initiatives include:

- Ongoing periodic COVID testing of staff and residents at the AFC homes and Residentials
- Periodic mandated routine COVID testing of DWIHN staff
- Vaccination provided to the residents and staff of AFC homes and Residentials. Overall, we have vaccinated > **65%** people at our residential. Within city of Detroit, we have vaccinated 614 of 843 (**72.8%**) and in Western Wayne we have vaccinated 1343 of 2310 (**58%**).
- Partnership with the city of Detroit to provide vaccination to DWIHN consumers within the City of Detroit. In March we were able to provide a total of 3221 doses (2176 1<sup>st</sup> doses and 1045 2<sup>nd</sup> doses). Those who received 1<sup>st</sup> doses in March are scheduled to receive 2<sup>nd</sup> doses in April.
- We reached out to the Wayne County Health Department and the City Mayors for facilitating vaccinations for DWIHN population outside the city of Detroit and have continued that effort. Exploring and facilitating options of Vaccination Clinics at our Provider locations.
- “Ask a doc” initiative where the staff are able to submit COVID vaccination related questions to our physicians.

#### Quality Improvement Steering Committee (QISC) March 30<sup>th</sup>, 2021

- Reviewed results of Experience of Care and Health Outcomes (ECHO) Children Survey for 2020. Reviewed barriers; recommended actions were discussed with goal to explore opportunities for improvement in areas with lower score in subsequent meetings.
- DWIHN has worked on the Health and Wellness Tool myStrength for the clients. We are also working on integrating it with the mental health screening tool Mindwise on DWIHN website in order to provide resources and targeted interventions to people who screen for a certain disorder.

#### Performance Improvement Projects (PIPs):

All clinical PIPs are being reviewed by Dr. Faheem with revisions on Interventions, particularly for the ones where we have not shown improvement.

#### *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

- The focus of this PIP is to monitor compliance with glucose testing on patients who are on antipsychotics medications that puts them at risk of weight gain and diabetic. This is a HEDIS measure and monitored by State through HSAG. DWIHN was not able to show improvement at our last review.

- Letter was sent by Dr. Faheem to all CRSP Medical Directors and prescribers reminding them about DWIHN policy on this, adding evidence-based articles for their review and encouraging them to comply with this requirement.
- Dr. Faheem is meeting with Quality and Integrated Health teams to come up with alternate evidence-based interventions that can potentially help with improvement in scores.

#### **Substance Use Disorder (SUD) Initiatives:**

Evidence indicate that Medication Assisted Treatment (MAT) is being under utilized despite being an evidence based and FDA approved treatment for Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD). Dr. Faheem is working with IT on collecting data regarding the current use of MAT for these disorders and drafting educational tools and opportunities for the providers to encourage prescribing, when clinically indicated and when an individual meets American Society of Addiction Medicine (ASAM) criteria for it.

#### **Opioid Treatment Ecosystem project with Wayne State University (WSU), Center for Behavioral Health and Justice (CBHJ)**

- DWIHN, in partnership with WSU CBHJ and Wayne County Jails is able to screen and identify individuals approaching release from jails and help them connect with DWIHN SUD providers. Two DWIHN SUD Providers are currently participating in this initiative through their mobile services. Rapid Opioid Dependence Screen (RODS) is an 8-item screening tool which is being used for screening for OUD. During Jan-Feb 2021, 969 Screens were identified. 58.2% (564) refused screening, a few did not complete full screen and 373 were able to participate in full RODS. Out of those, 93 positive screens were identified (**24.9% or 1 in 4**) that met criteria for OUD. 78 of those signed the Release of Information for the Project. 27 individuals have already engaged with the treatment services.
- The lower numbers so far have been attributed primarily to prolonged detainment of the individuals and is expected to catch up as they are released.
- Another barrier identified was the lack of immediate availability of MAT services after release from jail, ideally at the first appointment. To address this, Dr. Faheem, SUD Director and leads from CBHJ are scheduling a meeting with the Medical Directors and prescribers of the participating SUD providers to identify barriers and come up with solutions.

#### **Crisis and Access Services:**

##### **Efforts to minimize care delays:**

- Working on implementation of State recommended MI-SMART Medical clearance form for DWIHN patients presenting to Emergency Departments. It can provide more comprehensive explanations of lab findings and can potentially help in minimizing care delays that may arise from lab values that are out of range. It can better account for chronic medical conditions such as Diabetes.
- Working with Crisis team and Hospital Liaison group to identify potential delays in care.
- Working on automated alerts for the CRSP Treatment Team, when a patient is in the Emergency Department /Hospital.

### **Credentialing Committee**

DWIHN has been successfully using Medversant for Credentialing and Recredentialing. Credentialing Department is working with Dr. Faheem to develop a Root Cause Analysis process for files that are deemed “unclean” by the system.

### **PIHP Regional Medical Director’s Meeting**

At the onset of COVID pandemic, this body met weekly; however, now it is meeting twice a month. Dr. Pinals (the MDHHS lead of the PIHP Medical Director’s Meetings) gave updates on various State initiatives and States Vaccination efforts. She provided updates on a new study that will look at long-term psychological effects of COVID-19. Medical Directors for each Region provided updates on vaccinations efforts for their consumers. Barriers to care, especially during pandemic, were discussed. Crisis related to lack availability of inpatient mental health services to pediatric population resulting in prolonged Emergency Department wait times is being discussed.

### **Behavior Treatment Advisory committee (BTAC)**

Behavioral Health Treatment planning training is being offered to all staff who are part of the Individualized Plan of Service (IPOS) including the ones who provide in-home services.

Some of the recent accomplishments of the Behavior Treatment Advisory Committee:

- DWIHN hosted the Behavior Treatment training with MDHHS, attended by 112 participants
- During the pandemic of COVID 19, DWIHN issued HIPPA compliant remote review and approval guidelines to the network Behavior Treatment Plan Review Committee to ensure the continuation of the Behavior Treatment review services
- As a step towards improving the monitoring of case records, a notification banner for each member on the Behavior Treatment Plan has been added to DWIHN's Mental Health Wellness Information Network (MH-WIN) to reflect any paid authorization of H2000 services within the past 365 days;
- During FY 2019-2020, the total number of beneficiaries of Behavior Treatment services is 557
- The MDHHS Behavioral Health plan guidelines have been provided to the network for review.



**Detroit Wayne  
Integrated Health Network**

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**CORPORATE COMPLIANCE  
MEMORANDUM**

**TO:** Dr. Cynthia Taueg, Chairperson  
Program Compliance Committee

**FROM:** Bernard K. Hooper  
Corporate Compliance Officer

**DATE:** April 14, 2021

**RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE**

1. National Committee on Quality Assurance (“NCQA”) – DWIHN has received preliminary notification from NCQA regarding DWIHN's scoring on the data submission standards. DWIHN has received 100% of the points available for all standards with the exception of the eight (8). Based on a rough calculation of the points associated with the eight (8) standards, DWIHN has secured at least 85% of the points attributable to the data submission standards. DWIHN has confirmed that the scores for the eight (8) standards range from 0% and 80%. DWIHN will have the opportunity to submit additional evidence or descriptions with respect to those standards during the ten (10) day period after the receipt of the preliminary results of the virtual file review which concluded on Tuesday, April 6, 2021. All must pass elements for the data submission standards and the file review standards have been passed at the 100% level. In addition, DWIHN received a score of 100% for three of four file review subjects including Credentialing, Appeals, and Denials.
2. United Horizons Contract Termination – Corporate Compliance and Managed Care Operation have initiated the contract termination process regarding United Horizons, a provider of CLS and Respite services and SIL housing provider. United Horizons has been the subject of various substantiated investigations. The Corporate Compliance Officer convened a meeting of the Compliance Committee to present with specificity the substantiated matters supporting the termination of the United Horizons contract. The Compliance Committee concluded that a recommendation of contract termination be present to the Board of Directors of DWIHN. Accordingly, the Corporate Compliance Officer is soliciting the support of the Program Compliance Committee to bring the matter of terminating the contract of United Horizons before the full Board of Directors.

**Board of Directors**

William T. Riley III, Chairperson  
Dorothy Burrell  
Jonathan C. Kinloch

Dora Brown, Treasurer  
Lynne F. Carter, M.D.  
Kevin McNamara

Dr. Cynthia Taueg, Secretary  
Angelo Glenn  
Bernard Parker

Michelle Jawad  
Kenya Ruth



# DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center /February and March  
2021  
Performance





# Access Call Center Transition Go live 2/1/2021 - Monthly Performance

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal : <5%	Average speed to answer Goal : 30 sec Stretch Goal : 15 sec.	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	17,605	16,657	948	5.4%	00.20 sec.	0:5:48 mins	94.61%	87.78%
SUD (Subset of all calls)	2,787	2760	27	1.0%	00:15 sec.	0.14:26 Mins	99.03%	96.3%
Clinicians (Subset of all calls)	919	874	45	4.9%	00:31 sec.	22.35 mins	95.10.3%	86.3%
Totals	17,605	16,657	948	5.4%	20 sec.	5:46 mins	94.61%	87.78%

# Access Call Center Transition

## 3/1/2021 - Monthly Performance

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal : <5%	Average speed to answer Goal : 30 sec Stretch Goal 15 sec	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	20,958	19,930	1,028	4.9%	00.25 sec.	0:4:57mins	95.1%	82.1%
SUD (Subset of all calls)	2,782	2,762	20	.7%	00:13 sec.	0:15:02 mins	99.3%	97.03%
Clinicians (Subset of all calls)	1,396	1,368	28	2.0%	00:16 sec.	22.05 mins	95.2%	98.0%
Totals	20,958	19,930	1,028	4.9%	00.25 sec.	0:4:57mins	95.1%	82.1%

# Access Call Center Transition

## Key Changes from February to March

### A. Volume Received and Handled

- Call Center Representatives: Received 3353 more phone calls in March, Handled 3273 more phone calls.
- SUD Staff: Received: 5 less calls in March. Handled 2 more phone calls
- Clinical Specialist Staff: Received: 477 more phone calls in March. Handled 494 more phone calls in March.

### B. Abandon% **Goal:5%**

- Call Center Representatives: Met Goal in March. Improved by .5% .
- SUD Staff: Improved by .93% Meeting First Call Resolution
- Clinical Specialist Staff: Improved by 2.9%.

### C. Average Speed to Answer: **Goal average speed: 30 sec.**

- Call Center Representatives: increased 5 secs
- SUD Staff: Decreased by 2 secs.
- Clinical Specialist Staff: Decreased by 15 secs

# Access Call Center Transition

## Key Changes from February to March

### D. Average Length of Call:

- Call Center Representatives: decreased by .91 secs
- SUD Staff: decreased by 1 sec.
- Clinical Specialist Staff: decreased by .30 secs

### E. Average Speed to Answer: **Goal average speed: 30 sec.**

- Call Center Representatives: increased 5 secs
- SUD Staff: decreased by 2 secs.
- Clinical Specialist Staff: decreased by 15 secs

### F. % of Answered Calls: **Goal: 80% answered within 30 secs**

- Call Center Representatives: ,49 % improvement
- SUD: remained the same.
- Clinical Specialist Staff: improved .1%

### G. Service Level %: **Goal: 80% answered within the 30 sec threshold**

- Call Center Representatives: improved by .097%
- SUD Staff: improved by 1.7%
- Clinical Specialist Staff: improved by 11.7 %

# Access Call Center Transition

- A. Began Call Center redesign by leveraging phone equipment to enhance Call flow.
  - Changed 2 minute work timer for call center staff to 30 seconds.
  - Created an auto answer which would go directly to an available agent instead of the phone consistently ringing allowing for a quicker response.
  - Addressing exception processing and determining where processes can be streamlined.
  
- B. Began Call Center redesign by leveraging internal system.
  - Reviewing MHWIN to streamline manual processes.
  - Addressing backlogged volumes resulting from transition.
  - Focusing processes towards “First Call Resolution”

## Access and Crisis Services 2nd Quarter: January – March, 2021

### Summary Report

#### FY 20/21 Q1 Accomplishments

- The documentation of Crisis Alerts in Consumer Records for identified recidivistic cases appears to have been effective. Hospital Liaison staff received 150 crisis alerts for the quarter (36% increase from the 1<sup>st</sup> Quarter) and an average of 67% were diverted from inpatient, which is a slight increase from 63% from the 1<sup>st</sup> Quarter.
- Worked with DPD to develop a process for 911 to transfer calls directly to the Crisis line (ProtoCall). Looking to go live with this procedure by May 1, 2021. Monitoring will occur on a monthly basis for the next 4 months to ensure an efficient process then go to quarterly monitoring.
- DWIHN participates on the committee with MDHHS to establish standardized guidelines for the new legislation for Crisis Stabilization Units. There is a group of statewide stakeholders inclusive of staff from PIHP's, hospitals, CSU Providers and Consumer Advocacy groups.
- DWIHN has developed a Steering Committee with Providers from the network to develop a plan for reducing psychiatric inpatient and recidivism. There are 5 subgroups to address the following:
  - **Group A** - This group will be tasked with establishing an automated communication/notification to CRSP within 24 hours of provision of crisis services
  - **Group B** - This group will be tasked with developing processes to improve management and attendance of hospital discharge appointments and those not connected to a CRSP needing follow-up to a lower LOC.
  - **Group C** - The group will be tasked with developing a process for referring consumers living independently, experiencing a hospital readmission within 30 to 60 days post discharge to an ACT program and how to manage these referrals.
  - **Group D** - This group will be tasked with developing a process for completing AOT orders for individuals living in dependent settings with 2 or more inpatient admissions within a 90-day period
  - **Group E** - This group will be tasked with developing a process for ensuring individuals with hospital readmissions within 30-days diagnosed with concomitant serious mental illness and serious substance use disorders are referred from the inpatient unit to short-term SUD residential services.
- DWIHN is participating on the Wayne County Mental Health Initiative. The following committees have been established:
  - **AOT/Familiar Faces**: Focused on increasing use of Alternative Outpatient Treatment (AOT) orders and improving the process in Wayne County. Also developing a Familiar Faces list of individuals who are petitioned in the probate court and individuals receiving services from DWIHN.
  - **Sober Center/Crisis Center**: Focused on expanding the diversion initiative (originally jail focused) to include diversion from the ED as well, whether to psych urgent care, Team or COPE crisis stabilization units or linking with mobile crisis units on scene.
  - **Information sharing**: Improving information sharing between hospitals, providers, DWIHN and law enforcement (within the HIPAA limits) to provide real-time connection to services for crisis and non-crisis encounters between people with behavioral health needs and law enforcement.
  - **CCBHC**: This subgroup is the most unclear to me but I think the goal is to connect the new CCBHC orgs together so that they can learn and grow collaboratively and connect

## **Access and Crisis Services 2nd Quarter: January – March, 2021**

### **Summary Report**

them to the larger diversion efforts and to plug them in to all of the work across the county.

#### **Area of Concern**

- An increase in MDHHS Cases which seem to be more of a result of placement issues. Continuing to work with MDHHS to educate on behavioral health guidelines and provide consultations for ongoing treatment plans for children receiving services in Child Welfare settings.

#### **Plans for FY 20/21 Q3**

- Educate system on resources for In-Home Respite and determine need for out-of-home respite and beds for managing baseline high acuity behaviors
- Establish contract with Garden City Hospital for 28 Inpatient Psychiatric Beds
- Develop process for implementing the MDHHS Medical Clearance process

## Access and Crisis Services 2nd Quarter: January - March 2021

The DWIHN Access Call Center went live February 1, 2021. The Director, Miriam Bielski will provide data and updates in a separate report.

### CRISIS DATA

**1. Children’s Crisis Providers: The Children’s Center (TCC), The Guidance Center (TGC) and New Oakland (NO). Services continue to be telephonic with the exception of TCC.**

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab
2 <sup>nd</sup> FY 20/21	715	617	162	23%	545	76%	282

- The Request for Service (RFS) for the 1st Quarter is pretty much the same from the previous quarter. The diversion rate has been consistent at 76% each month in the 2<sup>nd</sup> quarter, which is 1% higher than the 1<sup>st</sup> quarter.
- The number of Mobile Intensive Crisis Stabilization cases increased by 12 from the 1<sup>st</sup> Quarter.

**2. Community Outreach for Psychiatric Emergencies (COPE): Hegira with Neighborhood Services Organization and Northeast Guidance Center as sub-contractors**

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
2 <sup>nd</sup> FY 20/21	2993	2674	2053	68.5%	856	28.6	7

- Numbers above reflect a decrease in RFS by 27 cases as reported in the previous quarter. The percentage admitted is slightly lower than the last quarter and the number of diversions slightly increased by 1.6% this quarter. The RFS is 17% lower than the 1<sup>st</sup> quarter last year. Though the available capacity for CRU continues to be down to 14 to comply with social distancing guidelines. The number of individuals going inpatient due to no CRU bed available decreased by 11 cases as reported in the previous quarter.
- COPE Mobile Stabilization services were provided to 363 cases for the quarter, which is an increase of 9.3% as reported in the 1<sup>st</sup> Quarter.

**3. Crisis Residential Services**

Hegira Crisis Residential Unit Admissions	
2 <sup>nd</sup> FY 20/21	168

- There was a 7% decrease in CRU admissions in comparison to the previous quarter. The capacity continues to be 14 available beds due to COVID social distancing requirements. Individuals length of stay continues to decrease

**4. Crisis Stabilization Units**

- COPE: Served 678 individuals for the quarter: An increase of 6% from the previous quarter.
- Team Wellness Center: Served 157 consumers for the quarter. An increase of 4% from the previous quarter



## Access and Crisis Services 2nd Quarter: January - March 2021

### 5. ProtoCall:

Qtr./FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
Q 2 FY 20/21	3089	2959	84 (avg)	21 (avg)	2.0 (avg)

- Total number of incoming calls decreased by 9% from the previous quarter. The performance outcomes are slightly improved from the 1<sup>st</sup> quarter and remain in compliance.

