



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, February 14, 2024 St. Regis Hotel, 1st Floor Conference Room 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order
- II. Moment of Silence
- III. Roll Call
- IV. Approval of the Agenda
- V. Follow-Up Items from Previous Meeting - *None*
- VI. Approval of the Minutes – January 10, 2024
- VII. Report(s)
 - A. Chief Medical Officer
 - B. Corporate Compliance - *None*
- VIII. Quarterly Reports
 - A. Access Call Center
 - B. Innovation and Community Engagement
 - C. Managed Care Operations
 - D. Substance Use Disorder
- IX. Strategic Plan Pillar – *None*
- X. Quality Review(s)
 - A. QAPIP Executive Summary
 - B. QAPIP Plan Description FY 2023-2025
 - C. QAPIP Annual Evaluation and Workplan FY 2022-2023
 - D. QAPIP Workplan FY 2023-2024

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Angelo Glenn

Dr. Cynthia Tauег, Vice-Chairperson
Angela Bullock
Jonathan C. Kinloch

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

William Phillips, Secretary
Eva Garza Dewaelsche
Bernard Parker

Eric W. Doeh, President and CEO



XI. VP of Clinical Operations' Executive Summary

XII. Unfinished Business

- A. **BA #22-66 (Revised 4)** - HPS Consulting, LLC Amendment for NCQA
- B. **BA #24-06 (Revised 3)** - DWIHN Provider Network System FY 24

XIII. New Business (Staff Recommendations)

- A. **BA #24-49** - Medical Laboratory Testing Services
- B. **BA #24-50** - Care Center Pharmacy Services
- C. **BA #24-54** - Michigan Collaborative Care Program (MC3) and Behavioral Health Consultant
- D. **BA #24-55** - Linen Services
- E. **BA #24-56** - iMPROve Health (formerly MPRO)

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

JANUARY 10, 2023

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Lynne Carter, Program Compliance Vice-Chair at 1:09 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Lynne Carter, Vice-Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock, Dr. Lynne Carter; Commissioner Jonathan Kinloch and William Phillips</p> <p>Committee Members Excused: Dr. Cynthia Tauveg and Bernard Parker</p> <p>Staff: Jacquelyn Davis; Dr. Shama Faheem; Sheree Jackson; Marianne Lyons; Melissa Moody; Cassandra Phipps; Ebony Reynolds; Manny Singla; Andrea Smith; Maria Stanfield; Yolanda Turner; Dan West; and Grace Wolf</p> <p>Staff Virtual: Judy Davis; Stacie Durant; and Leigh Wayna</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Dr. Carter, Vice-Chair called for a moment of silence.
CONCLUSIONS	Moment of silence was taken.

III. Roll Call

DISCUSSION	Dr. Carter, Vice-Chair called for a roll call.
CONCLUSIONS	Roll call was taken by Sonya Davis, Acting Board Liaison and there was a quorum.

IV. Approval of the Agenda

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

DISCUSSION/ CONCLUSIONS	<p>A. Autism Spectrum Disorder (ASD) Year-End Report – Provide information on how DWIHN’s numbers for service are compared to other entities; Provide an updated report on the State Diagnostic Evaluation and plan to revisit the data points for Autism – Cassandra Phipps, Director of Children’s Servies reported - Wayne County (2,190 members); Macomb County (6000) members) and Lapeer County (500 members) enrolled in the Autism Benefit. There was a total of 457 Autism Independent Evaluations completed for FY 23, Q4. The total average of timely access to begin ABA services was 47% during FY 23. The Vice-Chair opened the floor for discussion. There was no discussion.</p> <p>B. Crisis Services’ Quarter Report – Provide more information on members including demographics with difficult cases that are being turned away from receiving treatment in the emergency rooms – Dan West, Director of Crisis Services provided more information on members including demographics with difficult cases to the committee and assured them that no member is being turned away from receiving treatment in the emergency rooms. The Vice-Chair opened the floor for discussion. There was no discussion.</p> <p>C. Innovation and Community Engagement – Provide more information on the Philadelphia trip regarding the challenges on drug prevention – Andrea Smith, Director of Innovation and Community Engagement reported that the meeting served as a platform for an exchange of best practices, lessons learned, successes and challenges in addressing homelessness, mental illness and substance use disorder. The Philadelphia’s police department informed them that a low-income neighborhood in North Philadelphia has been ground zero for a new and dangerous sedative called “Tranq” also known as “Xylazine”. In 2021, Xylazine was found in over 90% of the city’s lab-tested opioid samples. This drug is not approved for human use, it is amplified when cut with fentanyl, it is not an opioid and it does not respond to Narcan. Philly’s overdose rates are mirroring national trends, three overdose fatalities increased most dramatically among Philadelphia’s communities of color. There was an 11% increase in unintentional drug overdose deaths from 2021 to 2022. The Vice-Chair opened the floor for discussion. Discussion ensued.</p> <p>D. Care Centers’ Update – Provide updates on additional safety protocols for the Care Centers – Grace Wolf, VP of Crisis Services reported that the guest spaces at 707 are ligature resistant and all units are either locked or alarmed. There is a safety vestibule at the entrance of the building which includes a metal detector. There will be live feed cameras on the exterior/interior of the building which are monitored via an observation room on the first floor. All staff will be assigned a walkie talkie which will allow them to communicate throughout the building quickly with their team. There will be two different safety training courses implemented for all staff that have access to the units. The Vice-Chair opened the floor for discussion. There was no discussion.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Dr. Carter, Vice-Chair called for a motion to approve the November 8, 2023, meeting minutes. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to approve the November 8, 2023 meeting minutes. Dr. Carter asked if there were any changes/modifications to the November 8, 2023 meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – <i>The Chief Medical Officer’s report was deferred to February 14, 2024.</i></p> <p>B. Corporate Compliance – Sheree Jackson, VP of Compliance submitted and gave an update on the Corporate Compliance report – It was reported that in the 4th quarter of FY 23 (July 1 – October 1, 2023), Compliance obtained three new referrals and retained six (6) from the previous quarter as received by the Officer of Inspector General. Additionally, eight (8) internal referrals were received, bringing the overall count of investigations conducted during the quarter to 17. Preventing and identifying rule violations and safeguarding DWIHN against potential financial penalties and legal actions have been a key focus of the Compliance department. The DWIHN’s Program Integrity report has been submitted to the OIG’s office for the fourth quarter and has been duly acknowledged and accepted.</p> <p>The Vice-Chair noted that the Corporate Compliance’ report has been received and placed on file.</p>
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VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	<p>A. Adults Initiatives – Marianne Lyons, Director of Adults Initiatives submitted and gave highlights of the Adults Initiatives’ quarterly report. It was reported that there are 536 members receiving ACT services. The ACT program experienced a total of 77 psychiatric hospitalizations and 1127 for the most recent quarter. There have also been 11 new admissions and 20 discharges from the ACT program. There were currently 61 members who participated in the Med Drop program; 4,050 successfully completed deliveries for the first quarter (October-December 2023); and 10 new clients assigned to the program this quarter. DWIHN received 312 combined AOT orders (this number has not been updated since 12/12/23 due to the holiday) and uploaded within MH-WIN. The numbers will be updated and adjusted once the final numbers from WCPC have been received. AOT orders have been uploaded within the members’ EMR chart; providers have been identified and communications have been sent with the request to acknowledge receipt of the order by submitting form WCPC 355 identifying the members’ IPOS. Of the orders received, there were 165 deferrals granted and 63 transport orders were issued. Dr. Carter opened the floor for discussion. Discussion ensued.</p> <p>B. Crisis Services – Dan West, Director of Crisis Services submitted and gave highlights of the Crisis Services’ quarterly report. It was reported that the hospital liaisons are assigned to three different hospitals and provide a daily report identifying members that are not assigned to a CRSP. The liaisons coordinate with the staff at the hospital, schedule time to visit and meet with members on the inpatient unit; complete a discharge planning worksheet, coordinate with all parties involved and upload the worksheet in MH-WIN. A discharge planning worksheet was developed to address any barriers to keeping hospital discharge appointments. When liaisons encounter a member in the emergency department, they complete a warm handoff to either Adult or Children’s Initiatives to follow up with the assigned CRSP. A smart sheet was developed to ensure members are connected to a current or prospective CRSP provider prior to discharge from the emergency department. DWIHN is now providing PAR training and has increased the number of clinicians that have been trained in conducting PARs. DWIHN will provide PAR training on an</p>
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	<p>annual basis and refresher training as needed. Dr. Carter opened the floor for discussion. Discussion ensued.</p> <p>C. Utilization Management – Leigh Wayna, Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. It was reported that the average length of stay (LOS) for all inpatient admissions were examined from July-November 2023 and is 13.8 days as of 11/30/23 (Data for December 2023 is not yet available due to claims for the final days of the month have not yet been processed). The number of General Fund requests continued to increase as a result of member non-compliance with MDHHS reinstatement of the Medicaid annual renewal process. There were 486 approvals of the General Fund Exception authorization requests reviewed during the month of December. There is ongoing monitoring of trends for the Outpatient and Substance Use Disorder Authorization Requests which are categorized as non-urgent pre-service requests. Staff is actively examining causation for low compliance rates and determining next steps to include cross-training of other staff as well as hiring of additional staff. Dr. Carter opened the floor for discussion. Discussion ensued.</p> <p>The Vice-Chair noted that the Adults Initiatives, Crisis Services, and Utilization Management’s quarterly reports have been received and placed on file.</p>
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IX. Zero Suicide Initiative Presentation

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Andrea Smith, Director of Innovation and Community Engagement submitted and gave updates on the Zero Suicide Initiative. It was reported that DWIHN responded to SAMHSA’s notice of funding announcement for Zero Suicide and received notice of award on September 8, 2023 for five years beginning September 30, 2023. This initiative aims to eliminate suicides in Wayne County through system-wide culture change, workforce training, comprehensive screening, evidence-based treatment and care management. To date, a board action has been presented and approved by DWIHN’s Board of Directors; invited individuals representing various sectors to participate as members of the Zero Suicide Council; held two (2) Zero Suicide Council meetings (November and December 2023); and met with SAMHSA to review initiative goals on December 15, 2023. Training internal staff and the organizational self-assessment is forthcoming. Dr. Carter opened the floor for discussion. Discussion ensued.</p> <p>The Vice-Chair noted that the Zero Suicide Initiative presentation has been received and placed on file.</p>
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X. Direct Clinical Provision of Services’ Presentation

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Melissa Moody, VP of Clinical Operations submitted and gave highlights of the Direct Clinical Provision of Services’ presentation. It was reported that the vision for this initiative is to improve the behavioral and physical health status of those we serve through partnerships and direct service. The goals are to open direct service outpatient clinics and transition DWIHN clinic services into a CCBHC State certified care model. The DWIHN Clinic Plan is to increase service capacity and decrease gaps in care by implementing direct provision of outpatient clinical services to the SMI, SED and SUD populations, making services available to all regardless of residence; establishment of clinic services in Detroit as the main location (hub) with additional sites throughout the region; initially bill Medicaid and add Health Plans and CCBHC funding when available; and utilize DCOs for high intensity services (DCOs cannot be current CCBHC providers). The Direct Provision of Clinical</p>
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	<p>Services will be aligned with the CCBHC Model. Mrs. Moody gave an overview of the clinic requirements (staffing standards); availability/accessibility criteria; care coordination; scope of services; evidence-based practices; and the project plan timeline. Dr. Carter opened the floor for discussion. Discussion ensued. The Vice-Chair noted that the Direct Clinical Provision of Services' presentation has been received and placed on file.</p>
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XI. Strategic Plan Pillar

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

DISCUSSION/ CONCLUSIONS	<i>There was no Quality Review(s) to review this month.</i>
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XIII. VP of Clinical Operations' Report

DISCUSSION/ CONCLUSIONS	<i>The VP of Clinical Operations' Report was deferred to February 14, 2024.</i>
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XIV. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p><i>The Vice-Chair informed the committee that the board actions would be bundled.</i></p> <p>A. BA #21-64 (Revised 2) – COVID Supplemental - Staff requesting board approval to access MH COVID-19 Supplemental Block Grant funding not to exceed \$1,089,622.00. This amount includes carryover supplemental COVID-19 funding in the amount of \$483,340.00 (to be spent by March 14, 2024) and additional funding of \$68,000.00 for Behavioral Health Workforce Stabilization Support and \$538,282.00 for ACT/IDDT Teams within the network (both to be spent by September 30, 2024) for a total amount not to exceed \$1,089,622.00. Dr. Carter opened the floor for discussion. There was no discussion.</p> <p>B. BA #22-66 (Revised 3) – HPS Consulting, LLC Amendment for NCQA – Staff requesting board approval to modify the existing contract with HPS Consulting, LLC to increase the contract amount by \$20,000.00 resulting in an amended contract amount not to exceed \$219,375.00. The contract end date will remain unchanged. The amendment will allow for 160 additional hours of consultation during the existing contract period. Dr. Carter opened the floor for discussion. There was no discussion.</p> <p>C. BA #23-08 (Revised) – Crisis Intervention Services, Hegira Health, Inc. – Staff requesting board approval to a contract extension with Hegira Health, Inc. for COPE to continue with the provision of mobile crisis intervention team services and in-home community-based stabilization services. The contract period is extended through March 31, 2024 in an amount not to exceed \$1,426,667.00 for services to be provided over a two-month period (February 1, 2024 through</p>
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	<p>March 31, 2024). This amount is prorated based on the original \$8,560,000.00 annual contract amount. Staff also informed the committee that this board action needed to be revised to add an additional \$160,000.00 to the contract before going to Full Board for approval. Dr. Carter opened the floor for discussion. Discussion ensued.</p> <p>D. BA #23-41 (Revised 2) – iMPROve Health (formerly MPRO) – Staff requesting board approval to extend a service contract with Michigan Peer Review Organization (MPRO) through March 31, 2024. No additional funds are being added to the contract. Dr. Carter opened the floor for discussion. There was no discussion.</p> <p>E. BA #24-06 (Revised 2) – DWIHN’s Provider Network System FY 23/24 – Staff requesting board approval to add five (5) additional providers (listed in board action) to the DWIHN provider network. There is no budget increase due to the reallocation of funds within the total budget. Dr. Carter opened the floor for discussion. There was no discussion.</p> <p>The Vice-Chair called for a motion on BA #21-64 (Revised) COVID Supplemental; BA #22-66 (Revised 3) HPS Consulting, LLC Amendment for NCQA; BA #23-08 (Revised) Crisis Intervention Services; BA #23-41 (Revised 2) iMPROve Health (formerly MPRO); and BA #24-06 (Revised 2) DWIHN’s Provider Network System FY 23/24. Motion: It was moved by Commissioner Kinloch and supported by Mrs. Bullock to bundle and move for approval BA #21-64 (Revised) COVID Supplemental; BA #22-66 (Revision 3) HPS Consulting, LLC Amendment for NCQA; BA #23-08 (Revised) Crisis Intervention Services with staff recommended revisions to add an additional \$160,000 to the contract before going to Full Board; BA #23-41 (Revised 2) iMPROve Health (formerly MPRO); and BA #24-06 (Revised 2) DWIHN’s Provider Network System FY 23/24 to Full Board. Dr. Carter opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<i>There were no New Business, Staff Recommendation(s) to review this month.</i>
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XVI. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to report at this meeting.</i>

ACTION ITEMS	Responsible Person	Due Date

The Vice-Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Phillips and supported by Commissioner Kinloch to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:43 p.m.