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## **Access and Crisis Services 2nd Quarter: January - March 2021**

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## DWIHN UTILIZATION MANAGEMENT QUARTER 2 REPORT

### I. Executive Summary

- **Habilitation Supports Waiver:** There are 1,084 slots assigned to DWIHN. As of the end March, 1051 slots (97%) are filled.
- **Autism:** There were 1363 authorization requests approved during the 2nd Quarter. There are 1792 cases currently open in the benefit.
- **Evidence Based Supported Employment:** Quarterly Authorization Approvals; Q2 = 240 for Supportive Employment.
- **General Fund:** There were 863 for Q2, 1071 for Q1 (NOTE: Q4 =1152) General Fund Authorizations.
- **Provider Network Hospital admissions:** The UM Team managed the following Inpatient Admissions for Q2 = 2088 and Q1 = 2240, a 6.79% decrease from Q1. Please note the number of admissions for March 2021 are preliminary.
- **MI Health Link:** For Quarter 2 of FY 21, there were a total of 146 MI Health Link authorizations across all ICOs, compared to 194 authorizations in Quarter 1, a 24.7% decrease since the beginning of the fiscal year. These figures are inclusive of pre-service, urgent, expedited and post-service authorizations.
- **State Facilities:** COVID-19 vaccinations were implemented this period and more than half of all inpatient members have been fully vaccinated. All hospitals remain with established quarantine units and a restriction on outside visitors/providers to prevent COVID transmission. Q2 = 3 admissions and 4 discharges. Note; Q1 = 10 admissions and 8 discharges. 61 NGRI consumers are currently managed in the community.
- **SUD:** For the second quarter of FY 21, there were 3301 authorizations approved by SUD UM reviewers. Of these, 3272 or 99% were approved in a timely fashion. Nine hundred and twenty-five were urgent and 907 or 98% were approved in a timely fashion. Those considered nonurgent were 2376, where 2365 or 99.6% were authorized within a 14-day period. The 90% benchmark was reached in all categories.
- **MCG:** The Milliman Care Guidelines (MCG) are evidence-based care guidelines that were integrated within our MH-WIN system effective January 13, 2020. DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. COPE, the Children's screening entities, and ACT teams during the 2<sup>nd</sup> quarter of FY 21, screened a total of 2,834 , a 9% decrease from last quarter's 3,118 cases. DWIHN UM staff continue reviewing patient's stay utilizing the guidelines for continued stay.

- New hire Interrater Reliability (IRR) continues to occur. MCG updates their guidelines annually and a new release is expected to be deployed in the next month or so. The Parity workgroup may recommend all PIHPs update to the 25<sup>th</sup> edition at the same time. A handout highlighting the brief changes to the Behavioral Health Guidelines was distributed to front end users on March 12, 2021.
- **Timeliness:** 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.
- **Denials and Appeals:** For the 2<sup>nd</sup> Quarter, there were 47 medical necessity denials for continued inpatient hospitalization and ABA services. There are 12 appeals. All denials did not meet MCG medical necessity criteria for continued inpatient hospitalization and ABA services.



# Utilization Management FY20-21 Quarter 2 Report

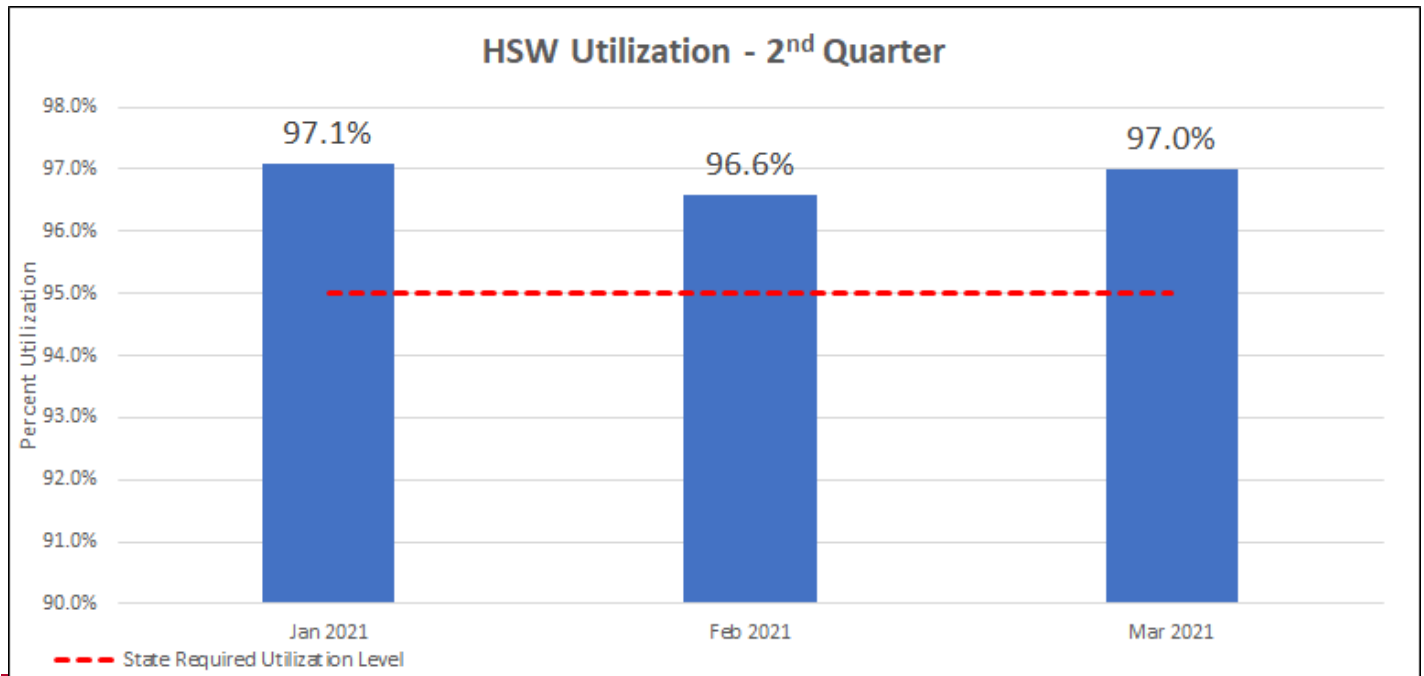
## Utilization Management Report By Area

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

Detroit Wayne Integrated Health Network (DWHIN) 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

Current HSW utilization is summarized below:



Fiscal Year To Date						
	Oct	Nov	Dec	Jan	Feb	Mar
Allocated	1,084	1,084	1,084	1,084	1,084	1,084
Used	1,055	1,061	1,058	1,053	1,047	1,051
Available	29	23	26	31	37	33
% Used	97.3%	97.9%	97.6%	97.1%	96.6%	97.0%

As of July 1, 2020, DWIHN instituted a onetime payment of \$1,000.00 to provider agencies for each new HSW certification. The number of onetime incentive payments made to CRSPs thus far is summarized below:

Month	#
July	15
August	26
September	24
October	19
November	8
December	6
January	1
February	1
March	5

Outcome Measurement	Oct	Nov	Dec	Jan	Feb	Mar.
# of applications received	16	2	7	5	5	4
# of applications reviewed	16	2	7	3	5	4
# of app. Pended PIHP level for more information	9	1	0	1	3	4
#of pended app. resubmitted	9	1	0	0	1	0
# of app. withdrawn	0	0	0	0	0	0
Total of application sent to MDHHS.	16	2	7	3	1	4
Technical Assistants contacts	5	8	5	7	5	10
# of deaths/disenrollments (recertification forms reviewed & signed)	1 death	4 all deaths	4 deaths 1 moved out of state	1 vol disenroll 6 deaths	0	9 deaths
# of recertification forms reviewed and signed	91	77	121	30*	** 149 consent signatures	89
# of recertification forms pended	16	16	23	0	0	0
# of dis-enrollments (not meeting HSW criteria)	0	0	0	8	0	0

As indicated, DWIHN’s HSW utilization leveled somewhat following rapid growth following the implementation of the incentive bonus. Importantly, new submissions continue to exceed disenrollments allowing for continued moderate growth. Outreach and the provision of technical assistance to our provider network continues.

**Serious Emotional Disturbance Waiver (SEDW)**

MONTH	JULY	AUGUST	SEPTEMBER
# of youth expected to serve in the SEDW for FY 20	65	65	65
# of active youth served in the SEDW, thus far for FY 19-20	77	81	81
# of youth currently active in the SEDW for the month of September	52	53	47
# of referrals received in September	12	7	8
# of youth approved/renewed for the SEDW in September	3	4	3
# of referrals currently awaiting approval at MDHHS	1	0	2
# of referrals currently at SEDW Contract Provider	10	10	11
# of youth terminated from SEDW in September	2	3	1
# of youth transferred to another County, pursuing the SEDW	3	1	3
# of youth coming from another county, receiving the SEDW	1	0	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0	0	0

**Autism Spectrum Disorder (ASD) Benefit: Quarter 2**

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.



The auto approval system, which began rollout in June 2020, continues to be successful. The system is designed for authorization requests to be processed through the service utilization guidelines and a number of key dates identified by MDHHS. If the request falls within the perimeters set, then the request is automatically approved the moment it is submitted. DWIHN UM staff then receives a daily report listing the approved authorizations so that they can be checked for accuracy and then entered in to MDHH'S Waiver Supports Application. Many requests have still been referred for manual review, as the auto approval system was developed pre COVID-19 and some perimeters from MDHHS have since changed since the system was developed. DWIHN has not updated the perimeters in the system at this time, as it is expected that MDHHS will revert back to the original conditions as the pandemic is resolved. DWIHN UM Department will continue to evaluate the need to make changes to the auto approval system.

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

Fiscal Year To Date						
	Oct	Nov	Dec	Jan	Feb	Mar
Manual Approvals	473	269	235	255	306	323
Auto Approvals	135	157	153	121	200	158
Total Authorization Approvals	608	426	388	376	506	481

\*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	Mar
Open Cases	1718	1747	1753	1745	1801	1792
Referrals	107	60	60	59	42	Pending Data Update from the WSA

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

**Evidence Based Supportive Employment (EBSE) Benefit: FY 2020-2021**

Evidenced Based Supportive Employment offers support for consumers with a severe and persistent mental illness who need employment assistance. Case managers assist consumers in developing job skills such as resume writing, interview preparation, job seeking, and ongoing support in managing mental illness while working.

During this quarter, DWIHN approved 240 authorizations for Evidenced Based Supportive Employment.

**EBSE Authorization Approvals**

Fiscal Year To Date						
	Oct	Nov	Dec	Jan	Feb	Mar
Approved Authorizations	82	71	73	69	73	98

**County of Financial Responsibility (COFR)**

The COFR Committee meets weekly for one (1) hour to determine DWIHN’s responsibility for behavioral health services. During the 2<sup>nd</sup> Quarter, the COFR committee had six (6) adult COFR requests, two (2) children’s cases and six (6) cases resolved. There are currently 87 pending cases.

	<b>Adult COFR Case Reviews Requests</b>	<b>Children COFR Case Reviews Requests</b>	<b>Resolved</b>	<b>Pending*</b>
January	1	1	1	124
February	2	1	4	118
March	3	0	1	87

\*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 currently living in the community and receiving multiple services. UM also continues to address needs for Supports Coordination or Targeted Case Management staff to verify insurance/waiver coverage and on-going eligibility. The below reflects the number of General Fund manual approvals for each quarter.

<b>Number of General Fund Approvals FY 2020 -2021</b>			
October 20	425	January 21	261
November 20	252	February 21	249
December 20	394	March	350
<b>Total Quarter 1</b>	<b>1071</b>	<b>Total Quarter 2</b>	<b>863</b>

**Provider Network Hospital Admissions**

The UM Team managed the following Inpatient Admissions for Q2 = 2088. Q1 = 2240. (NOTE: Q4 = 2113, Q3 = 2129 and Q2 = 2743 admissions,). That is 6.79% decrease from Q2. Please note March 2021 are preliminary\*.

**Provider Network - Hospital Utilization Reports**

Inpatient	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan 2021	Feb 2021	March 2021
Admissions/month	991	926	834	642	816	671	731	681	701	712	710	818	765	713	610*
Bed Days/month	9716	9360	9055	7529	8744	5005	8344	8291	8517	8489	8486	9000	8466	6965	4971*
ALOS	11	10	11	11	12	12	10	10	11	12	11	12	11	11	11*

\*NOTE: MARCH 2021 are preliminary

Month	JULY-20	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN 21	FEB 21	MARCH 21

Partial Hosp Admission/month	89	81	109	150	96	80	78	94	92
Crisis Residential Admission/month	42	42	62	48	44	35	39	40	41

In an effort to decrease length of stay and hospital admission, the Utilization Management department continues to have Bi-weekly meetings with the physician consultant to review cases with length of stay greater than 14 days. Additionally, there is a Residential/UM work group to identify cases with ability to transition from inpatient to CRU or from CRU to AFC. Please note that the COVID concerns continue with hospital admissions and at times may decrease their capacity to allow for single rooms and social distancing. Units are available for individuals who tested positive or asymptomatic. Additionally, many staff have been vaccinated and are tested to ensure the health and safety of the consumers. The Crisis Residential Unit remains at 50% due to COVID restrictions.

**Safehaus:**

**March 2021**

- 14 consumers
- 13 females
- 1 male
- 0 positive for COVID-19

**February 2021**

- 15 female consumers'
- 0 male consumer's
- 0 positive for COVID-19

**January 2021**

- 2 males
- 10 females
- 0 positive for COVID-19

Please note: All of these consumers were at Warren location. Grand Rapids and Rose City location have been permanently closed.

**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 will be managed by 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).

The reporting format of MI Health Link authorizations will differ from the previous quarter. The report for FY Quarter 2 and subsequent data will delineate the total number of authorizations requests and the amount of each authorization type for the 5 ICOs.

For Quarter 2 of the new FY, there were a total of 146 authorizations across all ICOs. There was a 24.7% decrease in the number of authorizations since the beginning of the fiscal year. From January to March 2021, authorizations decreased by 5.8% across all ICOs. During the month of January, one post service authorization was processed outside of the 14-day timeframe. Authorizations received and processed in February and March, were approved within the required timeframes. There were no preservice authorizations received in February. Below is a breakdown of authorizations for Q2 of FY 21.

Report Filters			
Date Range Selected:	1/1/2021	thru	1/31/2021
ICO's Selected:	AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH 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
51	4	4	26	26	0	0	21	20

Report Filters			
Date Range Selected:	2/1/2021	thru	2/28/2021
ICO's Selected:	AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH 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
47	0	0	31	31	0	0	16	16

Report Filters			
Date Range Selected:	3/1/2021	thru	3/31/2021
ICO's Selected:	AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH 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
48	6	6	24	24	0	0	18	18

### State Hospital Report

COVID-19 vaccinations were implemented this period and more than half of all inpatient members have been fully vaccinated. All hospitals remain with established quarantine units and a restriction on outside visitors/providers to prevent COVID transmission. Admissions also remain limited as hospitals continue to shift patients to accommodate COVID-19 protocols. Additionally, liaison staff have continued to coordinate

discharges remotely and via Telehealth to limit member exposure to COVID-19 and secure available community beds.

- Forensic admissions remain a priority and account for half of all current Wayne County inpatient state hospital admissions.
- Hospitals are maintaining strict guidelines to limit increasing COVID cases. Restriction of visitors, quarantined units, and daily COVID testing are all in place to prevent further transmission among patients and staff.
- MDHHS continues to refer members for placement via it’s MCTP program designed to expedite discharges from the state hospital. Selected providers are contracted with MDHHS to provide placement for 90 days with transfer to the CMHSP. Three DWIHN members were placed by this program and two have since returned to Walter Reuther. Four members are currently awaiting placement through this program.
- MDHHS has initiated autism programming at Caro Center with implementation to also occur in Spring 2021 at Kalamazoo Psychiatric. One member was transferred to this program in March.

The census at the end of the 2nd quarter of FY 2020-2021 is as follows

<b>Hospital</b>	<b>Caro Center (MI)</b>	<b>Kalamazoo (DD)</b>	<b>Walter Reuther (MI)</b>
Census	1	12	112
Wait List	0	0	11
Admissions	0	0	3
Discharges	0	0	4
ALS Status	0	1	60

The census at the end of the 1st quarter of FY 2020 – 2021 is as follows:

<b>Hospital</b>	<b>Caro Center (MI)</b>	<b>Kalamazoo (DD)</b>	<b>Walter Reuther (MI)</b>
Census	1	14	115
Wait List	0	0	15
Admissions	0	1	9
Discharges	0	3	5
ALS Status	0	1	68

**Milliman Care Guidelines (MCG)**

The Milliman Care Guidelines (MCG) are evidence-based care guidelines that were integrated within our MH-WIN system effective January 13, 2020. 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. COPE, the Children’s screening entities, and ACT teams during the 2<sup>nd</sup> quarter of FY 21, screened a total of 2,834, a 9% decrease from last quarter’s 3,118 cases. DWIHN UM staff continue reviewing patient’s stay utilizing the guidelines for continued stay.

New hire Interrater Reliability (IRR) continues to occur. MCG updates their guidelines annually and a new release is expected to be deployed in the next month or so. The Parity workgroup may recommend all PIHPs update to the 25<sup>th</sup> edition at the same time. A handout highlighting the brief changes to the Behavioral Health Guidelines was distributed to front end users on March 12, 2021.

## **Substance Use Disorders**

For the second quarter of FY 21, there were 3301 authorizations approved by SUD UM reviewers. Of These, 3272 or 99% were approved in a timely fashion. Nine hundred and twenty-five were urgent and 907 or 98% were approved in a timely fashion. Those considered nonurgent were 2376, where 2365 or 99.6% were authorized within 14-day period. The 90% benchmark was reached in all categories.

<b>Authorization Requests 1<sup>st</sup> Quarter FY 21</b>	<b>#Authorizations</b>	<b>#Reviewed Timely</b>	<b>Percentage of Compliance (Benchmark 90%)</b>
Urgent	1087	1045	96%
Non-Urgent	2641	2633	97%
<b>2<sup>nd</sup> Quarter FY 21</b>			
Urgent	925	907	98%
Non-Urgent	2376	2365	99.6%
Total	3301	3272	99%

## **Bi-Monthly SUD Provider Meeting**

On February 24<sup>th</sup>, the bi-monthly SUD Provider meeting was held. Judy Davis, Interim SUD Director facilitated the meeting.

## **Denials and Appeals**

For the 2<sup>nd</sup> Quarter there were 47 denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization and ABA services. There were also 12 appeals requested during the 2<sup>nd</sup> quarter.

<b>Timeframe</b>	<b>Denials</b>	<b>Appeals</b>
<b>Q1</b>	22	8
<b>Q2</b>	47	12

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. Substance Use Disorder response times were out of compliance for the 2<sup>nd</sup> quarter. Corrective measures were implemented, weekend coverage, review of timeliness requirements and monitoring. The timeliness reports are outlined below.

### **Timeliness of UM Decision Making**

\*\*Note: COPE and The Guidance Center measures are not available at the time of the report.

**Quarter 2 (Jan. – March, 2021)**

**Threshold is 90%**

**Timeliness of UM Decision Making-DWIHN-Autism Program**

	<b>Urgent Concurrent</b>	<b>Urgent Preservice</b>	<b>Non-Urgent Preservice</b>	<b>Post-Service</b>
<b>Numerator *</b>	N/A	N/A	768	N/A
<b>Denominator#</b>	N/A	N/A	772	N/A
<b>Rate</b>	N/A	N/A	99.5%	N/A

**Timeliness of UM Decision Making-DWIHN-MI Health Link Program**

	<b>Urgent Concurrent</b>	<b>Urgent Preservice</b>	<b>Non-Urgent Preservice</b>	<b>Post-Service</b>
<b>Numerator *</b>	100	0	6	0
<b>Denominator#</b>	100	0	6	0
<b>Rate</b>	100%	n/a	100%	n/a

**Timeliness of UM Decision Making-DWIHN- Substance Use Disorders**

	<b>Urgent Concurrent</b>	<b>Urgent Preservice</b>	<b>Non-Urgent Preservice</b>	<b>Post-Service</b>
<b>Numerator *</b>	907	N/A	2365	N/A
<b>Denominator#</b>	925	N/A	2376	N/A
<b>Rate</b>	98%	N/A	99.6%	N/A

**Timeliness of UM Decision Making- Children's Center**

	<b>Urgent Concurrent</b>	<b>Urgent Preservice</b>	<b>Non-Urgent Preservice</b>	<b>Post-Service</b>
<b>Numerator *</b>	N/A	33	N/A	N/A
<b>Denominator#</b>	N/A	33	N/A	N/A
<b>Rate</b>	N/A	100%	N/A	N/A

**Timeliness of UM Notification- COPE (NOTE: data not available at time of report)**

	<b>Urgent Concurrent</b>	<b>Urgent Preservice</b>	<b>Non-Urgent Preservice</b>	<b>Post-Service</b>
<b>Numerator *</b>	N/A		N/A	N/A
<b>Denominator#</b>	N/A		N/A	N/A
<b>Rate</b>	N/A	%	N/A	N/A

**Timeliness of UM Decision Making- Guidance Center (NOTE: data not available at time of report)**

	<b>Urgent Concurrent</b>	<b>Urgent Preservice</b>	<b>Non-Urgent Preservice</b>	<b>Post Service</b>
<b>Numerator *</b>	N/A		N/A	N/A
<b>Denominator #</b>	N/A		N/A	N/A
<b>Rate</b>	N/A	%	N/A	N/A

**Timeliness of UM Decision Making- New Oakland**

	<b>Urgent Concurrent</b>	<b>Urgent Preservice</b>	<b>Non-Urgent Preservice</b>	<b>Post-Service</b>
<b>Numerator</b>	<b>N/A</b>	<b>153</b>	<b>N/A</b>	<b>N/A</b>
<b>Denominator</b>	<b>N/A</b>	<b>153</b>	<b>N/A</b>	<b>N/A</b>
<b>Rate</b>	<b>N/A</b>	<b>100%</b>	<b>N/A</b>	<b>N/A</b>

**NCQA**

As of this report, the NCQA review is in process (i.e., 4/5/2021 - 4/6/2021). The outcome of the review will be reported during the next quarter.





April 14, 2021

# Strategic Plan – Access Pillar

PCC Status Report

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## **To our board members:**

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Customer, Access and Quality pillars and impact the areas that matter most to our stakeholders.

# Pillar Summary



There are three (3) pillars that are under the governance of the Program Compliance Committee: Customer, Access and Quality.

## Summary of Pillar Status

**Quality** is under the leadership of April Siebert. Overall, we are at 70% completion on this pillar. There are four (4) high level organizational goals under this pillar. They range from 55% - 95% completion.

### QUALITY

Title	Completion
Ensure consistent Quality by 30th Sep 2022	55%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%
Implement Holistic Care Model: 1 unit by 31st Dec 2021	55%
Improve population health outcomes by 30th Sep 2022	74%

**Customer** is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, currently reaching 84% completion on this pillar. The three (3) high-level goals range from 64% to 92%.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	78%
Ensure Inclusion and Choice for members by 30th Sep 2021	92%
Improve person's experience of care and health outcomes by 30th Sep 2022	64%

### Access Pillar

**Access** is under the leadership of Jacquelyn Davis, Director of Access and Crisis Services. Overall, we are at 72% completion on this pillar. There are four (4) high-level goals. They range from 44% - 100% completion.

Pillar		Completion
ACCESS		72%
Title	Completion	
Create infrastructure to support a holistic care delivery system (full array) by 30th Sep 2022	44%	
Create Integrated Continuum of Care for Youth by 30th Sep 2020	83%	
Establish an effective crisis response system by 30th Sep 2022	62%	
Implement Justice Involved Continuum of Care by 30th Sep 2020	100%	

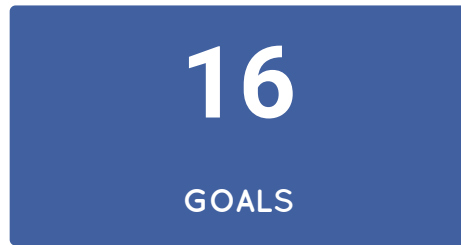
A detailed report of this pillar will follow.

# **Access Pillar**

## Detailed Dashboard

### Program Compliance Committee Meeting

April 14, 2021



● Draft ● Not started ● On Track ● Nearly There ● Behind ● Overdue ● Complete → Direct Alignment --- Indirect Alignment

DWIIHN FY 2020 - 2022 STRATEGIC PLAN PLAN

ACCESS

Goal	Details	Owner	Task	Update	Current Com...
<b>Create infrastructure to support a holistic care delivery system (full array)</b>		-			44% 16% behind
→ <b>Create a satellite network: 100%</b>	<p>Providing services to people directly in our communities</p> <ul style="list-style-type: none"> <li>Add in the # of MOUs to be signed</li> <li>Data Use Agreements</li> </ul>	Eric Doeh		<p><b>Eric Doeh:</b> We have identified our specialty and CRSP providers. We are in the process of determining our capacity with respect to behavioral health providers and SUD providers. <i>02/07/2020</i></p>	70% 69.65 / 100% 30% behind
→ <b>Ensure all Providers receive 80% or greater on Risk Assessment/Score Card annually: 100%</b>	<p>In order to become a Behavioral Health Home, an initial score will need to be identified for each BHH contracting with DWMHA. Annually, each BHH will need to be scored as well. The <b>Risk Management Assessment tool</b> will be used to calculate the overall score. This data will be tracked in a dashboard and then pull that score into Cascade "by BHH Provider" to track overall organizational health.</p>	June White		<p><b>NEW Allison Smith:</b> The Risk Matrix Scorecard Pilot launched on 3/1/2021. Initial 5 CRSPs will be included in the pilot of the tool over the next 2 months. Graduating to all CRSPs participating by the end of the September 2021. Remaining provider types (Outpatient and Residential) will be rolled into Pilot starting fall of 2021. Assessment of the scorecard will be completed once all provider types are rolled in (estimated December 2021). <i>03/04/2021</i></p>	19% 19.23 / 100% 34% behind
<b>Create Integrated Continuum of Care for Youth</b>		-			83% 17% behind

<p>→ <b>Deliver Integrated model of Care of Care for Children: 100%</b></p>	<p>Although the authority was not awarded the InCK Grant from CMS in December 2019, working towards the components that help coordinate care for Children still is a priority.</p>	<p>Crystal Palmer</p>		<p><b>74%</b> 73.5 / 100% 26% behind</p>
<p>→ <b>Ensure anyone in Wayne County can access crisis services</b></p>	<p>There is no wrong door. Anyone experiencing a behavioral health crisis in Wayne County can have an assessment completed.</p>	<p>Jacquelyn Davis</p>	<p><b>Activate Crisis Assessment Center</b> Due: <input type="checkbox"/> <b>Jacquelyn Davis:</b> 09/30/2022 There are Adult and Children's Mobile Crisis Providers. There are now 2 Crisis Stabilization Units, one in Livonia and the other recently established in Detroit. April 2020 we established 2 Psychiatric Urgent Care facilities, one in Detroit, the other in Lincoln Park. We have added the Benefits Administrators to assist individuals with obtaining Medicaid Benefits.</p> <p><b>Additional Crisis Stabilization Services</b> Due: <input checked="" type="checkbox"/> 04/13/2020</p> <p><b>Increase # of Liaisons</b> - <input checked="" type="checkbox"/></p> <p><b>Increase DHHS Staff processing Medicaid Benefit Applications</b> Due: <input checked="" type="checkbox"/> 03/06/2020</p> <p><b>Psychiatric Urgent Care Units</b> Due: <input checked="" type="checkbox"/> 04/20/2020</p> <p><b>NEW Manny Singla:</b> All CRSP providers are now on the HIE platform 09/30/2020</p>	<p><b>75%</b> 24% ahead</p>
<p>→ <b>Establish means to enable interoperability using Health Information Exchange to share care plans across providers: 100</b></p>	<p>Will help facilitate NCQA CC 1</p>	<p>Manny Singla</p>	<p><b>NEW Manny Singla:</b> All CRSP providers are now on the HIE platform 09/30/2020</p>	<p><b>100%</b> 100 / 100 -</p>
<p><b>Establish an effective crisis response system</b></p>			<p>-</p>	<p><b>62%</b> 1% ahead</p>
<p>→ <b>Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations: 100%</b></p>		<p>Manny Singla</p>	<p><b>Nasr Doss:</b> In January of 2020 DWIHN IT rolled out a new computer infrastructure that is based on: 1- New Dell Laptop computers for all users, these laptops are much more powerful and provide much more resources to the users than the old thin client system that was exist since 2014. 2- In this new model we are utilizing cloud based storage (One Drive) that is backed up by industry leader Microsoft, this back up system makes files always securely available to users anywhere, anytime any place. 3- As of January 2020 DWIHN IT is researching the possibility to migrating it's current legacy phone system to the cloud to utilize a cloud based Microsoft Infrastructure as well. 01/31/2020</p>	<p><b>75%</b> 75 / 100% 7% ahead</p>



<p>→ Ensure anyone in Wayne County can access crisis services</p>	<p>There is no wrong door. Anyone experiencing a behavioral health crisis in Wayne County can have an assessment completed.</p>	<p>Jacquelyn Davis</p>	<p><b>Activate Crisis Assessment Center</b></p> <p><b>Additional Crisis Stabilization Services</b></p> <p><b>Increase # of Liaisons</b></p> <p><b>Increase DHHS Staff processing Medicaid Benefit Applications</b></p> <p><b>Psychiatric Urgent Care Units</b></p>	<p>Due: 09/30/2022 <input type="checkbox"/> <b>Jacquelyn Davis:</b> There are Adult and Children's Mobile Crisis Providers. There are now 2 Crisis Stabilization Units, one in Livonia and the other recently established in Detroit. April 2020 we established 2 Psychiatric Urgent Care facilities, one in Detroit, the other in Lincoln Park. We have added the Benefits Administrators to assist individuals with obtaining Medicaid Benefits.</p> <p>Due: 04/13/2020 <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/></p> <p>Due: 03/06/2020 <input checked="" type="checkbox"/></p> <p>Due: 04/20/2020 <input checked="" type="checkbox"/> 05/06/2020</p>	<p>75% 24% ahead</p>
<p>→ Implement Crisis Project Plan: 100%</p>		<p>Jacquelyn Davis</p>			<p>36% 36.11 / 100% 51% behind</p>
<p>→ Ensure individuals are placed in the least restrictive environment</p>		<p>Jacquelyn Davis</p>		<p><b>NEW Allison Smith:</b> DWIHN is reassessing capacity needs based on current data, community stakeholder feedback 02/03/2021</p>	<p>36% 51% behind</p>
<p><b>Implement Justice Involved Continuum of Care</b></p>		<p>-</p>			<p>100% -</p>
<p>→ Conduct gap-analysis of the Sequential Intercept Model</p>		<p>Ebony Reynolds</p>		<p><b>NEW Andrea Smith:</b> The Wayne County Jail Diversion Council met December 2020 to review each intercept on the model. 01/19/2021</p>	<p>100% -</p>
<p>→ Implement improvements to existing programming</p>	<p>Based on Gap-Analysis and the identified opportunities for improvement implement any necessary improvements to existing process</p>	<p>Ebony Reynolds</p>		<p><b>NEW Andrea Smith:</b> Two new initiatives began with Detroit Police Department - Integrated 911 and the Detroit Homeless Outreach Team. These programs will support the identification of individuals with behavioral health concerns and assist them with gaining and maintaining access to the DWIHN network of services. The launch for these programs is January 2021. 12/28/2020</p>	<p>100% -</p>

↳ **Implement new programs within the Sequential Intercept Model**

Based on the gap-analysis, new programs may need to be developed.

Julie Black

1. Adult
2. Juvenile

**NEW Julie Black:**

In upcoming fiscal year 20-21, three new programs will be implemented for Jail Diversion. Central City Integrated Health will develop and provide programming for the Detroit Homeless Outreach pilot in collaboration with law enforcement. This collaboration is between the City of Detroit, homeless outreach providers and behavioral health providers with the goal of getting the homeless off of the street utilizing available resources, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD). Northeast Integrated Health and Team Wellness are collaborating with the Detroit Police Department to pilot a Detroit Co-Response Team. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis. Police and behavioral health specialists are being trained on the CIT model. Each provider will participate in the collaborative process including monthly team meetings with DWIHN.

10/02/2020

100%

**Executive Summary:**

The Quality Assurance Performance Improvement Plan (QAPIP) report serves to provide the Program Compliance Committee (PCC) Board with an update on how DWIHN is performing against the goals and objectives established in the QAPIP Work Plan for Fiscal Year 2020/2021. The QAPIP Work Plan is consistent with DWIHN's Strategic Plan, it embraces the pillars, philosophy and the methodology of continuous quality improvement. This report contains an analysis and evaluation of performance measures from the work plan used to improve better health, better choices and better health care for the people we serve.

**Goal II – Access Pillar**

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

The 1<sup>st</sup> Quarter Performance Indicator data was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2021.

<b>Objective</b> Meet 95% and 15% or less for PI 10	<b>Reporting Period</b> October 1, 2020-December 31, 2020
<b>Data Source</b> MH-WIN System	<b>Measurement Frequency</b> Quarterly

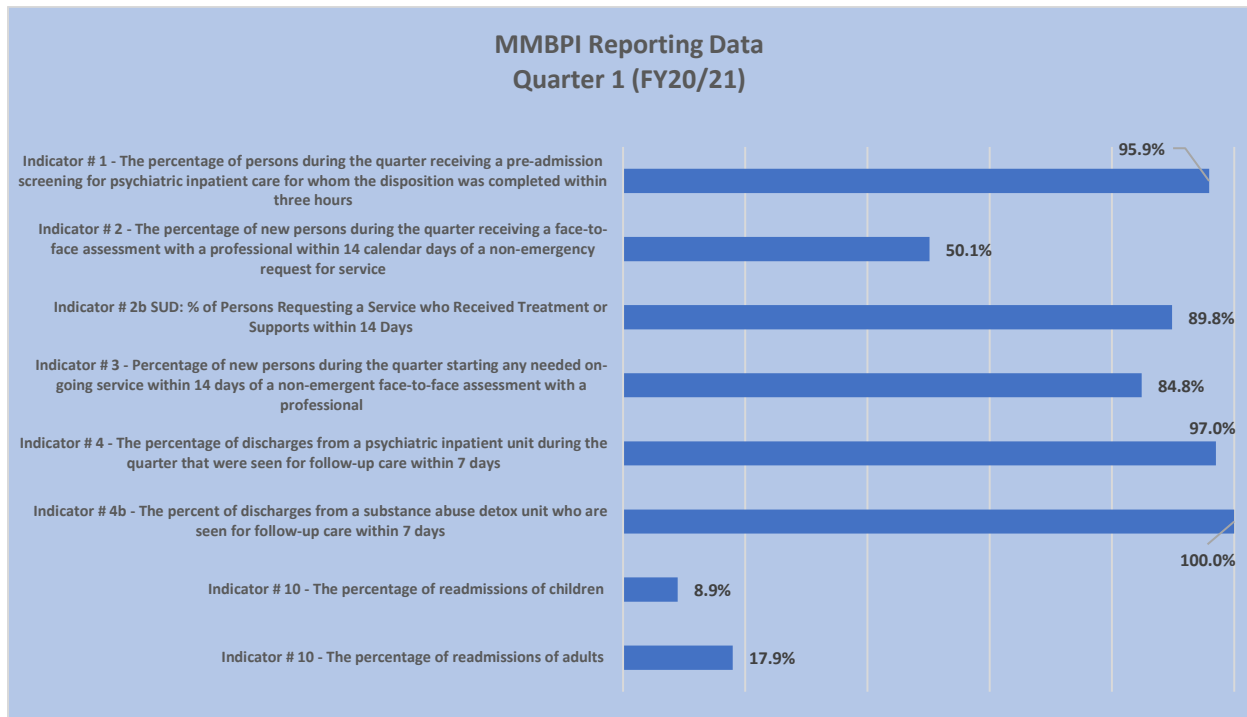
**Activity Description**

DWIHN monitors access to service using the Michigan Mission Based Performance Indicators (MMBPI). The indicators measure the performance of the PIHP for Medicaid beneficiaries served through the CMSP/SUD affiliates. The performance measure data are aimed at measuring access, quality of service, and to identify barriers to ensure appropriate access to behavioral healthcare and member services.

**Quantitative Analysis and Trending of Measures**

DWIHN has met all required standards with the exception of PI # 10 (Adult Recidivism) for Q1 reporting data. Beginning Q3 of FY 2020, separate indicators were developed for new persons receiving a completed Biopsychosocial Assessment within 14 calendar days of a non-emergency request for service and/or SUD Services. There are no exceptions for indicators 2a or 2b. No standard/benchmark for first year of implementation has been set by MDHHS. Also, beginning Q3 of FY 2020, a separate indicator was developed for new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent Biopsychosocial Assessment. There are no exceptions for indicator 3. No standard/benchmark for first year of implementation has been set by MDHHS.

**QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY20/21**  
**APRIL 14, 2021**



**Evaluation of Effectiveness**

Ongoing efforts and interventions for PI # 10 (Adults) include the development of an internal Recidivism workgroup (led by the QI team) and the External Recidivism Workgroup, which includes our CRSP providers (led by DWIHN Crisis/Access team). These noted efforts has decreased the adult recidivism rate from 20% to 17 % for Quarter 1 of this FY.