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

**Program Compliance Committee
Chief Medical Officer's Report
February 14, 2024**

BEHAVIORAL HEALTH EDUCATION, OUTREACH AND UPDATES:

February Ask the Doc on Respiratory Illness in Fall and Winter as well another one on Xylazine Awareness

DWIHN did a Gaming night for youth at the MI Science Center where parents had the opportunity to ask me questions about their youth's gaming patterns and behaviors. I also covered an interview for CBS News on the same topic and event. <https://www.cbsnews.com/detroit/video/experts-looking-into-the-relationship-between-video-games-mental-health/?intcid=CNM-00-10abd1h>

I was a speaker for Kevin Song's conference and presented on "Assessment and Management of Youth Suicidal ideations and behaviors."

Wayne State University Teaching Collaborative

- During Jan and Feb, did lecture series for Child and Adolescent Psychiatry fellows on Community Mental Health History and Services as well as on Crisis Continuum of Services.
- Legal has been working on some of our collaborative teaching agreements.
 - Agreement with Nurse Practitioner Program completed
 - Agreement with Physician Assistant program in Final review with Compliance
 - Agreement with Child and Adolescent Psychiatry Fellow- going through Legal's review.
 - Awaiting agreement from Social Work School

St. Mary Mercy wanted to learn more about the Crisis center and possibilities of Psychiatry resident rotation and moonlighting. A meeting is being scheduled.

Quarterly collaboration with University of Michigan Pediatric Psychiatry Leadership. They are advanced in Zero Suicide, and we have the opportunity to learn from them. We are advanced in Crisis Stabilization and are a resource for them.

ZERO SUICIDE UPDATE

LEAD	Lead system-wide culture change committed to reducing suicide.
TRAIN	Train a competent, confident, and caring workforce.
IDENTIFY	Identify individuals at-risk of suicide via comprehensive screening and assessment.
ENGAGE	Engage all individuals at-risk of suicide using a suicide care management plan.
TREAT	Treat suicidal thoughts and behaviors using evidence-based treatments.
TRANSITION	Transition individuals through care with warm hand-offs and supportive contacts.
IMPROVE	Improve policies and procedures through continuous quality improvement.

DWIHN: A Zero Suicide Organization: We were notified on 9/8/23 about being awarded with \$ 400,000/ year for 5 years for launching DWIHN's Zero Suicide Initiative to eliminate suicides in Wayne County through system-wide culture change, workforce training, comprehensive screening, evidence-based treatment, and care management.

Current Updates: DWIHN has launched a Zero Suicide Council with internal and external members, so far 2 meetings have happened. DWIHN has also launched an internal advisory board that is doing a comprehensive review of DWIHN’s policies, procedures and practices to help complete baseline Organizational Self-Study. This will be used to monitor annual improvements. DWIHN has trained staff on Zero Suicide Model and will hit the target of 50 soon.

DWIHN has completed following components of SAMSHA requirements:

- Creating SPARS account
- Special terms and Conditions-Approved
- Financial and Budget Information-Approved
- Disparity Impact Statement- Approved.
- Annual Goals-Approved

INTEGRATED HEALTH DEPARTMENT:

DWIHN has annual Pay for Performance Measures to complete each year which is State withhold and is paid based on performance.

FISCAL YEAR	\$ INCENTIVE AVAILABLE	\$ INCENTIVE EARNED	\$ INCENTIVE LEFT	PERCENTAGE WITHHOLD INCENTIVE EARNED
2020	\$5,587,166.34	\$4,160,433.51	\$1,426,722.83	74.4%
2021	\$6,263,634.46	\$5,724,480.08	\$539,154.38	91.4%
2022	\$6,433,496.39	\$5,823,728.19	\$609,768.20	90.5%
2023	\$6,833,496.39	\$6,411,432.34	\$431,639.94	93%

FY 23

DWIHN Only Score: 200/200
 DWIHN plus Health Plans **78.98/100**

FY 22

DWIHN Only Score: 200/200
 DWIHN plus Health Plans **68.4/100**

DWIHN received all points for measures except FUH (Adult measure) and FUA racial disparities. In FY 23, DWIHN had the opportunity to earn \$6,843,072.28, and we earned \$6,411,432.34 which is 93% of the total. 21.02 points were missed, 12.69 for FUH (7.69 points for not meeting the 58% for adults and 5 points for FUH racial disparities) and 8.33 points for FUA racial disparities. DWIHN earned 3% more than 2022.

In 2022 DWIHN received \$5,823,728.19 out of \$6,433,496.39 for a 90% rate. FUH and FUA were the same area where points were lost.

DWIHN has instituted interventions in the end of 2023 to help increase these two measures. Quality has a QIP to address racial disparities with hospitalizations and IHC has added race to all HEDIS measures to the HEDIS Scorecard so DWIHN and all CRSP providers can pull their data based on this. IHC is working with the vendor to add SUD HEDIS measures in 2024 so all OHH providers can pull data by race.

POPULATION ASSESSMENT:

DWIHN completes an annual population assessment in order analyze the demographics and key trends within the population we serve. Few key trends include:

- 71% of members had an identified Primary Care Physician in 2023. This is an increase from 66% of members in 2022 and from 69% of members in 2021 who had an identified Primary Care Physician. It appears to be related to some of the work we have done to assure that PCPs are identified during intake and policies that encourage collaboration with them.

Diagnostic Trends: Children

Top 5 Behavioral Dx 2023	Top 5 Behavioral Dx 2022	Top 5 Physical Dx 2023	Top 5 Physical Dx 2022
1. Attention-Deficit/Hyperactivity Disorder	1. Attention-Deficit/Hyperactivity Disorder	1. Asthma	1. Asthma
2. Oppositional Defiant Disorder	2. Oppositional Defiant Disorder	2. Obesity	2. Epilepsy
3. Autistic Disorder	3. Major Depressive Disorder	3. Cerebral Palsy	3. Cerebral Palsy/Obesity
4. Major Depressive Disorder	4. Adjustment Disorder	4. Allergy/Epilepsy	4. Allergy
5. Adjustment Disorder	5. Autistic Disorder/Mood Disorder	5. Diabetes	5. COPD

Behavioral Health Analysis:

ADHD remains the highest diagnosis in children served. Given the higher prevalence of this diagnosis, we want to ensure that these children are getting close attention and follow up. We have a performance improvement plan for ADHD to ensure optimal follow-up of children who are prescribed medications.

Children started in ADHD meds who were seen within 30 days of prescription for follow-up with practitioners.

3/1/2020 – 2/28/2021	12.98%
3/1/2021 – 2/28/2022	57.96%
3/1/2022 – 2/28/2023	59.01%

Children who stayed on meds for 210 days, at least had 2 follow-ups with practitioners.

3/1/2020 – 2/28/2021	13%
3/1/2021 – 2/28/2022	70%
3/1/2022 – 2/28/2023	71.21%

Autism has trended up which may not necessarily represent high prevalence of the diagnosis per se but rather more reflection of youth who are now being served by DWIHN. We have also seen a pattern of early identification and referrals, hence start of treatment sooner. Treatment site expansion has also played a role.