**Barrier Analysis**

DWVHN has failed to meet the threshold of (15%) or less for Indicator # 10 (Adult Recidivism) for Q1. Efforts to decrease hospital admissions and readmissions continue to be a challenge for DWIHN, especially during the COVID-19 pandemic. DWIHN seeks to reduce psychiatric inpatient admissions and provide safe, timely, appropriate and high-quality treatment alternatives while still ensuring members receive the appropriate required care. DWIHN continues its efforts to expand the comprehensive continuum of crisis services, supports, and improve care delivery.

**Opportunities for Improvement**

DWVHN has identified the following interventions and improvement efforts:

- Engaged and collaborated with members' outpatient (CRSP) providers to ensure continuity of care and when members present to the ED in crisis but may not require hospitalization.
- Charted alerts which notify the screening entities and the Clinically Responsible Service Provider (CRSP) of members who frequently present to the ED.
- Properly navigated and diverted members to the appropriate type of service and level of care.
- Provided volunteer referrals to Complex Case Management for members with high behavioral needs.
- Implemented the Recidivism Task Force to:
  - Identify Familiar Faces and CRSP responsibility
  - Create a plan to address the needs of persons served
  - Chart alerts developed in MH-WIN

- Coordinated and collaborated with DWIHN's crisis screeners on measures to decrease inpatient admissions

## Goal VII - Assure Compliance with Applicable National Accreditation, Legislative, Federal/State

### **NCQA Activities**

NCQA standards for DWIHN's re-certification have been submitted to NCQA on February 17<sup>th</sup>, 2021. DWIHN received initial feedback from NCQA on March 10<sup>th</sup>, 2021. DWIHN submitted feedback and supporting documentation to NCQA on March 19<sup>th</sup>, 2021. The NCQA file review is scheduled for April 5<sup>th</sup>-6<sup>th</sup>, review will include UM, Appeals and Credentialing files. Within 10-14 days after the file review, DWIHN will receive a preliminary finding report from NCQA. After receipt, DWIHN will have an additional 10 days to reply to the preliminary finding report. DWIHN's final NCQA report and accreditation status is expected during the latter part of May 2021.

### **Annual MDHHS Needs Assessment**

The Annual Submission requirements of the Needs Assessment can be found in Section 7.8 and Attachment 6.5.1.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract. There are four requirements for submission for FY20 which include the following:

- ✚ Attachment A: Waiting List
- ✚ Attachment B: Request for Service and Disposition of Requests
- ✚ Attachment C: Community Data Set Worksheet
- ✚ Attachment E: Needs Assessment-COVID-19 Priority Needs and Planned Actions

DWIHN's Annual Needs Assessment Report was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2021.

### **HSAG (EQR) Activities**

DWIHN is required to annually provide an assessment of our managed care delivery services related to the quality of timeliness, access to care and services provided to the people we serve. To meet this requirement, MDHHS has contracted with HSAG to perform this assessment through three separate reviews: Performance Measure Validation (PMV), Performance Improvement Project (PIP) and the Compliance Monitoring review. Detailed information about each activity's methodology is provided below.

**Performance Measurement Validation (PMV)** - The purpose of PMV is to assess the accuracy of performance measures reported by DWIHN and to determine the extent to which performance measures reported by DWIHN follow reporting requirements. For FY 2020 PMV review, DWIHN met all required reportable areas with the exception of BH-TEDs Data Elements. The next PMV review is scheduled for June 14<sup>th</sup>- June 25<sup>th</sup>, 2021 for FY2021. Listed below is the outlined workplan for the review:

- ✚ **May 7<sup>th</sup>, 2021**- DWIHN will submit completed ISCAT, supporting documentation, and source code to HSAG
- ✚ **June 4<sup>th</sup>, 2021**- DWIHN will submit proof-of-service documents to HSAG
- ✚ **June 14<sup>th</sup>- June 25<sup>th</sup>, 2021** HSAG will conduct the PMV WebEx reviews of systems and processes with DWIHN. (Date to be scheduled)
- ✚ **September 3<sup>rd</sup>, 2021**- HSAG will send Draft of PMV report to DWIHN for review
- ✚ **September 17<sup>th</sup>, 2021**- DWIHN will provide feedback on draft PMV Report
- ✚ **September 30<sup>th</sup>, 2021** – HSAG will submit final PMV Report to DWIHN.

**Performance Improvement Project (PIP) Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using an Antipsychotic Medication:** The purpose 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 will be due in June of 2021.

**Compliance Review:** The HSAG Compliance Review is scheduled for July 15<sup>th</sup>, 2021. The new cycle of compliance reviews for DWIHN begins this fiscal year. A high-level methodology for this three-year cycle is identified in the table below.

Year One (SFY 2021)	Year Two (SFY 2022)	Year Three (SFY 2023)
Review 1/2 of the standards	Review 1/2 of the standards	Conduct a comprehensive desk review of Year One and Year Two corrective action plans (CAPs)

The following standards will be reviewed during this year cycle: Outcomes from the compliance review will be reported to PCC and appropriate committees as required.

- ✚ Standard I—Member Rights and Member Information
- ✚ Standard II—Emergency and Post stabilization
- ✚ Standard III—Availability of Services
- ✚ Standard IV—Assurances of Adequate Capacity and Services
- ✚ Standard V—Coordination and Continuity of Care
- ✚ Standard VI—Coverage and Authorization of Service

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting  
Wednesday, April 14, 2021**

During the month of March 2021, clinical operations continued to focus on continuity of services and supports during the COVID-19 pandemic. The following programs have been implemented and continue to operate with periodic monitoring by DWIHN staff.

**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>
January 21	685
February 21	609
March 2021	610

Inpatient Hospital Admission Authorization data as of 3/31/2021

Hospitalizations data showed relatively no change in admissions for the month of March. There were 4 reported cases of COVID-19 inpatient in March 2021 (Feb 2021- 4 cases).

**COVID-19 INTENSIVE CRISIS STABILIZATION SERVICES** - At the request DWIHN and due to the shortage of Mental Health Resources, particularly, crisis services, MDHHS granted provisional approval of the Team Wellness Center (TWC) application to perform 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. We continue to see an increase in both hospitalizations and crisis services within the last month.

<b>Crisis Stabilization Service Provider</b>	<b>Services</b>	<b>Capacity</b>	<b>March 2021- # Served</b>
Community Outreach for Psychiatric Emergencies (COPE)	<b>Intensive Crisis Stabilization Services (MDHHS Approved)</b>	9	<b>222</b> (Feb. report- 211)
Team Wellness Center (TWC)	<b>Intensive Crisis Stabilization Services (MDHHS Approved)</b>	18	<b>59</b> (Feb. report- 56)

\*There was a 5% increase in crisis stabilization services provided in March 2021 (compared to Feb. 2021)

**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>Feb. 2021- # Served</b>	<b>March 2021 - # Served</b>
Detroit Family Homes	Licensed Residential Home- Adults	4	3	4
Novis-Romulus	Licensed Residential Home- Adults	3	5	7
Kinloch	Licensed Residential Home- Adults	3	7	7
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	2	6
Angel Patience	Licensed Residential Home- Adults	3	6	6

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting  
Wednesday, April 14, 2021**

**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.

**COVID-19 Recovery Homes Utilization Update**

<b>Provider</b>	<b># Beds</b>	<b># Served- March 2021</b>
<b>Quality Behavioral Health (QBH)</b>	36	<b>1 (Feb- 0)</b>
<b>Detroit Rescue Mission Ministries (DRMM)</b>	86	<b>3 (Feb- 6)</b>

\*Relatively no change in the utilization of Covid-19 recovery homes in the month of March 2021 (compared to Feb. 2021)

**COVID -19 URGENT BEHAVIORAL HEALTH URGENT CARE SITES**

Effective April 3, 2020, providers listed below began offering Urgent Behavioral Health Care Service. The available services include Same-Day Access Services for assessment/intake, crisis services for existing DWIHN members, psychiatric evaluations, medication reviews, crisis stabilization, Peer Support Specialists, nursing assessments, medication injections, and non-ER transport.

<b>Provider</b>	<b>Population</b>	<b>Hours of Operations</b>	<b># Served March 2021</b>
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	<b>4 Adults</b> <b>(9 in February)</b>
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am- 1pm	<b>6 Adults</b> <b>(18 in February)</b>
The Children's Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	<b>20 Youth</b> <b>(14 in February)</b>

\*There was a 25% reduction in utilization of Urgent Behavioral Health Urgent Care Services in March 2021 (compared to Feb. 2021).

**Residential Department Report of COVID-19 Impact:**

	<b>Cumulative (Dates 3/30/20 to 3/31/2021)</b>
<b>Total # COVID-19 Persons in Residential Placement</b>	<b>287 (Through Feb.- 266)</b>
<b># of Deaths Reported</b>	<b>35 (Through Feb.- 35)</b>

\*21 new positive covid positive members in March 2021, no reported new deaths

<b>Total # COVID-19+ Staff in Residential Placement</b>	<b>99</b>
<b># of Staff Deaths Reported</b>	<b>0</b>

\*No change this month



**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting  
Wednesday, April 14, 2021**

**Vaccinations- Licensed Residential Homes:**

<b>Residential COVID-19 Vaccinations</b>	<b>City of Detroit</b>	<b>Wayne County</b>
# of Residential Members	695	1,340
# of Residential Members Vaccinated	551 (79%)	1,049 (78%)
# Pending Appointment	42 (Vacc + pending appt- 85%)	177 (Vacc + pending appt- 91%)
# Waiting on guardian consent	5	5
# Declined	93	96
# Excluded by PHCP for Medical Reasons	3	0
# Clients Awaiting Provider to Report Additional Information	1	0
# Members Undecided	0	13

\*91 persons were removed from the City of Detroit residential list as they did not live in licensed settings. 1,047 residential staff have been vaccinated. A combined total of 78% of members in licensed settings have been vaccinated.

**Vaccinations- Unlicensed Homes:**

<b>Unlicensed Homes: COVID-19 Vaccinations</b>	<b>City of Detroit</b>	<b>Wayne County</b>
# of Members	148	970
# of Residential Members Vaccinated	63 (43%)	476 (49%)
# Pending Appointment	1 (vacc + pending appt- 43%)	166 (vacc + pending appt- 66%)
# Waiting on guardian consent	4	2
# Declined	76	320
# Excluded by PHCP for Medical Reasons	0	0
# Members Undecided	4	6

\*907 DCW staff working in unlicensed settings report having been vaccinated. A combined total of 48% members have been vaccinated in unlicensed settings.

**COVID-19 OPERATIONAL Plans**

**Michigan COVID-19 Cases Increase:** April 5, 2021 update: The total number of confirmed COVID-19 cases in Michigan is 702,499 with 16,239 deaths. Wayne County is reported to have 79,449 confirmed cases and 2,161 deaths, Detroit is listed with 36,245 confirmed cases with 1,892 deaths reported. (Source: www.michigan.gov/Coronavirus)

**Michigan COVID-19 Updates:**

In an effort to reach the goal of having at least 70% of Michigan residents vaccinated, Michigan has now moved into the next phase of Covid-19 vaccinations:

- Phase 1A: Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home as well as residents in long term care facilities.
- Phase 1B: Persons 75 years of age or older and frontline essential workers in critical infrastructure.
- Phase 1C (Group A): Person 65- 74 years of age and pre-k teachers & childcare providers
- Phase 1C (Group B): Individuals 16 years of age or older at high risk of severe illness due to COVID-19 infection and some other essential workers whose position impacts life, safety and protection during the COVID-19 response.
- **Phase 2:** Individuals 16 years of age or older

The City of Detroit partnered with DWIHN to distribute vaccinations to the following groups: Adult Foster Care and Substance Use staff and residents, and our CRSP provider network. The first doses of the vaccine were administered the starting the week of 2/8/2021 at identified locations throughout the City of Detroit. Starting March 3, 2021, this was expanded to providing vaccinations at the Wayne Community College- Outer Drive location. This effort resulted in 3,221 vaccinations being provided to persons we support. This effort, combined with the licensed and unlicensed Residential homes, resulted in a total of 7,314 persons vaccinated.



**CHIEF CLINICAL OFFICER'S REPORT  
Program Compliance Committee Meeting  
Wednesday, April 14, 2021**

**ACCESS CALL CENTER – Director, Miriam Bielski**  
*Please See Attached Report*

**CHILDREN'S INITIATIVES – Director, Crystal Palmer**

**SERIOUS EMOTIONAL DISTURBANCE WAIVER (SEDW)/CHILDREN'S WAIVER PROGRAM (CWP)  
NUMBERS SERVED - Please see tables below:**

<b>Serious Emotional Disturbance Waiver Cases – March 2021</b>	
Cases Served to Date (FY20-21)	65
Active Cases	46
New Referrals	15
Renewals/Approved	0
Terminated Cases	1
Transferred to Another County	7

Detroit Wayne Integrated Health Network (DWIHN) has committed to serve 65 children and youth in the Serious Emotional Disturbance Waiver (SEDW) for FY20-21. During the month of March 2021, DWIHN has served 65 cases and currently has 46 active cases. There were 15 new referrals and zero (0) cases were approved/renewed by the Michigan Department of Health and Human Services (MDHHS). One (1) cases were terminated during this month.

<b>Children's Waiver Program Cases – March 2021</b>	
Active Cases	41
<b>Agency Breakdown</b>	
Community Living Services	30
Neighborhood Services Organization	3
The Guidance Center	8

During the month of March, the Children's Waiver Program continued to serve 41 children on the waiver. There were one (1) prescreen submitted to DWIHN for review in March.

**Workforce Development** – The Children's Initiatives Department in collaboration with the Workforce Development Department hosted the following event during the month of March:

The second Quarterly Peer-to-Peer Training occurred virtually on March 15<sup>th</sup> which featured a panel of presenters who spoke on supporting parents during treatment. The panel also discussed the benefits of having parents participate in Parent Management Training- Oregon Model (PMTO) in tandem with individual/family therapy for their child. Two Parent Support Partners (PSP) participated on the panel as well and discussed the PSP Program as well as how they have been supporting parents during this past year. There were 16 people in attendance.

A Children's Mental Health Lecture series event was held virtually on March 18<sup>th</sup> with 72 people in attendance. The training was conducted by Timothy Yeager, BCBA, who focused on Autism, early signs, effective treatment, and hopeful outcomes.

Any child who receives services in Community Mental Health is required to have an assessment; Devereux Early Childhood Assessment (DECA), PECFAS or CAFAS depending on their age. Therefore, as a Pre-paid Inpatient Health Plan (PIHP), we are required to train our workforce.

The following trainings were provided: One (1) Child and Adolescent Functional Assessment Scale (CAFAS) Booster training, with the total of 17 participants; one (1) CAFAS Initial Training, with 23 participants; and one (1) Preschool and Early Childhood Functional Assessment Scale (PECFAS) Initial Training with 14 participants occurred during the month of March. A CAFAS Trainer Recertification Training (Booster) also occurred during March with all 19 CAFAS trainers from the provider network were present.

In recognition of Developmental Disabilities Awareness Month, the Empowerment Education series held 4 sessions in the month of March. This collaboration with Michigan Developmental Disabilities Institute continues to be successful in educating the network on topics specific to Intellectual and Developmental Disabilities.

**School Success Initiative:** As previously stated, the Michigan Model for Health (MMH) has since been purchased and is being assigned/registered to the corresponding agencies who are contracted with the School Success Initiative. Once each provider completes their registration for the model, the training with Wayne RESA will be scheduled. Per the trainers, there will be three (3) trainings that need to take place for the MMH curriculum. A hybrid training is required to receive the certification needed to complete the one-on-one training with the Wayne RESA trainer. In addition, for those who will utilize the human immunodeficiency virus (HIV) and sexually transmitted infection (STI) curriculum an additional training is required that will be scheduled separately. Providers have completed the hybrid trainings and submitted their certifications to take part in the online, one-on-one training provided by Wayne RESA for the MMH. Trainings are set to take place on Friday, April 9<sup>th</sup> from 9-12 and Friday, April 23<sup>rd</sup> from 12-3pm over K-12 curriculum.

As of March 1, 2021, the School Success Initiative providers were supposed to initiate entering their School Success Initiative outreach and efforts into MH-WIN. There were some setbacks with this process and providers ensure all data is entered Q1 and Q2 into REDCap. However, Q3 and Q4 will be entered into MH-WIN per the completion of updates and changes to the data entry system. A notice will be sent out to the providers communicating all the changes.

**Youth United (SOC Block Grant):** Youth United is coordinating the next “Courageous Conversations” that will take place on April 21<sup>st</sup>. The event will discuss youth related issues with youth, adults and stakeholders. Key participants will be Kevin Fischer, Executive Director of NAMI Michigan and Maria Stanfield, Manager for Black Family Development, Inc. The event will be held virtually.

#### CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

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

- DWIHN’s program manager continues to provide support to DWIHN’s EBSE providers to ensure individuals served obtain stable employment. EBSE providers report continued use of a hybrid approach to service delivery by engaging in both virtual/remote platforms (video conferencing, telephone) as well as in-person services based on member choice or level of comfort in the community during the pandemic. Most EBSE providers shared their employment staff has begun to slowly return to community-based in-person services with members served and employers, while closely following CDC guidelines despite the recent increase in COVID-19 infection rates. To provide additional guidance to these providers, DWIHN’s EBSE program manager and MDHHS met with EBSE staff of St.

Clair Community Mental Health who discussed their successful strategies for in-person community re-engagement.

- Central City Integrated Health (CCIH) reports continued challenges filling its vacant employment specialist position, which CCIH believes is due to the position's low annual salary. CCIH indicated it is currently exploring adjusting the pay scale to reflect the current job market for an employment specialist in the state of Michigan. To assist CCIH with this effort, MDHHS plans to launch a state-wide survey to be distributed to (24) providers of EBSE/IPS services to determine the average wage of an employment specialist.
- The EBSE Power Hour meeting facilitated by an MDHHS MIFAST team member was held with EBSE providers, where tools for tracking outcome data were examined as well as strategies for benefits planning, and tracking and documenting member follow along with community supports.
- DWIHN EBSE program manager met with the interim DWIHN IPS Worker of the IPS Opiate Pilot Project and DWIHN's Interim SUD Director to discuss an agreed-upon plan to broker the DWIHN IPS worker role to an established EBSE/IPS provider instead of hiring a full-time DWIHN IPS worker to fill a current vacancy as the pilot project's current FY21 contract will end 9/30/2021 and not be renewed for the upcoming fiscal year.
- A meeting was held with EBSE/IPS supervisors where the following agenda items were discussed: Virtual Annual IPS Summit and proposed agenda, 2<sup>nd</sup> quarter Outcome Data, and EBSE Provider strategies for transitioning back to in-person services.
- Monitored ACT program admissions and discharges of Hegira and Team Wellness Center as well as ensuring they were appropriately entered in MHWIN.
- Continued to review and make updates to the Case Management Provider Network Procedure. Additionally, provided an annual review of DWIHN's Proven Behavioral Health Clinical Technology Inclusion & Application Guidelines, where minor revisions were made.
- DWIHN Access/Call Center Assistance - Clinical support was provided to DWIHN's Access/Call Center team to ensure individuals seeking MH/SUD services receive a screening as well as a scheduled intake appointment for needed services.

### **Co-occurring Disorder (COD)**

#### **March 1**

- MyStrength Huddle – CPI staff met with team members of myStrength project to discuss the revised Powerpoint to be used in future training.
  - To meet the goal of 100 new myStrength members each month, the myStrength Team will target conducting two trainings per week.
- MI Skills Support Project – CPI staff met with SUD staff to discuss the parameters of the upcoming virtual VASE-R exam of Medication Assisted Training staff and Recovery Coaches.

#### **March 2**

- Improving Practice Leadership Team – CPI staff attended IPLT. The staff assigned to review and revise the Clinical Practice Guidelines was extended to next month.
- ACT Technical Assistance – CPI staff hosted a TA session with Central City Integrated Health ACT Team Lead. Discussed were:
  - Use of the PHQ-9 in monitoring the course of depression for those who scored "0" or greater on previous screenings.
  - Hospital recidivism rates for CCIH ACT members.
  - ACT Team composition – ACT Team Lead reported the loss of the Peer on their team and the need to replace that person.
  - Establishment of future meetings

**March 3**

- CPI Staff met with MDHHS – Chief Clinical Officer, the Clinical Officer, and CPI Staff met with representatives of MHDDS regarding ACT programming in Detroit Wayne. MDHHS reported they plan to begin hosting fidelity reviews soon with the various ACT networks.

**March 4**

- CPI staff attended the Hospital Liaison meeting
- CPI staff participated in the ACT Forum and discussed the use of the PHQ-9 as a monitoring tool for individuals with moderate to severe depression

**March 5**

- CPI submitted data pull request to IT on the use of Dialectical Behavior Therapy (DBT) CPT codes for the agencies that had certified DBT teams.
- CPI staff coordinated with the trainer for possible Q3 and Q4 system-wide workshops on CBT and Mindfulness practices.

**March 8**

- DBT MIFast Support – CPI staff connected to other MIFast reviewers regarding the MIFast DBT Review. The discussion focused on reinstating DBT Forum with support to provide technical assistance to increase adherence to the model.
- CPI staff hosted a meeting with Workforce staff to discuss initial steps needed to develop a public service message on the value of using the PHQ-9 for DWIHN clinicians.

**March 9**

- CPI staff conducted a TA session with The Guidance Center ACT Supervisor. Staffing related issues were a noted concern mentioned when hiring ACT staff.
  - Supervisor reported losing two staff members over as many months and not replacing those open positions.
  - CPI staff offered to place an open position on the DWIHN employment page.
  - The supervisor reported TGC has been giving ACT members tablets for Zoom sessions. 13 members have accepted tablets for Zoom calls.

**March 10**

- Naloxone Project for Detroit Police Department – CPI staff participated in a meeting with the Clinical Officer and SUD SOAR Grant Coordinator to discuss planning to train Detroit Police on Naloxone use and supply the trained officers with the reversal agent.
  - The goal is to equip the 12 police precincts with kits for their cruisers.
  - 6 of the 12 precincts have already expressed interest in the training and distribution of the kits.
  - The materials that were used in the prior training session will be revised to bring data to current stats.
  - SUD staff will facilitate proper introductions to contacts in both DPD and the Mayor's office
- ACT Incentive Meeting – CPI staff participated in an internal meeting with Chief Clinical Officer, Chief Financial Officer, the Fiscal Informatics & Analytic Administrator, and Clinical Manager for a follow-up meeting on the need to revised the current Per-Member-Per-Month (PMPM) and incentives rates for the ACT.
  - The consensus was to leave the rates as they currently are.
  - The clinical Manager and CPI staff were charged with adjusting the fidelity rates for future reviews to a more obtainable rate than the current benchmark of 97%.
  - Develop a letter/memo to inform the system of the current standard.

- NCQA- PHQ-9 PIP - CPI staff discussed with details of PHQ-9 PIP with the Corporate Compliance Officer. Compliance needed to craft a response to NCQA reviewers requesting more detail on how PHQ-9 PIP differed from PHQA PIP. A letter was sent for review by this writer and several other staff for input before being forwarded to NCQA.
- CV Advocacy Meeting – CPI staff attended the CV meeting. The focus of this meeting was to develop an open community discussion on the merits of the COVID-19 Vaccine. Presenters and the meeting format were confirmed.
  - 2-hour session – 45-minute presentation with the remaining time for Q & A. Presenters will come from the Detroit Health Department. Powerpoint will be used during the presentation will.

**March 11**

- Case Management Policy/Procedure – CPI staff met with to discuss strategies for revision of the Case Management Policy.

**March 12 & 19**

- CPI staff attended a two-part Clinical Call Center training. Part one on the 12<sup>th</sup>, with a follow-up training on the 19<sup>th</sup>. CPI staff assisted with callbacks and screenings of MI Health Link referrals.

**March 15**

- CPI staff participated in the Vaccine Clinic in partnership with Wayne County Community College District – West.

**March 24**

- CPI staff worked on developing Case Management Procedure.

**March 25**

- CPI staff participated in Behavioral Health Learning Collaborative – Finance representative explained to the meeting participants how the hospital incentive was calculated
- CPI participated in the Risk Matrix meeting to begin reviewing data and outcomes of providers.

**Project – WC Jail – IST – Probate Court – Returning Citizens**

- At the IST meeting Dr. Rinnas reported the following: Over the last two years, about 84% of defendants ordered to undergo competency restoration treatment attained competence (16% were converted to probate treatment orders).
- The Wayne County and Mental Health Jail Initiative have looked at the Sequential Intercept through strengths; weaknesses; opportunities; and challenges to update and develop the priorities at each intercept. This will improve the system and service level response for persons within the correctional system.
- The clinician attended the Wayne County Steering Committee. It was reported that the prison population recidivism rate is at a record low of 26.6%. Michigan is in the top five nationwide for the lowest recidivism rate.
- There is a mentoring program for paroled persons. This is a voluntary program that links parolees with persons who had previously served time in prison. Mentoring has been shown to reduce recidivism.
- The clinician is coordinating with the Quality Department regarding potential employee issues within the Jail. Quality has recommended also including Office of Recipient Rights.

**Project - Jail Diversion/ ACT Reviews/DDC AT Reviews**

- The clinician spoke with the Director of Classifications at the Jail regarding the Administrative Jail Release (AJR) process. The past issue was that the list provided by the Jail did not have any birthdates

which made it impossible to track in MHWIN. The Director will provide names and birthdates and will give DWIHN the AJR release list weekly. Also, she will provide the releases from the past three months to use as a baseline for future data.

- Director of Jail Classifications also sits on a meeting with Prosecutor Worthy and Judge Kenny regarding releases from the court. The clinician stated that DWIHN would like to also obtain the list to support court release notifications for persons in jail mental health that can benefit from services. The clinician met with Chief Heard from the Jail Classification Unit regarding jail releases. Chief Heard oversees and recommends releases. Addresses of inmates who get released which will be advantageous for follow-up when needed and will be provided to DWIHN to link an coordinate members.
- The clinician has begun reviewing the release lists to determine how many of the releases were previously connected to a provider; how many are in MHWIN as unassigned, and was follow-up provided after release.
- CPI clinician also provided support to and worked at the Detroit 911-Call Center.

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

- 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 technical assistance ensure program eligibility requirements were met.
- On March 2, 2021, CPI participated in IPLT to discuss policy updates as well as new policies and procedures. CPI manager presented the Assertive Community Treatment Policy.
- On March 3, 2021, CPI participated in a procedure work code group.
- CPI also facilitated a monthly update meeting with Genoa/Med Drop manager updates were a Total Current Active Clients 29. CCS = 16; LBS= 10; NIH= 3 members referred to Med Drop Program from ACT. (Referred from ACT is defined as a member who completed a Med Drop Intake.) Northeast Integrated Health Update, Genoa received 3 referrals. All 3 of the individuals were ACT Step Down. The members will receive 1 drop per week.
- In March 2021, the Med Drop Program started at LBS. Since March 2020, LBS has referred a total of 18 clients, barriers, active members, new referrals, and upcoming intakes were discussed for the 3-pilot program.
- On March 4, 2021, CPI attended the COPE hospital liaison meeting and Quality department hospital recidivism workgroup.
- On March 4, CPI hosted the monthly ACT forum. Topics discussed included, ACT upcoming state training dates, PHQ-9 updates, discharging members and outreach methods, technical assistance sign-up, and provider's concerns and issues.
- March 6, the CPI manager attended the MI Health Link call center callback training.
- On March 8, the CPI manager attended the management and directors meeting with Dr. Faheem.
- On March 9, CPI and Genoa/Med Drop met with Central City Integrated Health and Team Wellness for an introduction to med drop/ ACT step down.
- CPI manager completed the ACT protocol which is currently in the approval process.
- On March 10, the CPI manager attended Clinical Call center training as well as met with finance via teams to discuss the ACT fidelity incentive.
- On March 12, the CPI manager drafted the ACT fidelity incentive memo and sent it to finance for final revisions.
- March 14 and 15, CPI manager worked in the call center department, the task included calling MIHL (MI Health Link Members) and scheduling an intake assessment
- On March 15, the CPI manager participated on the interviewing panel for the Clinical call center specialist position.

- On March 25, CPI met with DWIHN staff to review and revise the ACT policy and IPOS policy.
- On March 25, the CPI manager facilitated the monthly Behavioral Health Learning Collaborative meeting with the executive staff from the DWIHN provider Network and guest speaker DWIHN finance staff.
- On March 26, the CPI manager attended the Matrix Risk Management meeting with DWIHN staff.
- On March 29, the CPI manager met with the Northeast Integrated Health Network director for a technical assistance meeting.
- On March 31, the CPI manager met with CPI staff to train on program assignments for returning citizen population.

**CRISIS SERVICES – Director, Jacquelyn Davis**

**Children’s Crisis Services**

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
March	258	222	55	21%	197	76%	*

- Request for Services (RFS) for children has slightly increased (by 5%) from March. The diversion rate is the same as last month.
- \* The Children’s Mobile Crisis Stabilization numbers will be included in the Quarterly report.
- There was a total of 20 cases served by The Children’s Center- Crisis Care Center, six more than last month.

**COPE**

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
March	1033	918	722	70%	282	27%	2

- The RFS increased by 11% from March and the percentage of individuals diverted to a lower LOC decreased slightly by 1%.
- The Crisis Stabilization Unit (CSU) served 222 cases, an increase of 5% as reported last month.
- The Crisis Stabilization Team provided services to 112 cases, an increase by one case from last month.

**Crisis Residential Unit/Hegira**

- The number of available beds remains at 14 to comply with the social distancing order.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	1:1 Staffing required and unavailable – 1
COPE	54	40	Consumer/Guardian choice - 3
DWVHN Residential	2	2	CRU Bed unavailable – 1 Level of Care Change - 7
Step Down (Inpatient)	14	10	Immediate danger of harm to self – 1 Not Medically Stable due to physical health –2
Total	70	52	Not medically stable due to SUD –2 High risk suicidal ideation -1 Total Denied – 18



### **Crisis Continuum**

- For the month of March, Team Wellness Crisis Stabilization Unit (CSU) provided services to 59 individuals, a slight increase of 3 cases from the month of January.

### **ProtoCall**

- The performance outcomes provided are for the month of February. March numbers were not available at time of report, but will be included next month. For the month of February, the volume of total calls answered was 1024 a slight increase of 2% as reported last month. The percentage of calls answered within 30 seconds was 79.9, a decrease of 12 seconds from last month. The abandonment rate was 3.0, well within the requirement of 5.0.

### **COMMUNITY/LAW ENFORCEMENT LIAISON REPORT**

- DPD Familiar Faces project – This committee has elected to move in another direction. DWIHN will be involved in a Familiar Faces project with Wayne County. The group is in the process of being developed. Updates will be provided as the group forms and meets.
- The number of ATRs for the month of March increased by 9% (289) completed for this month as compared to 274 in February 2021.
- Community Liaison engaged 23 individuals this month.
  - 87% have repeat hospitalizations w/o follow up with CRSP.
  - 43% has a SUD hx
  - 39% are on parole or under MDOC jurisdiction
  - 2% are homeless
  - 2% are on a court order
- 12 Citizens returned and connected to DWIHN services upon release from MDOC.

### **COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT March 2021**

- In March 2021, there were 308 consumer contacts made with community hospitals related to movement of consumers out of the emergency departments (approximately 14% decrease in contacts from February at 359 contacts). 1 referral was made to Hawthorn, none to WRPH.
- Hospital liaisons were involved in 209 cases that were NOT on the 23-hour report (decreased from February at 239 cases not on the 23-hour report), and of those cases, 46% were diverted to lower levels of care, an 11% decrease in diversion rate for those NOT on the 23-hour list from February at 54%.
- Hospital liaisons received 45 “crisis alert” calls collectively (a slight decrease from February at 51) and the crisis alert diversion rate was 60% (a decrease in diversion rate from February at 76%), which may or may not be related to continued effects of the pandemic (lack of face to face contact, noteworthy decrease in activities available to consumers), but also there has been a noticeable increase in the complexity of cases, and severity of symptoms despite multiple conversations attempting to move toward least restrictive environment.
- Of the overall 308 contacts, 10 consumers had at least 2 emergency encounters (decreased from 17 consumers in February), and were therefore considered recidivistic in March (26 encounters between 10 consumers, one consumer skewing the data by having 5 encounters that required a request for service, out of 10 total encounters in the month, diverted 8 times). Of these recidivistic consumers (26 encounters total), 3 consumers went inpatient twice. Ultimately with the 10 recidivistic consumers, 9 consumers were diverted to a lower level of care at least once, with 2 consumers diverted at each encounter (58% diversion rate for consumers considered recidivistic).
- 1 request was made involving veterans’ affairs.

### **DATA SPECIFICALLY RELATED TO 23 HOUR REPORT February 2021**

- Of the 23-hour report activities during this reporting period there were 206 encounters (a 26% increase from February at 151 encounters) related to movement from a 23+ hour wait in the ED.
- 131 of the 206 cases specifically related to the 23-hour list went inpatient, resulting in a 33% diversion rate, a slight increase in the amount of diversions compared to February at 31%.
- Diverted cases went to the following levels of care:

Res.	CCM	CRU	CSU	PHP	Pre-Place	OP/Stab	SUD	Other
1	0	1-Safehaus	0	8	0	57	0	8: Medical Admits 1: VA

### **CUSTOMER SERVICE – Director, Michele Vasconcellos**

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

- The Unit's Call Center continued to operate remotely with calls being able to be accessed from home by DWIHN staff.
- Worked on needed staffing revisions to Customer Service Unit to ensure call coverage of Customer Service 313-833-3232 line and Switchboard line 313-833-2500. Interviewing for Clerical staff vacancy.
- Conducted Customer Service Orientations for new Access Center staff.
- Family Subsidy requests continues to be remotely addressed and processed without interruption.
- Processed and mailed out "Choice" letters to members as a result of provider closures or discontinuance of services.
- Met and worked on policies and procedures to address: Disenrollment as well as Medical Record processes.

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

- Conducted Quarterly Customer Service Provider Meeting with over 40 attendees.
- Performance Monitors continue to review and monitor CRSP POC's and schedule Provider audits.
- Continued to participate in DWIHN provider closure meetings and initiation of Member Choice letters.
- Provided Grievance and Appeals technical assistance and virtual trainings to the provider network.
- Responded to HAP and AmeriHealth ICO Plan of Corrections.

#### **NCQA/HSAG**

- Conducted Mock Appeals and Denial file review for NCQA.
- Preparing for NCQA re-accreditation review for April 5<sup>th</sup> and 6<sup>th</sup>.
- Continued to review, update and obtain approval on Customer Service related policies and procedures in preparation for the NCQA re-accreditation review.
- Continued to gather research literature, analyze and write sections of the 2020 Member Experience Report, as well as make improvements to the 2018/2019 Member Experience Report.
- Continued to meet and discuss changes with Credentialing, MCO, IT and Strategic Management regarding the searchable Provider Directory to ensure compliance with HSAG and NCQA.

#### **Member Engagement/ Experience**

- Initiated an evaluation to address concerns raised by Clubhouse International, three clubhouses may be at risk of not getting reaccredited given their current status. The accrediting body posed that frequently changing directors might be a contributing factor. The evaluation team reviewed the

research and developing a tool to examine why directors leave and the relationship to other barriers to accreditation.

- Continued to review and organize data submitted for the Needs Assessment survey, developed a spreadsheet to enter the data for analysis.
- Developing a POC to strengthen the Ambassador program. Policy, updated curriculum, and routine engagement of Ambassadors are being reviewed.
- Hosted for Developmental Disability Awareness month, 3 events which addressed “Black and Disability for People with Developmental Disabilities” series. Collaboration was with community partners, Michigan Developmental Disabilities Council, Arc of Detroit, Services to Enhance Potential, Champions of Tomorrow, and Warriors on Wheels. 50 to 70 individuals attended. The data compiled will be used to identify a cross-cutting intervention.
- In collaboration with the Detroit Health Department and the Michigan Community Health Workers Alliance, continued series on social determinants of health, now known as Bridging the Gap: A Peer and Community Health Worker Collaborative. On March 26, the Collaborative hosted a session involving approximately 70 participants. The topic was COVID vaccination. Japari Paul with the Detroit Health Department was the lead speaker.

#### **INTEGRATED HEALTH – Provider Network Clinical Officer, Kimberly Flowers**

**Collaboration with Health Department** - Due to the COVID-19 pandemic, no Hepatitis A vaccination clinics were scheduled during the month of March.

**Quality Improvement Plans** - The IHC department manages seven 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, Adherence to Antipsychotic Medication, Increasing Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis A Risk Reduction.* Currently implementing a HEDIS certified platform which will display individual CRSP provider data to allow early intervention and opportunity to improve outcomes. During the month of April, the Chief Medical Officer will be reviewing the plans and providing guidance on interventions.

**Population Health Management and Data Analytics Tool** - DWIHN and Health Plan and Health Plan designee staff continue to meet at least weekly to prepare for implementation of the two platforms, one for providers to view member encounter information and performance on HEDIS measures, and the other for DWIHN and Health Plan designee to utilize to coordinate care for shared members and for DWIHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWIHN and Health Plan and Health Plan designee staff. Once sufficient revisions are made, we will go-live with the platforms.