Physical health Analysis:

Asthma is the highest physical condition in children. It is consistent with reports of high asthma prevalence in Detroit and Wayne County. Since asthma is a risk factor for respiratory illness, we are doing ongoing education on respiratory illness and on the vaccinations for those preventable viruses. American Lung Association is offering Enhancing Care for Children with Asthma program to providers in Metro Detroit at no cost. I have reached out to American Lung Association to learn more about this program and clarify if DWIHN, not being a primary care clinic, could participate in this program and have a meeting with them in 2 weeks.

Obesity has trended up. We know our youth are sometimes placed on medications that are risk factors for obesity and metabolic complications. We have a performance improvement project where screening our youth on antipsychotics for early diabetes and dyslipidemia is an expectation from the network. We have

presented metabolic monitoring for children on antipsychotic PIP to Medical Directors of our organization and Children’s Department is doing ongoing work to improve provider education. Various Educational Resources have been created regarding the importance of testing for early identification.

Diagnostic Trends: Adults

Top 5 Behavioral Dx 2023	Top 5 Behavioral Dx 2022	Top 5 Physical Dx 2023	Top 5 Physical Dx 2022
1. Major Depressive Disorder	1. Major Depressive Disorder	1. Essential Hypertension	1. Essential Hypertension
2. Anxiety Disorder	2. Anxiety Disorder	2. Diabetes Mellitus	2. Diabetes Mellitus
3. Schizoaffective	3. Bipolar I	3. Asthma	3. Asthma
4. Bipolar I	4. Schizoaffective	4. Chronic Pain	4. Chronic Pain
5. Opioid Dependence	5. Schizophrenia	5. Hypercholesterolemia	5. Obesity

Physical health Analysis:

Hypertension is the most common diagnosis, does not necessarily indicate if it is controlled or not. Behavioral health Homes use the measure of “Increase in Controlling High Blood Pressure (CBP-HH)” and DWIHN’s BHH partners have been on track for it and rather have been exceeding the Medicaid average. We will make sure our Complex Case management is focusing on this. We also got PCP list with highest number of DWIHN members. Will be sending care coordination letters and reach out to schedule collaborative meetings.

Diabetes is the second highest diagnosis in our adults. As we know that our population is at higher risk of diabetes due to their medication use, we have a performance improvement project for screening everyone on antipsychotics with yearly glucose or HbA1c testing. Looking at the last 3 years, we see an average of 8000-9000 adults who have been on antipsychotics. During our baseline year of 2020-2021 we had 64% compliance with diabetic screening. This has increased to 73% in 2022 and is at preliminary 68% for CY 23 (claim lag). We have encouraged our providers to consider collaborations with labs that could be onsite to do those testing along with several other educational interventions for them.

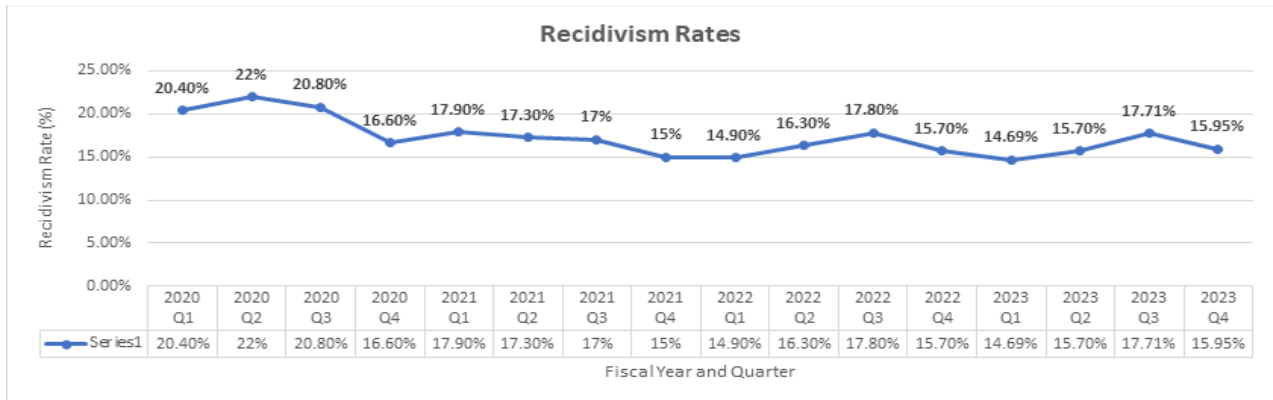
Behavioral Health Analysis.

Major depression is consistently the most common diagnosis. Adherence to antidepressant is a HEDIS measure. Though the 3-month adherence to antidepressants has gone up in last 3 year analysis cycle from 26.94% in 2020 to preliminary 40.36% in 2023, there is still much more room for improvement.

Opioid Dependence has made it to the top 5 diagnosis which could be due to increased awareness program, early identification and treatment engagement through SBIRT screenings by peer recovery coaches in EDs, FQHCs, SUD provider outreach and mobile units.

QUALITY

DWIHN has focused on several efforts to improve Recidivism data. Though we have still been above the State threshold of 15% or less, the data has improved over the last years consistently.



The interventions that helped the most were the creation of Recidivism steering committee that identified subgroups to work on including AOT committee, Med drop program, creating alerts for Crisis Screeners to identify recidivistic individuals and work on alternate treatment plans if applicable and improve discharge follow-ups.

CRISIS CENTER AND MOBILE CRISIS UPDATES:

- PCE Crisis Module has been created after 1 year of work with PCE system and is near completion.
- Most of the CSU policies and procedures are getting finalized.
- The State is looking at piloting their CSU certification with DWIHN. Process starting week of 2/12/24.
- More than 60% of staff is hired. Out of 8 full-time APP positions and 2 part-time positions, one has accepted, 3 have been given offers and rest of the interviews are ongoing. Out of 2 full time psychiatrist positions, 1 application received and is scheduled for interview. Of 4 part-time positions, 1 hired and 2 being scheduled for interview.
- Mobile Crisis has launched. Currently developing data points and reports to start reviewing and presenting them. Psychiatric consultation notes for mobile crisis services have been developed for Crisis Center providers to be available to assist them on difficult cases.

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



Main Activities during 1st Quarter FY 23-24:

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

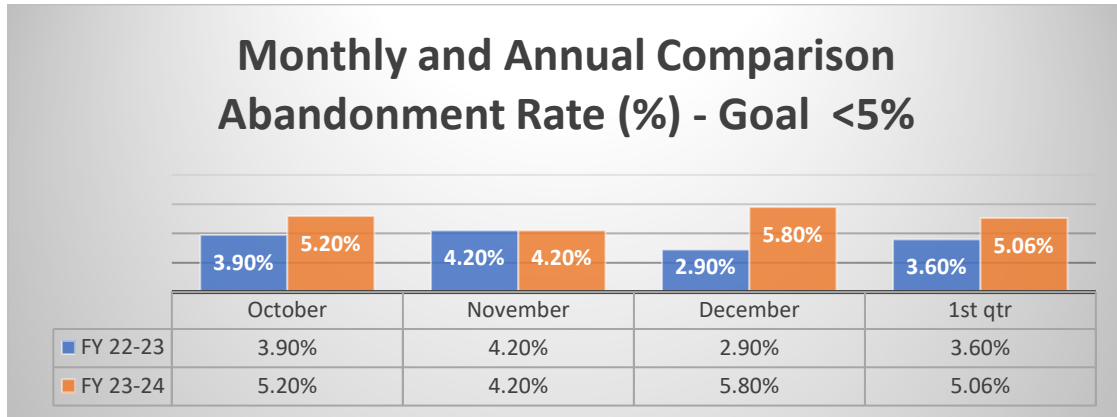
Activity 1: Call Center Performance – Call Detail Report

- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- MDHHS Standards and Call Center Performance for 1st Quarter FY 23-24 (October - December 2023):
 - % Abandoned Goal is < 5% (5.16%)
 - Avg. speed to answer Goal <30 sec. (:33 sec)
 - % of calls answered Goal > 80% (94.8%)
 - Service level Goal >80% (75.6%)

	Incoming Calls	Calls Handled	Calls Aband.	% Aband.	Average Speed Answer	Avg Call Length	% of Calls Answered	Service Level
FY 23-24 1 st QTR	52,564	49,850	2,714	5.16%	:33 sec	5:34 mins	94.8%	75.6%
FY 22-23 1 st QTR	51,874	49,975	1,899	3.7%	:29 sec	4:55 min	96.3%	79.5%

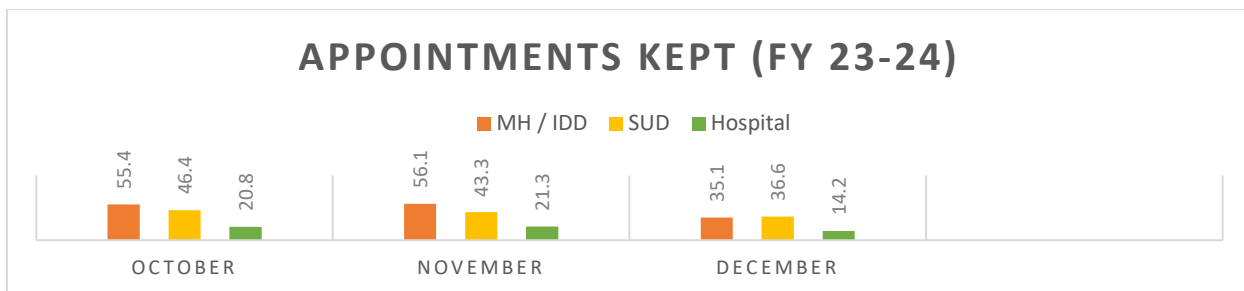
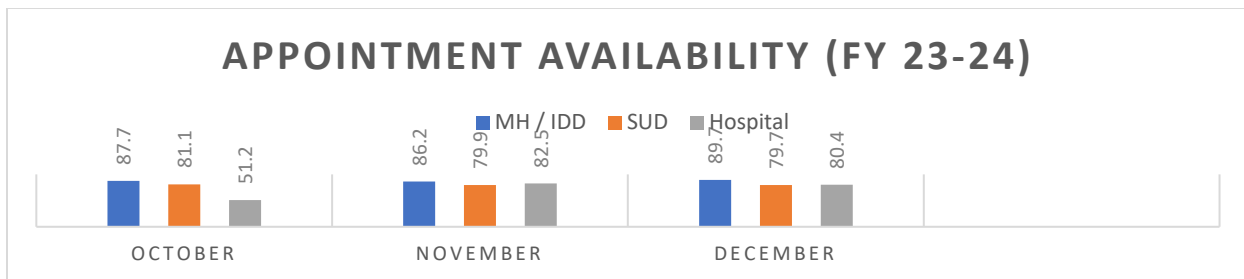
- **Current Status:** For the 1st Quarter of FY 23-24 there were 49,850 calls handled by the access call center.
 - **Breakdown**
 - 10,405 (20.8%) calls handled related to SUD services with an average handle time of 17.12 minutes.
 - 5,671 (11.3%) calls handled, related to MH services, with an average handle time of 25.29 minutes.
 - 33,774 (67.7%) calls handled, related to provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ProtoCall, ORR, Customer Service, Grievance, etc.)
- In an annual comparison of 1st Quarter FY 22-23 (49,975) to 1st Quarter FY 23-24, there were 125 less calls handled, and the abandonment rate comparison was 3.7% to 5.16%, reflecting an increase of 1.39%. The call center has had staffing changes related to resignation, PTO and

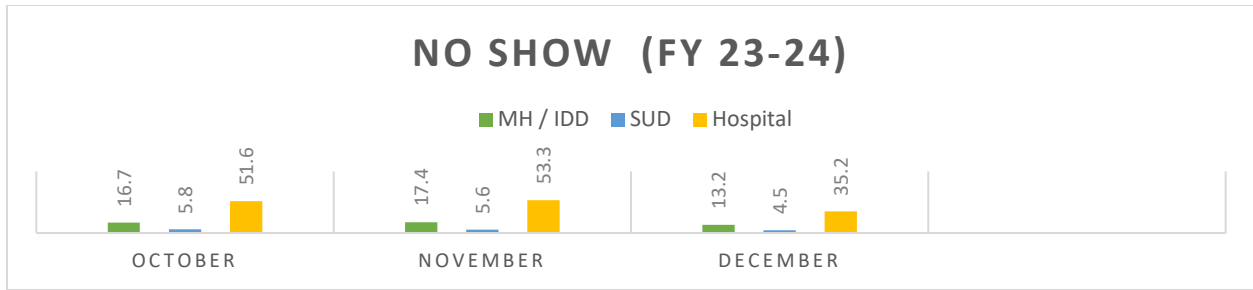
UPTO. Currently there is no flexibility when it comes to staffing. The service level decrease and abandonment rate increase are strongly influenced by staffing. If more than 1 person starts a shift late, calls off due to illness or personal reasons, returns late from lunch or break or ends shift early there are sometimes drastic changes in call data. We have been approved to move forward with adding contingent staff to fill in the gaps in staffing when needed.



Activity 2: Appointment Availability – Hospital Discharge Follow up

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





Summary:

During the first Quarter of the current fiscal year there was an increase in appointment availability, especially in the form of hospital discharge follow up appointments. In October 2023 there was an average of 51% of appointment availability within the 7-day timeframe and in December there is an average of 80% appointment availability within the 7-day timeframe. There was a total of 2,495 hospital discharge follow up appointments scheduled during the 1st QTR and 1,772 (71.02%) of them were scheduled timely. The rate of No Show decreased over the course of the 1st Quarter, starting with an average of 52% and in December there is an average of 35%. These changes may have been a result of the additional efforts made to coordinate appointments between DWIHN Access Call Center, DWIHN UM department, DWIHN hospital liaisons and CSRP (Providers) during the last 3 months. The tracking of these efforts by the call center started recently, therefore monitoring of data will continue to confirm reasons for progress.

Hospital Discharge Follow up Appointments:

- October 2023: 441 (51.2%) appointments were scheduled within the 7-day timeframe and 421 (48.8%) were scheduled outside of the 7-day timeframe.
- November 2023: 688 (82.5%) hospital discharge follow up appointments were scheduled within the 7-day timeframe and 146 (17.5%) were scheduled outside of the 7-day timeframe.
- December 2023: 643 (80.4%) hospital discharge follow up appointments were scheduled within the 7-day timeframe and 156 (19.5%) were scheduled outside of the 7-day timeframe.