**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 60 individuals in March. 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.

**Integrated Health Pilot Projects**

DWIHN has identified 3 Health Plans for Integrated HealthCare Pilot Projects.

**Health Plan 1** - Collaboration continues between DWIHN and Health Plan 1 staff with implementation of shared electronic platform with VDT to facilitate information exchange and document care coordination activities. Platform review continues, recommended changes/additions are in process with projected go live of HEDIS measures and scorecards platform (ProviderLink) and Care Coordination platform (PlanLink) to be determined.

**Health Plan 2** - Care Coordination with **Health Plan 2** was initiated in September 2020, these meetings occur monthly. There were **10** cases discussed in the month of March for the Pilot program. The plan requests the number of cases to be discussed during Case Review. The focus of the plan has been on Follow Up After Hospitalization (FUH) and coordinated efforts to increase outcomes. The goal is 58% identified by MDHHS and at last review (most current data-55.78% June 2020 and 57.10% September 2020). We are currently working to improve effort towards the FUA measure—no benchmark currently.

**Health Plan 3** - Health Plan 3’s Leadership continues in the review process. A meeting occurred with DWIHN and Health Plan 3 in March. The Health Plan continue to review plans for collaboration.

**MI Health Link Demonstration**

IHC department under the MI Health Link Program received total of 390 request for level II in the month of March 2021 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
Aetna	22	5	15
Amerihealth	1	0	2
HAP	9	0	5
Michigan Complete Health	5	0	3
Molina	96	70	158
<b>TOTAL</b>	<b>133</b>	<b>75</b>	<b>182</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		9		3	3
Amerihealth		1			1
HAP		2			2
Michigan Complete Health					3
Molina	1	73	13	31	40
<b>Total</b>	<b>1</b>	<b>85</b>	<b>13</b>	<b>34</b>	<b>49</b>

Pending referrals are outstanding for the month of March 2021 due to transitions within the DWIHN Central Access division. IHC department met with Access center during this reporting period to discuss ways in which to improve process and contact efforts.

IHC worked with Access Center to modify call script for referrals, the goal of this modification is to reduce the number of declines and yield more enrollment to Behavioral Health Services; implementation was mid-March and monitoring will continue.

Additionally, IHC department, with ACCESS department, implemented a new process which streamlines referrals of existing enrollees, moving them to IHC for processing. This change allows the Access Center staff to process New referrals to DWIHN with increased timeliness and efficiency, decreasing the backlog.

Transition of care services were provided for 55 persons who were discharged from the hospital to a lesser level of care, community outpatient, or additional level of service Behavioral Health or Physical Health.

There were 20 LOCUS assessments completed for the MI HealthLink Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees—29 – for individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

### **AUDITS**

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

- Molina's audit has been completed, with no plan of correction, instead technical assistance was provided for following areas, Customer Service, Credentialing and Critical Incident. The Quality department is oversight for this process with IHC as a backup, for all the submission request.
- ICO HAP delegation audit is complete, additional information still needed for IDN's letters and Customer Service Metrix. IDN's letters were submitted to ICO HAP for review awaiting response. No response has been provided by ICO HAP in the reporting month March 2021. ICO HAP requested policy, procedure and clarification on the files submitted for grievances and credentialing incorporated in their HSAG audit. IHC department assisted with the coordination of documentation submission.
- ICO Amerihealth requested policy and procedure clarification and additional information for a credentialing file that ICO Amerihealth incorporated in their HSAG audit file. IHC department assisted with the coordination of documentation submission.

### **Quality Withhold- Aetna update**

IHC department during this reporting period met with ICO Aetna to complete the quality withhold review for CY2019 however there are some discrepancies in the categories for the review. Meeting took place between ICO Aetna and DWIHN to finalize process in this reporting period additional information was requested by ICO Aetna regarding encounter submission by DWIHN. The quality withhold has not been finalized.

### **Complex Case Management**

NCQA file review has been scheduled for April 5<sup>th</sup> and 6<sup>th</sup>, file preparation and mock reviews were completed this month.

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 March, there are currently 14 active cases, 4 new cases opened, 1 case closure, and no pending cases.

Care Coordination services were provided to 18 additional members in March who either declined or did not meet eligibility for CCM services.

Complex Case Management staff have been working to identify additional referral opportunities. Presentations were provided for DWIHN CRSPs and at Provider Meetings.

The following Community Providers received information regarding CCM services: Meridian, The Guidance Center, Community Care Services, Black Family Development, Family Options, COPE, Garden City Hospital, St. Mary's Hospital, Beaumont Taylor, Henry Ford Kingswood, Henry Ford Wyandotte, Samaritan and Pontiac General.

### **MANAGED CARE OPERATIONS – Director, June White**

**MCO Development Mission** - DWIHN continues to make huge strives to be part of a larger picture with other Health Plan Agencies by creating an effective and efficient provider network of services that enhances the quality of life for all of our members.

Our 10 contract managers are committed to reaching out to providers monthly, quarterly to ensure providers know we are here to assist in answering any questions surrounding closing sites, as well as general questions that may arise.

**COVID-19 Effect on Providers-Managed Care Operations** - As we move forward into the 3<sup>rd</sup> Quarter there were no closures for March as providers have adjusted to the pandemic -COVID-19 and vaccination have been administered we have noticed providers making moves to sustain themselves as well as provide adequate services to our members.

DWIHN will continue to provide support to the network through training, webinars and emailing providers to ensure compliance with state and federal regulations. Although the virus continues to be the center of the concerns with providers, we have been able to assist by getting members vaccinated through Wayne County. Providers have been able to shift and pivot their operations in a way that operates in the best interest of their staff and our members. There were no closures for the month of March 2021.

**COVID-19 Effect on the Homeless Population** - The homeless population has been administered 2,320 vaccinations to 24 facilities. The first dose was administered in January 2021. The shelters continue to provide COVID- 19 testing bi-weekly at shelters. Providers are reporting that COVID-19 has resulted in moratoriums on evictions, some clients are still untrusting of the vaccinations among minorities and clients needing transportation to sites that offer the vaccine. With a generous gift from United Way to one of our providers (Southwest Solutions) clients that received gifts cards from local chain stores like CVS and drugstores as in incentive initiation. The City of Detroit, CAM, CSH, and HAND host weekly webinars

every other Friday to provide updates to stakeholders regarding COVID-19 the meetings are centered around learning opportunities about continued ways on how to handle COVID-19.

**New Providers to the Network** - No new providers were added to our network as our network continues to stay sufficient for our member services. We continue to receive new requests to become part of our network daily. There are a number of providers in our pool that can be potential providers ranging from private clinicians, therapy services, outpatient and residential providers if approved through our credentialing process and if the need is there for such providers.

**Provider /Training Meetings Held** - Provider Meetings scheduled for the year 2021 for the Outpatient and Residential Provider Meetings are as follows: March 19<sup>th</sup>, April 30<sup>th</sup>, June 11<sup>th</sup>, July 23<sup>rd</sup>, September 3<sup>rd</sup>, October 15<sup>th</sup> (10am-12:30pm) Virtual meeting.

Meetings are held every six weeks for Outpatient and Residential providers and all meetings going forward until further notice will be Virtual with the providers.

**RESIDENTIAL SERVICES – Director, Shirley Hirsch**

*Please see attached Report*

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

**Project 1: Opioid Health Homes**

**Status Overview:** In March 2021, The SUD Department implemented the Opioid Health Home (OHH) Program, a care management and coordination of services program that facilitates the entry for Medicaid beneficiaries with an opioid use disorder (OUD) diagnosis. The program also elevates the role and importance of Peer Recovery Coaches and Community Health Workers to foster direct empathy and raise overall health and wellness. Participation in the program is voluntary and beneficiaries may opt-out at any time. DWIHN/SUD Department has three goals for the OHH program: 1) improve care management of beneficiaries with an OUD; 2) improve care coordination between physical and behavioral health care services; 3) improve care transitions between primary, specialty, and inpatient settings of care.

**Work in progress:** DWIHN OHH model program is comprised of a team of designated providers that meet specific qualifications set forth in the MDHHS/OHH guidelines. The Home Health Provider (HHP) must complete an application (5845) in order to be designated as an HHP and to receive payment. DWIHN/SUD Department along with its designated providers will provide a monthly report based on the number of OHH beneficiaries with at least one OHH service during a given month. In addition, DWIHN will employ a pay-for-performance (P4P) incentive that will reward HHP based on outcomes.

**Planned Key Milestones, Activities /or Events:** DWIHN has 9 designated providers as a part of this initiative. Using a multifaceted approach, MDHHS has generated a list of enrollees from MDHHS claims that identified thousands of potential consumers to fully enroll Medicaid beneficiaries on the OHH benefit. The HHP must upload copies of the, Consent to Share and Care Plan with information requested on the documents. Enrollment for the month of March are as follow:

Number of enrollees: 45  
Care Management: 4  
Care Coordination: 4  
Health Promotion: 3

Comprehensive Transitional Care: 0  
Individual and Family Support: 4  
Referral to Community and Support Services: 43

## **Project 2: Supplemental Substance Abuse Prevention and Treatment Block Grant (SABG)**

**Status Overview:** DWIHN received an additional \$3,408,317 of funding to assist in response to the COVID-19 pandemic. This funding has not been approved to utilize however, DWIHN is in the process of completing information requested in the EGRAMS database to award providers to provide additional services for fiscal year 21.

**Work in progress:** DWIHN is in the planning stages to evaluate activities to prevent and treat substance use disorder. DWIHN will use this supplemental COVID-19 Relief funding to: 1) promote effective planning, monitoring, and oversight of efforts to deliver SUD prevention, intervention, treatment, and recovery services; 2) promote support for providers; 3) maximize efficiency by leveraging the current infrastructure and capacity; and 4) address local SUD related needs during the COVID pandemic.

**Planned Key Milestones, Activities and/or Events:** DWIHN will direct this funding to prioritize and address the unique SUD prevention, intervention, treatment, and recovery support needs and gaps in the network.

### **Recommended Funding Priorities include:**

#### Prevention

- Texting Health messaging strategies targeted at adolescents and young adults
- Web-based interventions targeted at the criminal justice system
- Screening with evidence-based tools
- Purchase of technical assistance

#### Intervention

- Naloxone materials to assemble overdose kits and the dissemination of the kits to user of opioids
- Sleeping Coats to individuals that are homeless and have not embraced traditional SUD services
- Expand Mobile Units efforts to include (Vaccine shots, COVID testing, and Insurance Assistance)

#### Recovery Support

- Recovery community organizations and peer-run organizations to ensure a recovery orientation
- Peer Recovery training, funding, services and peer recovery specialist certification

#### Infrastructure

- Purchase of PPE for staff and individuals receiving SUD services
- Purchase of WI-FI and other technology and equipment to improve service delivery
- Hiring of outreach workers for regular check-in for people with SUD
- Workforce support

### **Project 3: Synar Update**

**Status of Overview:** DWIHN partners with MDHHS in ensuring that formal Synar compliance checks are conducted each year with the intent of lowering youth use of tobacco rates. DWIHN is increasing its Synar education via remote and in person to tobacco retailers by providing parenting education and community informational presentations.



**Work in progress:** Notified the Designated Youth Tobacco Representatives (DYTUR) and providers that the State mandated Youth Tobacco Act (YTA) signs that reflect the current age of tobacco sales in Michigan is age 18. Distributed the approved 2021 Tobacco Vendor Education Flyer. The ordered quantities of the vendor education material is arriving to DYTURs by the end of March or Early April to being Merchant/Vendor Education from April –May 17, 2021.

**Planned Key Milestones, Activities and/or Events:** The providers are continuing to train the community and tobacco retailers virtually and in person on not to sell tobacco products to underage youth. Providers are wearing their person protection equipment (PPEs) and staying socially distant when conducting their presentations in person.

#### **Project 4: Naloxone Initiative**

**Status Overview:** Fatal and non-fatal opioid related overdoses and opioid-related hospitals visits continue to rise in the state of Michigan; opioid –related overdose deaths more than doubled between 2014 and 2017. Overdose deaths affect all demographic groups. In response to the Governor’s initiative to respond to the increase in opioid overdose related deaths in Detroit-Wayne County area, DWIHN began providing Naloxone training and kits. Further, DWIHN coordinated with MDHHS in expanding services aimed at increasing access to MAT for individuals with an opioid use disorder.

**Work in progress:** With different perspectives and roles in the treatment system. Broadly DWIHN engaged and expanded its Naloxone training to health care workers, providers, drug court staff, inmates, law enforcement and community organizations. The medication can be easily administered by nasal spray and does not affect someone who has not used opioids.

**Planned Key Milestones, Activities and/or Events:** DWIHN Naloxone Initiative program has saved 715 lives since its inception. The number of reported saved lives are under reported due in large to the COVID pandemic. The logs are coming in slowly from law enforcement and the community.

#### **UTILIZATION MANAGEMENT – Director, John Pascaretti**

*Please See Attached Report*



## DWIIHN UTILIZATION MANAGEMENT MONTHLY REPORT March 2021

### I. Executive Summary

- **Autism:** There were 323 authorization requests manually approved during the month of March. There were approximately an additional 158 authorizations approved via the new auto approval process (data through 3/30/21) for a total of 481 approved authorizations. There are 1792 cases currently open in the benefit.
- **Evidence Based Supported Employment:** There were 98 authorization requests approved during the month of March for Supportive Employment.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. As of 3/1/21, 1052 filled, 32 open 97.0% taken.
- **County of Financial Responsibility:** The total number of open COFR cases decreased by 31 resulting in a 27% reduction of cases.
- **Denials and Appeals:** There were a total of twenty-three (23) medical necessity Denials and five (5) Appeals for the month of March.
- **General Fund:** There were 350 General Fund Authorization approvals for the month of March.
- **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 a total of 46 MI Health Link authorizations received in March 2021. The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.
- **Provider Network:** \*Preliminary number(s) for March. The UM Team managed The UM Team managed a total of 789\* consumers within the provider network during the month of March 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential.
- **State Facilities:** There were 3 state hospital admissions and 4 discharges for the month. 61 NGRI consumers are currently managed in the community. 4 members completed their NGRI contracts this month.
- **SUD:** There was a total of 2457 SUD authorizations approved during the month of March compared to 2292 approved in February, an increase of 7%. UM reviewed 1634 authorizations in March, an 18% increase from 1381 reviewed in February. Access generated the remaining 823 auto-approved authorizations, a 9% reduction from 911 in February. DWIHN brought the Call Center in-house and began screening consumers, effective, February 1<sup>st</sup>.
- **Administrative Denials:** During the month of March, the SUD team issued 11 administrative denials compared to 31 the previous month.

- **MCG:** For the month of March, there were 1007 individuals screened in Indica which is an average of 32 cases per day screened using the MCG Behavioral Health Guidelines. There were 982 cases screened per day in February.

**II. General Report**

**Autism Spectrum Disorder (ASD) Benefit**

There were 323 authorization requests manually approved during the month of March. There were approximately an additional 158 authorizations approved via the new auto approval process (data through 3/30/21) for a total of 481 approved authorizations. There are 1792 cases currently open in the benefit.

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

Fiscal Year To Date						
	Oct	Nov	Dec	Jan	Feb	Mar
Manual Approvals	473	269	235	255	306	323
Auto Approvals	135	157	153	121	200	158
Total Approvals	608	426	388	376	506	481

\*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	Mar
Open Cases	1718	1747	1753	1745	1801	1792
Referrals	107	60	60	59	42	Pending Data Update from the WSA

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

**Evidence Based Supportive Employment (EBSE)**

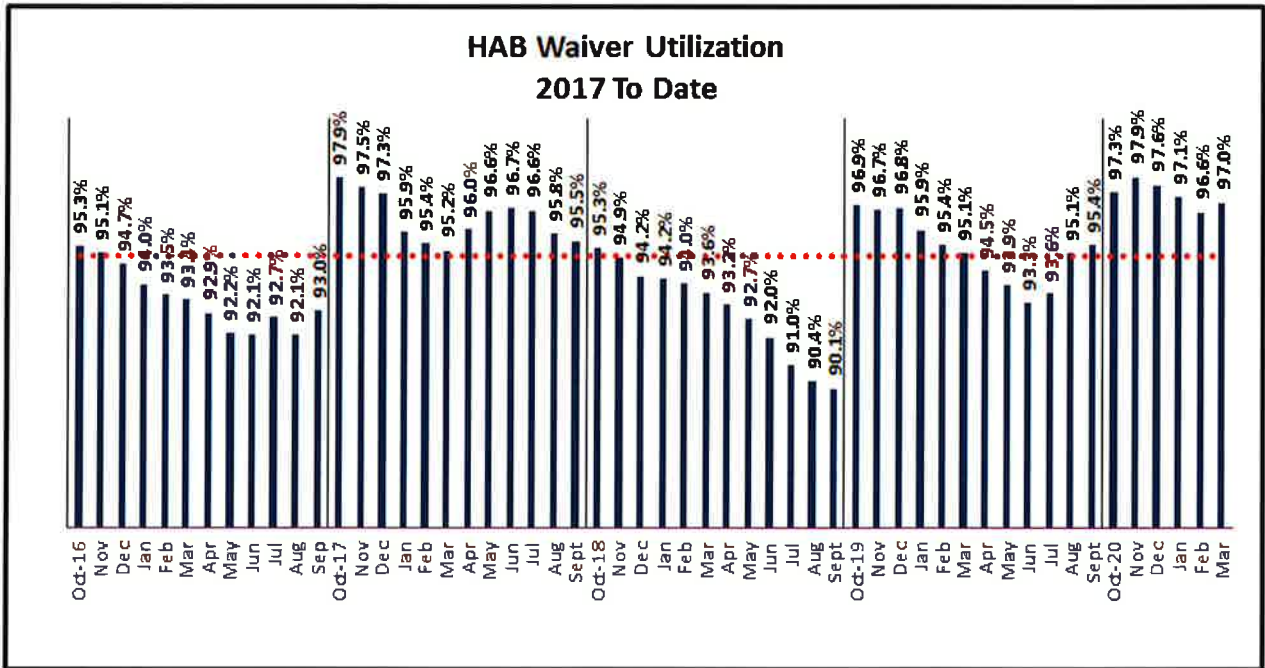
In the month of March, DWIHN approved 98 authorization requests for EBSE.