Activity 3: Accomplishments and Updates:

- **October 2023 - December 2023 Overviews and Trainings** – DWIHN Mobile Crisis Unit, CCBHC Services, Genesys Cloud Phone System, SUD Recipient Rights and Communicable Diseases, Customer Service Skills, MichiCANS Soft Launch
- **Genesys Cloud TTECH Phone System**
 - System Testing and Staff Training: December 11, 2023 – December 15, 2023
 - System transfer – December 18, 2023
- **Things the Department is Doing Especially Well:**
 - Completed and Passed HSAG Corrective Action Review
 - Completed and Passed DWIHN Internal QI Review
 - October 2023: Hired 2 Clinical Specialist, 1 SUD Tech and 2 Access Call Center Representatives
- **Identified Opportunities for Improvement:**
 - Reduce hold times (15 minutes or less) after being transferred for a Clinical or SUD screening - staff continues to be coached on ways to shorten screening time by typing while talking, sticking to the script and not asking extra questions.
 - Increased coverage – call center is in the process of interviewing for contingent staff
 - Management has drafted help aids for access call center representatives to help them troubleshoot and direct calls more effectively

Innovation & Community Engagement
October – December 2023: Quarter 1

Presented February 14, 2024

Andrea L. Smith, Director

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

Main Activities during 1st Quarter Reporting Period:

- Justice Involved Initiatives
- Workforce Development/Compliance Training
- Student Learning Program

Progress On Major Activities:

Activity 1: Justice Involved Initiatives

All Justice Involved Initiatives are based on partnerships in the delivery of services specific to improving mental health services and outcomes for individuals with mental health needs. With Detroit PD, emphasis is placed on jail diversion. With the Wayne County Sheriff's Office, emphasis is placed on community reintegration and connecting individuals to treatment.

- *Description and Current Status*
1. **The DWIHN/DPD Mental Health Co-Response Partnership** – to improve the law enforcement response to individuals experiencing mental health crises and to prevent future crises by connecting them early on to supportive services.
 2. **Co-response teams:** During this quarter, Detroit Wayne Integrated Health Network (DWIHN) and provider partners – Team Wellness Center and Community Network Services continued to support law enforcement through our co-response partnership with the Detroit Police Department (DPD). The co-responders had a total of 780 encounters, and 284 individuals were connected to a service, which included 92 suicide calls; they were able to provide appropriate interventions to prevent harm to the consumers. There were 62 overdose calls, the team coordinated with both EMS and Nurses at the hospital. Individuals were provided various resources for assistance with mental health, substance use and homelessness.
 3. **Communications Behavioral Health Specialist** – DWIHN continued to have a Behavioral Health Specialist (BHS) embedded at DPD's Communication Center to assist with any calls that need mental health support and resources. During this quarter, there were 98 individuals referred for follow-up. There were 6 individuals that received various mental health resources and support, 9 individuals denied services/or unable to be reached by phone. In addition, Central City Integrated Health continued to serve as the lead behavioral health provider for the homeless outreach team. Along with our

partnering provider Motor City Mittens, there were 364 individuals encountered. As of December 2023, 15 individuals received various mental health resources and support, 44 were connected directly with homeless outreach services.

4. **Mental Health Jail Navigator Project** - The goals are to reduce the length of stay in jail, reduce recidivism, improve access to mental health services, increase treatment retention, and increase public safety. DWIHN continued to oversee and manage the Mental Health Jail Navigator Project. Wayne County Jails has been consistent in referring individuals that have non-violent, misdemeanor offenses in need of mental health and/or substance use treatment services. During this quarter, 21 individuals were referred and interviewed to be placed in the program. There were 7 individuals that did not meet criteria or released from jail prior to the formal administrative jail release process, therefore, 17 individuals are monitored and connected to Team Wellness Center and/or Detroit Rescue Mission Ministries for outpatient and/or substance use in-patient services.
5. **Detroit Homeless Outreach Team** –This team provided outreach services to 364 individuals during the quarter and connected 59 individuals to various services/resources/supports.

Justice Involved Initiatives	Number of Encounters/Screened		Between Qtrs
	FY 24 Qtr 1	FY 23 Qtr 4	% Change
Co-Response Teams	780	1033	-24.49%
Mental Health Jail Navigator	21	27	-22.22%
Communications Behavioral Health Specialist	98	113	-13.27%
Detroit Homeless Outreach Team	364	397	-8.31%

- *Needs or current issues:* Based on the table above, the number of encounters and those connected to services has decreased from the 4th quarter. An analysis will be completed to determine the cause and needs for additional training or a change in procedures.
- *Plan:*
 - An update will be provided on the efforts to streamline processes.
 - Analyze decrease in encounters/screening
 - Procedures are being to coordinate with the DWIHN mobile crisis teams.

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

Crisis Intervention Teams (CIT) help divert people with mental illness away from jail and to treatment. CIT creates partnerships between law enforcement, mental health providers, hospital emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental

health resources for those in crisis, and ensures officer and community safety. DWIHN hosted one CIT 40-hour block during the quarter training (17 officers), one course for dispatchers and call-takers (12 staff), and two courses in Crisis Response Training for Detroit Police Academy cadets (40 cadets).

- *Major Accomplishments* – DWIHN was notified of a funding award from the City of Detroit via their ARPA Opioid Settlement dollars.

Activity 2: Workforce Development and Compliance Training

During the quarter, all required courses and 12 supplemental courses were finalized in the Rise 360 software. Three courses are pending approval from internal departments.

- *Significant Task* - During the quarter, all required courses and 12 supplemental courses were finalized in the Rise 360 software.
- *Major Accomplishments* - 10 new Autism-specific courses were added to the supplemental category of the DWC learning management system.
- *Plan:* Once pending courses are approved, all courses will be uploaded to the compliance site. The target date for going live for all new and updated courses is March 1st.

Activity 3: Student Learning Program

The partnership with University of Michigan School of Social Work (UMSSW) through previous grants has continued to support the centralized behavioral health training program. Students engaged with this specialty training program receive a tuition stipend from UMSSW for committing to complete their field placement within the provider network and employment in a health professional shortage area for two years post-graduation. *Current Status*

- *Significant Task* **Fifty-two (52) students** are placed within the provider network this semester.
- *Major Accomplishments:* DWIHNs 707 W. Milwaukee Site has been updated and approved as a National Health Services Corp (NHSC) site. Student loan repayment and forgiveness programs –application approved for DWIHN to receive Health Professional Shortage Area (HPSA) designation from the Health Resources & Services Administration. NHSC designation consultation was also provided to providers to maintain active status. Each year, eligible health professionals can apply to participate.
 - Receive up to \$50,000 in exchange for a two-year commitment to provide primary medical, dental, or mental/behavioral health care.
 - Receive up to \$75,000 in exchange for a three-year commitment to provide substance use disorder (SUD) treatment services.

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Quarterly Report
October - December 2023



Main Activities during August:

- **New Provider Changes to the Network/Provider Challenges**
- **Credentialing**
- **PCWG**

Progress On Main Activities:

Activity 1: New Provider Changes to the Network/Provider Challenges

- *Description:* Providers continue to be challenged with staffing shortages. DWIHN's CRSP Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.
- *Current Status:* DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means recruiting new providers, particularly in areas of shortages (e.g. Autism). In 1st Qtr. of FY 23-24 there was a total of 18 new location/service additions and 17 new providers added to the DWIHN network.
- *Significant Tasks During Period:* We are currently working to improve the onboarding process to for existing providers. We requested additional licensure to leverage technology to automate the process and pre-screen inquiries to the network.
- *Major Accomplishments During Period:* Created contingency plan to monitor/track expansion request.
- *Needs or Current Issues:* There are several barriers when onboarding new or existing providers. A needs assessment is required to determine best practices moving forward. Additional training for DWIHN staff will also be required to assist with HCBS reviews.
- *Plan:* Complete a needs assessment, train internal/external stakeholders on onboarding process, train additional staff on HCBS review tool.