**EBSE Approved Authorizations**

Fiscal Year To Date						
	Oct	Nov	Dec	Jan	Feb	Mar
Approved Authorizations	82	71	73	69	73	98

**Habilitation Supports Waiver**

Historical and current utilization shown as follows:



Utilization for the current Fiscal Year to date:

Fiscal Year To Date						
	Oct	Nov	Dec	Jan	Feb	Mar
Allocated	1,084	1,084	1,084	1,084	1,084	1,084
Used	1,055	1,061	1,058	1,053	1,047	1,051
Available	29	23	26	31	37	33
% Used	97.3%	97.9%	97.6%	97.1%	96.6%	97.0%

Program details:

<b>Outcome Measurement</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar.</b>
# of applications received	16	2	7	5	5	4
# of applications reviewed	16	2	7	3	5	4
# of app. Pended PIHP level for more information	9	1	0	1	3	4
#of pended app. resubmitted	9	1	0	0	1	0
# of app. withdrawn	0	0	0	0	0	0
Total of application sent to MDHHS.	16	2	7	3	1	4
Technical Assistants contacts	5	8	5	7	5	10
# of deaths/disenrollments (recertification forms reviewed & signed)	1 death	4 all deaths	4 deaths 1 moved out of state	1 vol disenrol l 6 deaths	0	9 deaths
# of recertification forms reviewed and signed	91	77	121	30*	** 149 consent signatures	89
# of recertification forms pended	16	16	23	0	0	0
# of dis-enrollments (not meeting HSW criteria)	0	0	0	8	0	0

As of July 1, 2020, DWIHN instituted a onetime payment of \$1,000.00 to provider agencies for each new HSW certification. The number of onetime incentive payments made to CRSPs thus far is summarized below:

Month	#
July	15
August	26
September	24
October	19
November	8
December	6
January	1
February	1
March	5

As indicated, DWIHN’s HSW utilization leveled somewhat following rapid growth following the implementation of the incentive bonus. Importantly, new submissions continue to exceed disenrollment’s allowing for continued moderate growth. Outreach and the provision of technical assistance to our provider network continues.

**Serious Emotional Disturbance Waiver (SEDW)**

**March\_2021**

# of youth expected to serve in the SEDW for FY 20-21	65
# of active youth served in the SEDW, thus far for FY 20-21	65
# of youth currently active in the SEDW for the month of March	46
# of referrals received in March	15
# of youth approved/renewed for the SEDW in March	0
# of referrals currently awaiting approval at MDHHS	4
# of referrals currently at SEDW Contract Provider	16
# of youth terminated from SEDW in March	1
# of youth transferred to another County, pursuing the SEDW	7
# of youth coming from another county, receiving the SEDW	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

**County of Financial Responsibility (COFR)**

The COFR Committee continued to meet weekly for one (1) hour during the month of March. Weekly meetings are expected to continue ongoing.

	<b>Adult COFR Case Reviews Requests</b>	<b>Children COFR Case Reviews Requests</b>	<b>Resolved</b>	<b>Pending*</b>
March 2021	3	0	1	87

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

Previously 118 cases in February 2021.

\*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**

There were 350 General Fund Approvals for the month of March, 2021.

**Denials and Appeals**

For the month of March 2021, there were a total of 23 denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. There were five (5) appeals. Four (4) of the five (5) appeals were overturned and one (1) appeal was upheld..

	<b>Oct.220</b>	<b>Nov. 20</b>	<b>Dec. 20</b>	<b>Jan. 21</b>	<b>Feb. 21</b>	<b>Mar21</b>	<b>Apr 21</b>	<b>May 21</b>	<b>Jun. 21</b>	<b>Jul. 21</b>	<b>Aug. 21</b>	<b>Sept21</b>
<b>Denial</b>	10	3	5	7	17	23						
<b>Appeal</b>	2	4	2	2	5	5						

**State Hospital Liaison Activity Report**

<b>Hospital</b>	<b>Caro Center</b>	<b>Kalamazoo</b>	<b>Walter Reuther</b>
<b>Census</b>	1	12	112
<b>Wait List</b>	0	0	11
<b>Admissions</b>	0	0	3
<b>Discharges</b>	0	0	4
<b>ALS Status</b>	0	1	60

- All hospital admissions this month were rehospitalizations of NGRI members on ALS or members placed through the state’s MCTP program.

Forensic cases remain priority for admission and continue to extend the wait lists for all state hospital facilities.

- Discharges this month were split between AFC and independent placements. MDHHS continues to coordinate discharges from the state hospital through its new MCTP program. Four members are currently awaiting placement through this program.
- MDHHS has initiated autism programming at Caro Center with implementation to also occur in Spring 2021 at Kalamazoo Psychiatric. One member has been transferred to this program this month.

## MI Health Link

### Report Filters

Date Range 3/1/2021 thru 3/31/2021

Selected:

ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN;  
AMERIHEALTH 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
46	6	6	24	24	0	0	16	16

### Report Filters

Date Range 3/1/2021 thru 3/31/2021

Selected:

ICO's Selected: 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
23	5	5	10	10	0	0	8	8

### Report Filters

Date Range 3/1/2021 thru 3/31/2021

Selected:

ICO's Selected: HAP MIDWEST HEALTH PLAN, 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
11	0	0	7	7	0	0	4	4



**Report Filters**  
 Date Range 3/1/2021 thru 3/31/2021  
 Selected:  
 ICO's Selected: FIDELIS SECURECARE OF MICHIGAN

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
3	0	0	2	2	0	0	1	1

**Report Filters**  
 Date Range 3/1/2021 thru 3/31/2021  
 Selected:  
 ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN

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
5	0	0	3	3	0	0	2	2

**Report Filters**  
 Date Range 3/1/2021 thru 3/31/2021  
 Selected:  
 ICO's Selected: AMERIHEALTH 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
4	1	1	2	2	0	0	1	1

The data for March 2021 delineates the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. The table accounts 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 a total of 46 MI Health Link authorizations received in March 2021 compared to 48 authorizations in February 2021. By ICO, there were 5 authorizations submitted for Aetna, 4 for AmeriHealth, 3 for Fidelis, 11 for HAP Midwest and 23 for Molina. Out of the 46 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes. \*\*The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.

## **Provider Network**

The UM Team managed a total of 789\* consumers within the provider network during the month of March 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential. The 610\* Inpatient Admissions, shows a 14.45% decrease from February (i.e., 713). There were 92 Partial Hospital Admissions in March, which shows a 2.13% decrease from February (i.e., 94) and 41 Crisis Residential Admissions is a 2.5% increase from FEB (i.e., 40). Please note that the Crisis Residential Units are still at 50% capacity due to COVID. The preliminary number(s)\* below reflect the admissions for the month of March 2021:

- Inpatient: 610\*
- MHL: 46
- Partial: 92
- Crisis Residential: 41
- Total Admissions: 789\*
- Average Length of Inpatient Stay: 11\*

### **Safehaus:**

#### **March 2021**

- 14 consumers
- 13 females
- 1 male
- No Covid-19 symptoms

#### **February 2021**

- 15 female consumers'
- 0 male consumer's
- 0 positive for COVID-19

#### **January 2021**

- 2 males
- 10 females
- 0 positive for Covid-19

Please note: All of these consumers were at Warren location. Grand Rapids and Rose City location have been permanently closed.

## **Substance Use Disorder**

### **SUD Authorizations**

There was a total of 2457 SUD authorizations approved during the month of March compared to 2292 approved in February, an increase of 7%. UM reviewed 1634 authorizations in March, an 18% from 1381 reviewed in

February. Access generated the remaining 823 auto-approved authorizations, a 9% reduction from 911 in February. DWIHN brought the Call Center in-house and began screening consumers, effective, February 1<sup>st</sup>.

### **SUD Administrative Denials**

During the month of March, SUD team issued 11 administrative denials compared to 31 reported last month. The primary reason for administrative denials is failure to adhere to timeliness guidelines.

### **Medical Necessity Denial**

There were no medical necessity denials this month.

### **Appeal Requests and Appeal Determination Forms**

There were no SUD administrative appeals received during the month.

### **SUD Timeliness Dashboard**

Overall timeliness for SUD March authorizations remains high at 99% reviewed in a timely fashion (1300/1307). Nonurgent authorizations (945/949) were approved within 14 days, 100% of the time. Urgent authorizations (355/358) were reviewed within 24 hours 99% of the time, exceeding the benchmark of 90%.

### **Utilization Management Committee**

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

### **MCG**

For the month of March, there were 1007 individuals screened in Indica which is an average of 32 cases per day screened using the MCG Behavioral Health Guidelines. There were 982 cases screened per day in February.

The NCQA review is scheduled April 5<sup>th</sup> and 6<sup>th</sup> 2021.



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

**Department Monthly Report: March 2021**

**Residential Assessment Productivity**

February Report's <i>Pending Assignments</i>	<b>36</b>
<b># of Referral Requests RECEIVED for March 2021</b>	<b>233</b>
Total Referrals	269
Assessment/Referral Cancelled	83
Cases Requiring Placement (Brokering) Only	15
Assignments Awaiting Completion	88
<b>Completed Assessments</b>	<b>83</b>

<b>Per Disability Designation</b>	
AMI Referrals	206
IDD Referrals	63

**Referral Sources**

Inpatient Hospitals	109
<i>Emergency Departments</i>	<b>11</b>
CRSP	116
<i>Youth Aging Out (DHHS)</i>	4
Pre-placement (C.O.P.E.)	11
Crisis Residential	15
Nursing Homes	3
<b>Total Received Referrals</b>	<b>269</b>

**Residential Assessments (in Licensed Setting)**

In-home assessment review process was temporarily placed hold to complete roll-out and trainings of new residential assessment (effective 3/8/21) and H2X15/T2X27 code updates/changes (effective 4/1/21).



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

**COVID-19**

**# of Positive Cases Reported (3/1 – 3/31):** 21

Per Designation	AMI	IDD
Males	5	6
Females	4	6

**# of Deaths Reported (3/1 – 3/31):** 0 (No deaths reported since 12/1/20)

Per Designation	AMI	IDD
Males	0	0
Females	0	0

**Residential Service Authorizations**

<b>Total Processed Authorization Requests</b>	<b>1,063</b>
<b>Authorizations APPROVED</b>	<b>838</b>
Requests Returned to CRSP	225

<b>Authorization Submission Type</b>	
Interim IPOS Completed by DWIHN Auth Team	55
Requests Submitted by Residential Care Specialists	170
Requests Processed Through MHWIN Queues	838

<b>Authorization (Per Disability Designation)</b>	
AMI Authorizations	448
IDD Authorizations	615

**30-Day/Emergency Consumer Discharge Notifications**

<b>Total Received Consumer Notifications</b>	<b>29</b>
30-Day Notices for Licensed Facilities	13
Emergency Discharges	16
<b>Rescinded Requests/Self-Discharges</b>	<b>0</b>



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

**Residential Facility Closures**

The following residential facility closures were processed during March 1-31, 2021 to relocate all consumers to alternate specialized placements (No residential facility closures reported this month due to COVID-19 issues; i.e. lack of staff, consumer exposure, etc.):

<b># of Facility Closure Notifications</b>	<b>1</b>
Received prior to March 2021: On-Going/In Process	0
Requests ON-HOLD/PENDING	0
Completion of Facility Closures	0

**Woodcrest Home – 26127**

Notification Received: 2/26/21  
 Closure Effective Date: 4/26/21  
 4 IDD consumers confirmed in current location; department awaiting guardian consents to relocate.  
 All consumers are assigned to Community Living Services  
 Current Status: **ON GOING**

**Department Project Summaries**

**Authorization Team**

- **DWIHN MEMO:** DWIHN posted a Memo on 2/23/21 providing an update about the H2015 and modifiers. Memo introduced the H2X15 and the T2X27. Additional information is to follow with the expected launch date of fee schedules 4/1/21.
- **H2X15/T2X27 Authorization Trainings:** The Residential Department conducted trainings with the CRSP Providers and the Residential Home Providers on March 3-5 and March 29<sup>th</sup>. Trainings consisted of information regarding the implementation of the H2X15/T2X27 bundled authorizations.
- **IDD Residential Unlicensed Home Provider Meetings:** The Residential Authorization Team has participated in multiple meetings with IDD Unlicensed Home Providers to listen and discuss concerns regarding the H2X15/T2X27 implementation beginning 4/1/21.
- **H2X15/T2X27:** The Residential Authorization Team has been working to establish a standardized process for approving H2X15/T2X27 authorizations. The Authorization Team has been working with the Finance Department for clarification and understanding. The Authorization Team is meeting with Clinical Leadership (Melissa Moody/Kim Flowers) to work towards a resolution.

**CRSP/Department Meetings**

- **CRSP/Residential Services Monthly Meetings**  
 Of the 20 CRSP meetings scheduled to meet with monthly with the department, a total of **12 CRSP meetings were completed** for March 2021. 2 remaining CRSP are confirmed scheduled for their initial monthly meeting in April (CNS Healthcare and Northeast Integrated Health) as they will have merged, effective April 30<sup>th</sup>. Four CRSP meetings were cancelled to accommodate trainings for CRSP and Residential and 2 CRSP meetings are only bi-monthly (Spectrum and CCS).  
**General monthly agenda added for review.**



## Detroit Wayne Integrated Health Network Residential Services Department

### Trainings: 14 Sessions, 1,079 Attendees

- **CRSP Supervisory Sessions: New Residential Assessment & Service Authorization Update Review:** The department held 2 days of review training for IDD (on Wednesday, 3/3) and AMI (on Thursday, 3/4) CRSP Supervisory teams to review the new residential assessments roll-out went live as of 3/8; and changes/updates to the H2X15/T2X27 CPT codes effective 4/1/21. Of the **(4) virtual sessions** on Microsoft Teams, we confirmed a total of **189 Attendees** as follows:
  - **IDD CRSP Providers on 3/3**
    - 9 AM: 82 Attendees
    - 12 PM: 34 Attendees
  - **AMI CRSP Providers on 3/4**
    - 9 AM: 39 Attendees
    - 12 PM: 34 Attendees
- **Residential Providers Sessions: New Residential Assessment & Service Authorization Update Review:** The department also completed review the new residential assessment in conjunction with the Authorizations Team introducing the H2X15 and the T2X27 with DWIHN IDD & AMI residential providers on Friday, 3/5. Of the **(2) virtual sessions** on Microsoft Teams, we confirmed a total of **104 Attendees** as follows:
  - **IDD Residential Providers at 9 AM: 76 Attendees**
  - **AMI Residential Providers at 12 PM: 28 Attendees**
- **CRSP & Residential Providers' Virtual Trainings: New Residential Assessment, Individual Plan of Service (IPOS), & Standardized Progress Note:** Continued trainings for all IDD and AMI CRSP and residential providers were completed Tuesday, 3/23 through Thursday, 3/25 on Bluejeans to review processes of aligning clinical documentation as deemed medically necessary by the completed residential assessment. This process assisted all parties is affirming the assessment shall reflect what is be listed as goals and objectives within the consumer's IPOS, which would then and assist DCW staff with documenting rendered services in daily progress notes. Of the **(6) virtual sessions**, we confirmed a total of **587 Attendees** as follows:
  - **IDD CRSP & Residential Providers at 9 AM**
    - Tues., 3/23: 124 Attendees
    - Wed., 3/24: 112 Attendees
    - Thurs., 3/25: 192 Attendees
  - **AMI CRSP & Residential Providers at 12 PM**
    - Tues., 3/23: 72 Attendees
    - Wed., 3/24: 56 Attendees
    - Thurs., 3/25: 31 Attendees
- **DWIHN Residential Service Authorization Update Review for H2X15/T2X27 (via Bluejeans.com):** The Authorizations Team held trainings on Monday 3/29 for IDD and AMI residential providers review and discuss the updates on changes to the H2X15/T2X27 service authorizations, effective 4/1/2021. Of the **(2) sessions**, we confirmed a total of **199 Attendees** as follows:
  - **IDD Residential Providers at 9 AM: 123 Attendees**
  - **AMI Residential Providers at 12 PM: 76 Attendees**



## Detroit Wayne Integrated Health Network Residential Services Department

### DWIHN Residential Assessment

#### **Residential Assessment Development (Darryl Smith)**

- Implementation of the Residential Assessment began on 3/8/21.
- Training with Community Living Services staff on the Pre-Assessment and Residential Assessment.
- For the week of 3/22/21, intensive trainings were completed for the CRSP and the providers associated with their agencies.
- Completing the residential process flow to complement the revised Residential Assessment.
- Number of Residential Assessment reviews attended with Community Living Services: 55

#### **Department Special Projects (Christie Qayed)**

- COVID-19 weekly monitoring under Project Reach Out, contacting 21 providers of 129 residential homes
  - *Call providers from call list weekly to determine if any staff or consumers have been exposed to or tested positive for COVID-19. Determine whether there are any concerns with PPE and discuss any overall concerns.*
- Number of Residential Assessment reviews attended with Wayne Center: 7
- Trainings:
  - *DWIHN Residential Assessment and Service Authorization training. Discussed the changes to the new Residential Assessment, more specifically my part included discussing the changes with CRSP and providers to the PC section of this assessment.*
  - *Attended Residential Assessment Training meeting to discuss upcoming training information and slideshow.*

#### **Department Special Projects (Michael Jackson)**

- COVID-19 weekly monitoring under Project Reach Out
- Contact providers (78 facilities) on a weekly basis to inquiry if any staff or consumers tested positive, documenting information that is outlined in reporting grid
- Send any new updates/resources to providers to keep them inform, inquiring about any COVID-relating issues
- Vaccination Reporting
  - *Collecting data regarding date of consumers' 1<sup>st</sup> and 2<sup>nd</sup> dose, number of staff in the home, number of staffs vaccinated; also noting consumers/guardians that refuse or did not approve for consumer to be vaccinated*
  - *Provided community vaccination resources to providers attempting to schedule consumers that have given consent*
- Training CRSP and residential providers on new residential assessment
  - *Co-presented with team during presentation that included updates and changes, and how to complete the assessments correctly*
  - *Conducted Q/A to address immediate questions regarding updates*





## Detroit Wayne Integrated Health Network Residential Services Department

### Department Special Projects (Megan Latimer)

- COVID-19
  - Update COVID-19 master list (2 different tabs on Excel sheet) when COVID-19 positive cases and or deaths of AFC residents/DCW staff are identified by residential department team members (Project Reach Out) or residential referrals that are made by the case manager
  - Send report on the number of COVID-19 positive cases and or deaths (consumers and DCW) daily and accumulative; with demographic breakdown: diagnosis designation, gender, age
    - i. Cases are tracked monthly
    - ii. Monthly team meeting participation along with RCS Lezlee Adkisson to COVID-19 numbers, findings, and quarantine facility usage
  - Communicate/Coordinate with RCS-Lezlee Adkisson for consumers requiring quarantining.
- Project Reach Out
  - Call providers from call list weekly to inquire about 1.) Any staff or residents that have been tested positive for COVID-19 2.) Issues with obtaining PPE 3.) Overall Concerns or issues 4.) Sending resources/information to providers that relate to COVID-19, DWIHN etc. 5.) Collecting information on residents and # of staff who have received the COVID-19 vaccination. 6.) Updating # of residents who reside at the facility and # of staff.
    - i. Project Reach Out meetings are every Tuesday @ 1 pm.
- Vaccination tracking
  - Call residential providers to inquire if residents have been vaccinated, if they have received the vaccine, collect the following information:
  - obtain names of the consumers (including member IDs) the dates of 1<sup>st</sup> and 2<sup>nd</sup> vaccine, who administered the vaccine (Walgreens, CVS, Health Department etc.), the capacity of the AFC home and number of residents who have been vaccinated.
  - obtain the number of staff/DCWs who have been vaccinated and the total number of staff/DCWs who work at the facility.
    - i. 52 unlicensed providers; made contact w/all 52 via phone, email and or text message on an ongoing basis until all information is collected.
- Creation of master list of DWIHN unlicensed providers and facilities.
- Residential Assessment Revision Project
  - Work with Team (Sheila Jones, Darryl Smith, Michael Jackson) on revisions to the new residential assessment in order to enhance the process of completing levels of care reviews. These revisions were reviewed with Ms. Henson (IT) for discussion of actual deployment to the process. After revisions were reviewed with Ms. Henson, they were presented to PCE. Next step will be to train providers, CRSPs, etc.
    - i. Meetings held every Monday @3:30 pm., finalization meeting (for training) 3/2/21 @ 11 am.



# Detroit Wayne Integrated Health Network Residential Services Department

## Department Goals

### Staffing

- Residential Care Specialist Kate Mancani was promoted to Authorizations Manager, effective 3/8.
- Job offers have been extended to two candidates (Harriett Siddiqui and Ashley Tomazewski) for Residential Care Specialists.
- We continue to interview for the (two) Residential Care Coordinator positions focusing on those who possess valid licensure. To date, there have been four candidates interviewed.

### Automated Productivity Reporting

- Residential Services received licensing for access to Smartsheet development and continues to model productivity reporting throughout the department to progress towards automated reporting.
- To date, the staff utilizes the Residential Care Specialists reporting, facility closures, and in-home assessment reviews with additional revised reporting forthcoming.

### Residential Review Committee

- Completed

### Residential Task Log

- Attached for review



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

**CRSP/Residential Monthly Meeting**

**Welcome**

**Residential Services Items**

- CRSP Staff Updates
- Next DWIHN Outpatient Provider Meeting
- Review of Last Meeting Minutes
- CRSP/Residential Provider Trainings
- CRSP Clinical Alignment of Documentation
- Residential Referrals
- COVID-19
- Authorization Process

**CRSP Items**

**Action Items**

**Closing**

**Next Meeting**

# February 2021 - April 2021

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

28	March 1 Hegira: CRSP/Residential	2	3	4	5	6
			Southwest Solutions: IDD CRSP Supervisory IDD CRSP Supervisory	AMI CRSP Supervisory AMICRSP Supervisory	IDD Residential Providers AMI Residential Providers	
7	8	9	10 RS Monthly Team Meeting	11	12	13
14	15 Spectrum Community ACCESS: PsyGenics:	16 S.T.E.P.:	17	18 LBS: CRSP/Residential	19 CCH: CRSP/Residential	20
21	22 JVS: CRSP/Residential Goodwill-Detroit:	23 IDD CRSP & Residential AMI CRSP & Residential	24 ACC: CRSP/Residential AWBS: CRSP & Residential IDD CRSP & Residential AMI CRSP & Residential	25 IDD CRSP & Residential AMI CRSP & Residential	26 CLS: CRSP/Residential NSO: CRSP/Residential	27
28	29 (IDD) DWIHN Residential (AMI) DWIHN Residential	30	31	April 1	2	3

**Residential Task Log: March 2021**

Received Date	Originated From	Assigned To	Assignment Date	Task Name	Task Requirements	Last Status Update	Projected Completion Date	Actual Completion Date
09/28/20	Shirley Hirsch	Shirley Watson	09/28/20	CRSP Case Management: Responsibilities	Review prior (CRL) documents to convert for DWIHN documentation	12/03/20	ASAP	
01/06/21	Shirley Hirsch	Kelly McGhee; Sherri Watson	01/06/21	Process Flow of Consumer Medical Review Protocol for Residential Providers; managed by designated CRSP Self-Determination Tracking and Process Flow		01/16/21	ASAP	
12/21/20	Shirley Hirsch	Sherri Watson; Kelly McGhee; Lucinda Brown	12/21/20	Residential tracking of COFR Cases	Finalize process flow to determine whether submitted SD referrals are to remain or are no longer under SD services; coordinated with SD Liaison	01/06/21	01/31/21	
02/23/21	Shirley Hirsch	Sherri Watson	02/23/21	Residential tracking of COFR Cases	COFR Cases cc: through Residential Services will tracked by Dept Admin for monthly reporting.	02/23/21	On-Going	
02/15/21	MCO	Amelia Answorth; Andrea Guilbault; Sherri Watson	12/16/20	Res Provider Suspension for United Horizons, Inc.	MCO Notice received extending suspension until 2/13/2022... RS Director advise MCO reporting 6-month contract suspension for residential provider of all DWIHN services until August 2021.	02/13/22	02/13/22	
02/02/21	Shirley Hirsch	Sherri Watson; Project Reach Team	02/02/21	Residential Provider MASTER List: Consumer/DCW Staff Vaccination Reporting	Sort by Area/City/etc.... Staff from Project Reach Out calling to report consumers & DCW staff who have received/declined CYD vaccine; also updating residential provider master listing and contact info.	03/31/21	ASAP	
11/01/20	June White; Rai Williams	Shirley Hirsch, Kelly McGhee, Sherr 11/01/20	11/01/20	Internal Department Notifications	(CRSP) Outpatient Provider Meetings	04/01/21	ON GOING	
11/01/20	June White; Rai Williams	Shirley Hirsch, Kelly McGhee, Sherr 11/01/20	11/01/20	Internal Department Notifications	Residential Provider Meetings	03/19/21	ON GOING	
09/15/20	Shirley Hirsch	Authorization Team, Darryl Smith; Sheila Jones	09/15/20	CRSP Process for PC/CLS Worksheet Entry	CRSP Notification of H2015 worksheet suspension effective 9/15/20 thru 10/15/20... Process extended through 3/31/21/CRSP to continue request entries as "place holders".	03/03/21	03/31/21	
09/15/20	Shirley Hirsch	Residential Auth Team		CRSP Service Authorization Entries thru MHWIN	CRSP to complete all active service auths at least 30 days in advance of the authorization expiration	03/31/21	03/31/21	
10/01/18	Stacie Durant	Shirley Hirsch	10/01/18	Title XIX (19)	Review and grant auth requests through ASAP System for CRSP/CMH workers; notification to CRSP to confirm ASAP website applications have been completed by designated CRSP Staff;	03/29/21	ASAP	
03/24/21	Shirley Hirsch	Sherri Watson	03/24/21	ASAP Business Continuity Plan (Title XIX) Liaison Spreadsheet Update	Email CRSP Supervisor Tam to confirm continuity plan has been reviewed by designated Liaison and confirming Use ID contact info in Excel spreadsheet; reporting back to DHHS	2/29/21	ASAP	2/29/21
02/23/21	Shirley Hirsch	Sherri Watson	02/23/21	COFR Case: FG-1531820 (DD); DOB: 5/2/61: Ionia Crty Medicaid, residing in Hubbard Home (Prov ID# 25748) per Guardian's (mother) request. Consumer assigned under CLS (Intake completed 1/12/21).	COFR Cases cc: through Residential Services will tracked by Dept Admin for monthly reporting.	02/23/21	ASAP	02/23/21
02/23/21	Shirley Hirsch	Sherri Watson	02/23/21	COFR Case: FG-1531820 (DD); DOB: 5/2/61: Ionia Crty Medicaid, residing in Hubbard Home (Prov ID# 25748) per Guardian's (mother) request. Consumer assigned under CLS (Intake completed 1/12/21).	COFR Cases cc: through Residential Services will tracked by Dept Admin for monthly reporting.	02/23/21	ASAP	02/23/21
02/15/21	Shirley Hirsch	Sherri Watson	02/15/21	DRAFT for completion: Residential Dept Communications process to share with MCO for publication	Dept numbers, fax, and email inbox with directive to what requests go where.	02/16/21	ASAP	02/16/21
02/09/21	Shirley Hirsch	Kelly McGhee, Sherri Watson	02/09/21	DRAFT Instructions on Informed Consent and Consumer Vaccine Reporting	DRAFT Instructions on Informed Consent (for consumers, reported by CRSP) and vaccination date reporting form (for residential providers per facility, within city of Detroit)	02/10/21	ASAP	02/10/21
02/02/21	Shirley Hirsch	Sherri Watson; Amelia Answorth; Andrea Guilbault	02/02/21	Brokering Letter: Acceptance/Denial for Brokering Letter	Tracking email letters to residential providers when referrals are denied for placement (to be added to RS Team Monthly Meeting)	02/04/21	ASAP	02/04/21

**Residential Task Log: March 2021**

Start Date	Lead	Staff	Task	Due Date	Frequency	Notes	End Date
01/16/21	Shirley Hirsch	Jessica Wright; Kelly McGhee	30-Day Discharge Reporting Updates/Revises; SmartSheet Development	12/21/20		Reporting grid review/update (to identify green/yellow/red cases) to track length-of-stay for discharge notifications; carry-overs from previous month; and process barriers (extending past 30-day or Emergency discharge timeframe).	03/16/21
12/16/20	MCO	Amelia Answorth; Andrea Gulbault;	Ras Provider Suspension for Teride; Heart Care AFC	12/16/20		RS Director advise MCO reporting 6-month contract suspension for residential provider of all DWIHN services until February 2021.	02/26/21
11/01/20	Shirley Hirsch	Kelly McGhee	Department Workflows/Process Development for CRSP	11/01/20		Internal (Res): Provider Consumer Transfers	02/15/21
09/23/20	Shirley Hirsch	Sherril Watson	CRSP Monthly Meetings with DWIHN Residential Services	11/01/20		CNS Healthcare & NEIH: every 2nd Tuesday @ 2 PM	03/31/21
09/23/20	Shirley Hirsch	Sherril Watson	CRSP Monthly Meetings with DWIHN Residential Services	11/01/20		Team Wellness: every 1st Friday @ 1 PM	09/30/21
09/23/20	Shirley Hirsch	Sherril Watson	CRSP Monthly Meetings with DWIHN Residential Services	11/01/20		The Guidance Center: every 2nd Tuesday @ 3 PM	02/05/21
09/23/20	Shirley Hirsch	Sherril Watson	CRSP Monthly Meetings with DWIHN Residential Services	11/01/20		CCS: every 2nd Thursday @ 1 PM	02/09/21
09/23/20	Shirley Hirsch	Sherril Watson	CRSP Monthly Meetings with DWIHN Residential Services	11/01/20		DCI: every 2nd Thursday @ 12 PM	02/11/21
09/23/20	Shirley Hirsch	Sherril Watson	CRSP Monthly Meetings with DWIHN Residential Services	11/01/20		CCIH: every 3rd Friday @ 10 AM	02/11/21
09/23/20	Shirley Hirsch	Sherril Watson	CRSP Monthly Meetings with DWIHN Residential Services	11/01/20		NSO: every 4th Friday @ 1 PM	02/19/21
09/23/20	Shirley Hirsch	Sherril Watson	CRSP Monthly Meetings with DWIHN Residential Services	11/01/20			02/26/21

# ASD PROVIDER NETWORK MONTHLY REPORT

**NAME: Sabrina Bergman**

**MONTH: February 2021**

Area of Responsibility	Status Updates	Dates of Upcoming Meetings and or other significant information (Next Steps: Follow-up needed, etc.)
<p>ASD Network</p>	<p>Interim ASD Program Administrator facilitated February Provider meeting with ABA Providers and CRSPs to provide updates, answer questions, and barrier bust.</p> <p>Interim ASD Program Administrator facilitated February Internal Autism Meeting to increase communication between staff.</p> <p>The network continues to experience some capacity issues due to loss of staff from the COVID-19 pandemic.</p> <p>The Interim ASD Program Administrator has spent a significant amount of time assisting ABA Providers and CRSPs in coordinating care for consumers.</p> <p>This writer has also spent a significant amount of time assisting ABA Providers in navigating credentialing and Quarterly Status Reports. ABA Providers report a lack of understanding and a lack of responsiveness to their questions and concerns. More education and communication is needed from MCO.</p>	<p>Continue working with the network to coordinate staff and troubleshoot capacity issues.</p>
<p>Quality and IT</p>	<p>ASD Worksheets are active and being utilized by all providers. We continue to identify and work out bugs in the system relative to the worksheets.</p> <p>IT is working to address Access Center/PCE issues. As of 2/19/2021 IT reported that these issues have been resolved. IT is also developing a report to help monitor the timeliness of Autism evaluations be uploaded into MHWIN for NCQA monitoring.</p>	<p>Continue training the network. Follow up with PCE for updates to system</p> <p>Follow up with IT to ensure NCQA report is received.</p>
<p>DW/IN Access Center</p>	<p>The Interim ASD Program Administrator has spent a significant amount of time attending Access Center trainings, troubleshooting with Access Center staff, and aiding the Independent Evaluators to navigate this new process.</p>	<p>Continue to train and support access center staff.</p>

<p>Independent Evaluator</p>	<p>Interim ASD Program Administrator has dedicated a significant amount of time in developing the Independent Evaluator referral process and providing TA to Independent Evaluator agency to ensure they are able to provide services as soon as possible.</p> <p>IT has also dedicated a significant amount of time developing the MH-WIN calendar referral process. Interim ASD Program Administrator has provided TA and tested the system.</p>	<p>Continue working with credentialing and IT to onboard providers.</p> <p>Provide TA to providers as needed.</p>
<p>COVID 19 Response</p>	<p>Interim ASD Program Administrator continued to provide resource and technical assistance to providers to address concerns around the response to COVID-19.</p>	<p>Continue to address concerns as they arise.</p>
<p>Legal and Contracting</p>	<p>Interim ASD Program Administrator has attended meetings discussing the development of an RFP process for the Autism Network.</p>	<p>Continue meeting with Administration to develop RFP and access capacity needs.</p>
<p>NCQA Page 98 of 118</p>	<p>NCQA activities continue to require a <b>significant amount of time</b> dedicated to documentation and Quality Improvement Project Development. <b>This writer spent a significant amount of time attending meetings to discuss this project in addition to searching through old files, emails, and other areas to gather information and documentation.</b> The Autism Monthly log was edited to include staff tracking for NCQA and a program updates section to help monitor NCQA measurements. NCQA was also added as a standing agenda item for Autism meetings.</p> <p>Timeliness concerns about ASD Benefit Denials continue to be problem-solved as a group. IT is working to develop a report that will assist UM in monitoring this key measure.</p>	<p>Continue to monitor and update NCQA documentation include the Quality Improvement Project. Develop a process to ensure this document is updated quarterly. Continue to follow up on NCQA Quality Improvement Project tasks.</p>
<p>MICC Grant Partnership</p>	<p>DWIHN continues to partner with Wayne State and Mi Innovations in Care Coordination (MICC) to increase access to ABA for children and families in Wayne County. The group is now focused on finalizing informational videos that will be sent to families. Work with this project will continue.</p>	<p>Continue to meet to problem solve timeliness concerns and other issues as they arise.</p> <p>Continue to attend MICC meetings and provide feedback as needed.</p>



**Open/Closed Case statistics as of 2/19/2021**

Cases Served 2013 to Current					
Status	Level of Care		Did Not Receive ABA Direct Services*	Grand Total	Grand Total
	FBI (Lower Level of Care)	CBI (Higher Level of Care)			
Closed	622	1116	3574	5312	
Open	472	1094	238	1804	
Pending Intake	0	0	98	98	
Total	1094	2210	3910	7214	

**OTHER:**

List any scheduled time off for the upcoming month:

2/25/2021

2/26/2021

Effective 2/22/2021 Rachel Barnhart is the ASD Program Administrator and will be completing this and any other reports in the future.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA21-60 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 4/21/2021

Name of Provider: Michigan Peer Review Organization

Contract Title: Michigan Peer Review Organization

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/14/2021

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 65,000.00 Previous Fiscal Year: \$ 45,000.00

Program Type: Modification

Projected Number Served- Year 1: 18 Persons Served (previous fiscal year): 45

Date Contract First Initiated: 3/8/2021

Provider Impaneled (Y/N)?

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

This board action is requesting the approval to increase the initial contract for \$20,000 and extend the terms to September 30, 2021. The initial contract was \$45,000 and therefore did not require a board action. The revised amount is \$65,000 and therefore requires board approval.

Due to DWIHN not having the availability of a psychiatrist for appeals & denials, we have been utilized MPRO. DWIHN estimated the \$20,000 amount based on the anticipation that we will decrease our utilization of MPRO by approximately 50% for the remaining 6.5 months of the contract (i.e., sending an average of 3 cases per month).

This service contract will allow the Utilization Management (UM) Department the ability to collaborate on utilization reviews and authorization decisions related to the provision of behavioral health services as well as assist with decision-making process for clinical claims adjudication.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Multiple	\$ 65,000.00	\$ 65,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 65,000.00	\$ 65,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64917.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Friday, March 19, 2021

Signed: Friday, March 19, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-61 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 4/21/2021

Name of Provider: National Council For Behavioral Health

Contract Title: National Council For Behavioral Health BHH Consultation

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/14/2021

Proposed Contract Term: 5/1/2021 to 12/31/2021

Amount of Contract: \$ 80,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 300 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 5/1/2021

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).

DWIHN is looking to enter into an eight month agreement from May 1, 2021 through December 31, 2021 for an amount not to exceed \$80,000 with The National Council for Behavioral Health to receive guidance and support in the organization's goal of becoming a Behavioral Health Home (BHH) and or a Certified Community Behavioral Health Clinic (CCBHC).

Focused attention on behavioral conditions, especially those that are co-morbid with a medical condition, can reduce costs across the board. Improved care coordination ensures that treatment is both specialized and integrated

Evaluation studies of current CCBHC programs have shown significant positive outcomes, including increased access to services, better care coordination, decreased wait times, and more appropriate, quality care.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Multiple	\$ 80,000.00	\$ 80,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 80,000.00	\$ 80,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64911.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Monday, April 12, 2021

Signed: Monday, April 12, 2021