Activity 2: Credentialing

- *Description:* The vetting and approval of provider to the network.
- *Current Status:* Q1 FY 23/24- 229 practitioners were approved, and 27 providers were approved.
- *Significant Tasks During Period:* The team has prepared hundreds of files for ICO audits/reviews and NCQA readiness. Met with the State regarding Universal Credentialing Customer Relationship Management system.
- *Major Accomplishments During Period:* Revised policies to ensure compliance with accrediting body and Federal & State regulations.
- *Needs or Current Issues:* We continue to work with Medversant Technologies, LLC to credential DWIHN network in timely fashion. We are also looking to hire more staff to meet the needs of the organization and network.
- *Plan:* We will publish RFP to procure a Credentialing Verification Organization in 2024 and develop transition plan for Medversant Technologies, LLC.

Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In the first Quarter of Fiscal Year 2024, the PCWG resolved 185 tickets; 822 MDHHS rate updates; 157 new codes, 748 additional codes/rate changes to existing programs or contracts, 92 provider requested changes.
- *Significant Tasks During Period:* project: Successfully used the Batch Fee Schedule Adjuster to adjust the rates for all of the FY 22 codes in the SUD contract program effective 10/01/2022. Then set the Batch Fee Schedule Adjuster to adjust the rates for all of the FY 23 codes in the SUD contract program with the effective date of 10/01/23.
- *Major Accomplishments During Period:* Resolved all necessary rate updates and clean up projects in accordance with timelines.
Needs or Current Issues: Develop rate and modifier for PEER Counseling. Currently expiring H2019 with all the educational modifications (133 providers which includes 43 fee schedules for each provider).
- *Plan:* Track turnaround times for PCWG tickets. Ensure new rates and communication are sent to provider network and posted on website.



Detroit Wayne Integrated Health Network

Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: February 14, 2024

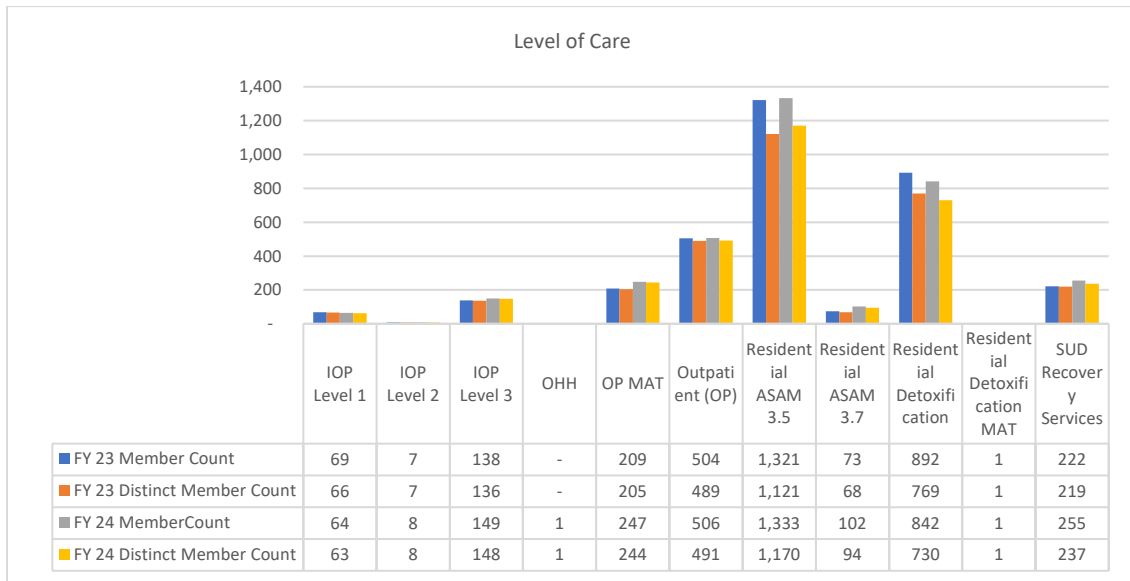
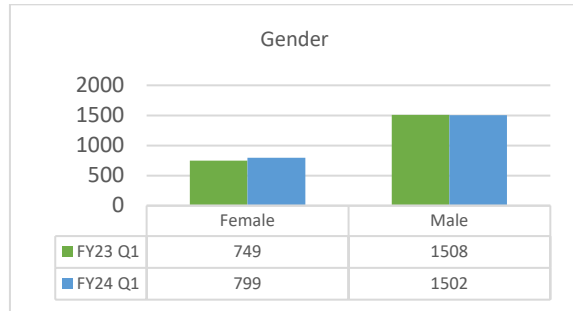
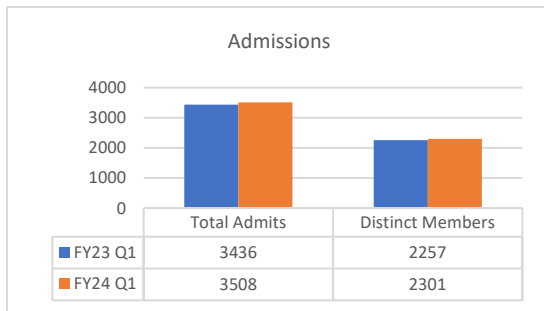
Main Activities during Quarter 1 Reporting Period:

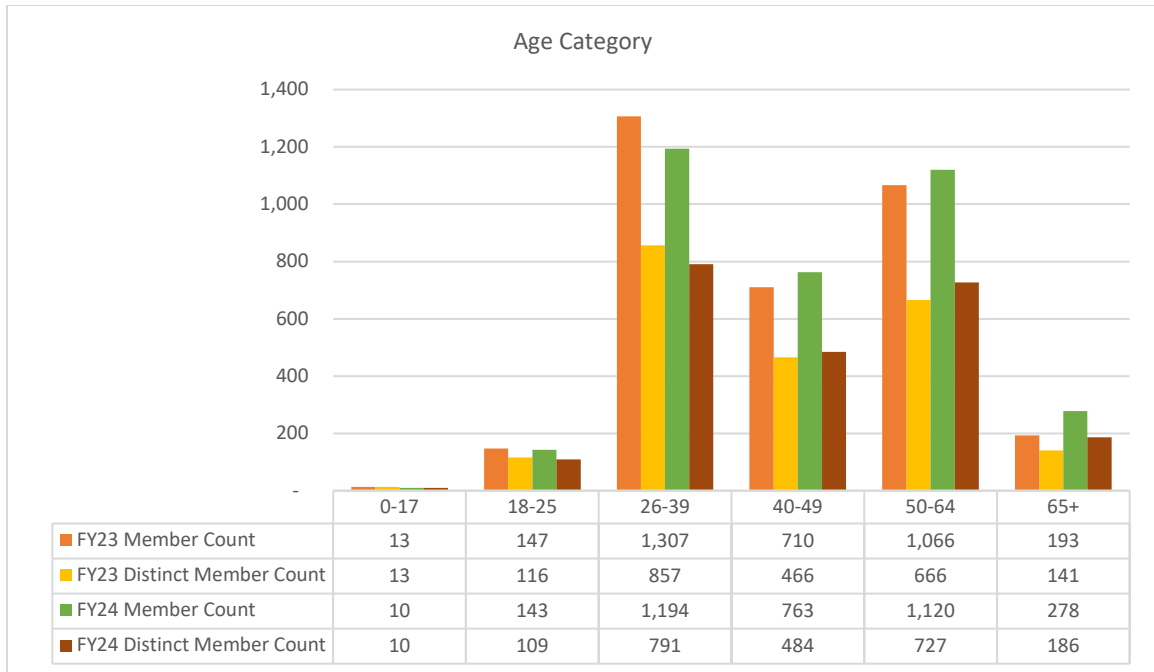
- Analyzing the services provided by SUD for Quarter 1
- Reviewed Synar Data and Compliance for Wayne County
- Evaluated the State Opioid Response Program

PROGRESS ON MAJOR ACTIVITIES

Activity 1: Analyzed the results achieved by SUD during

- **Description** During this period, SUD has achieved remarkable results that the SUD Department would like to showcase through SUD activities. The focus of these activities is to demonstrate the value of SUD's services to their members.
- **Current Status:**





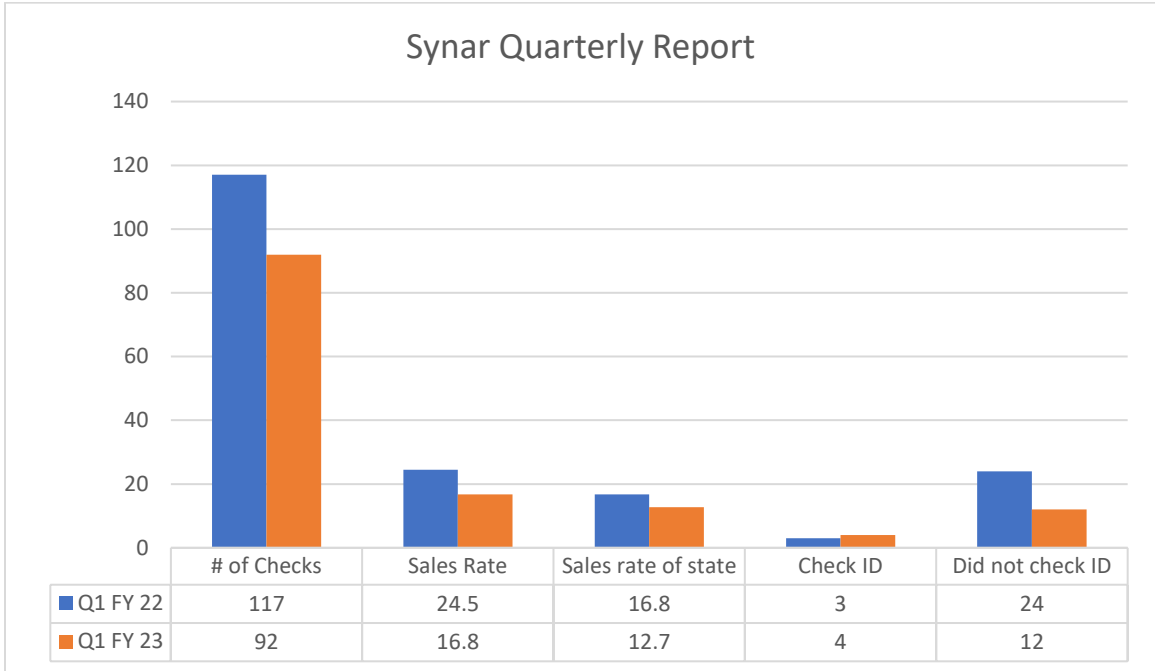
- Significant Tasks During Period:** SUD values the number of admissions as a significant achievement. This metric can indeed serve as an indicator of how well SUD is providing services to those in need. As indicated in the graph above, an increase in the number of admissions implies that more individuals are seeking help for substance use, which is a major focus of DWIHN education and outreach efforts. In addition, our media efforts play a role in raising awareness and encouraging people to seek help. Overall, it's essential to continue monitoring admission trends to ensure that SUD is meeting the needs of its members and provides quality care.
- Major Accomplishments During Period:** The SUD services have had a significant impact on our members, with both positive and negative outcomes. Our analysis shows that the majority of our members received residential services (3.5) followed by detoxification (withdrawal management). To ensure the best possible outcomes, SUD regularly reviews the withdrawal management (detoxification) to monitor for recidivism and drug trends. This helps us to continuously improve our services and provide the best possible care to our members.
- Needs or Current Issues:** SUD is facing the challenge of identifying members who have received detox services more than three times and providing them with additional services and resources to address their needs. By identifying these needs and current issues, SUD will provide additional services that meet the specific needs of their members and improve the overall quality of care provided.
- Plan:** Our plan will involve several steps, including the development of a risk assessment tool that will enable us to identify members who are most at risk of receiving high-intensity detox services more than three times. We will also work closely with SUD providers to develop a comprehensive care plan that addresses the specific needs of these members and provides them with the necessary support and resources to achieve their recovery goals.

Activity 2: Reviewed Synar Data

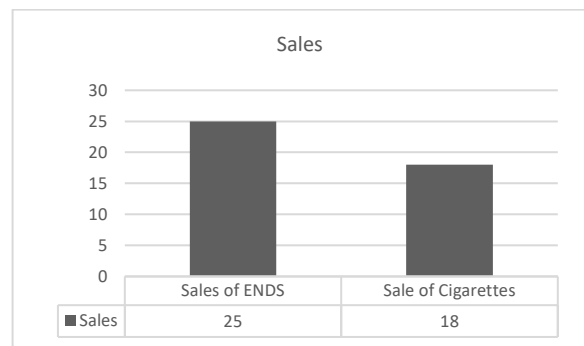
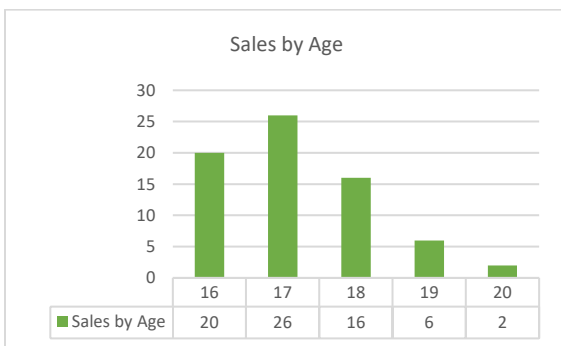
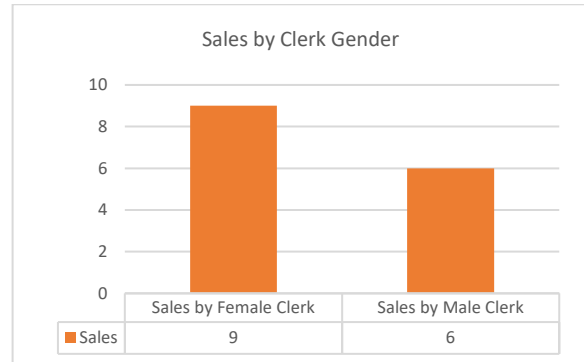
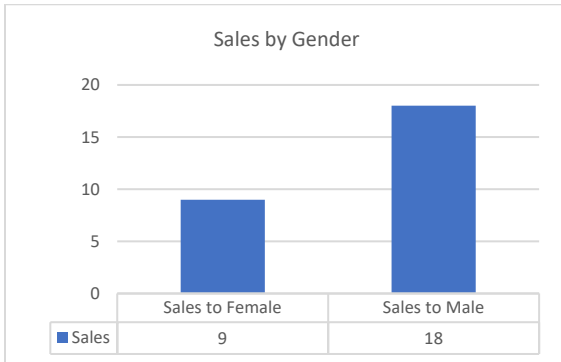
- Description:** The Michigan Department of Health and Human Services (MDHHS) is working with the Detroit Wayne Integrated Health Network (DWIHN) to enforce the Synar Program in Michigan.

The program is designed to prevent the illegal sale of tobacco products to minors in the Wayne County area by enforcing underage access laws to a degree that can reasonably be expected to reduce the sale of these products to individuals under the age of 21. In Region 7, compliance checks and other activities are conducted to reduce the prevalence of underage tobacco use and improve the health of the state's residents.

- Current Status:**



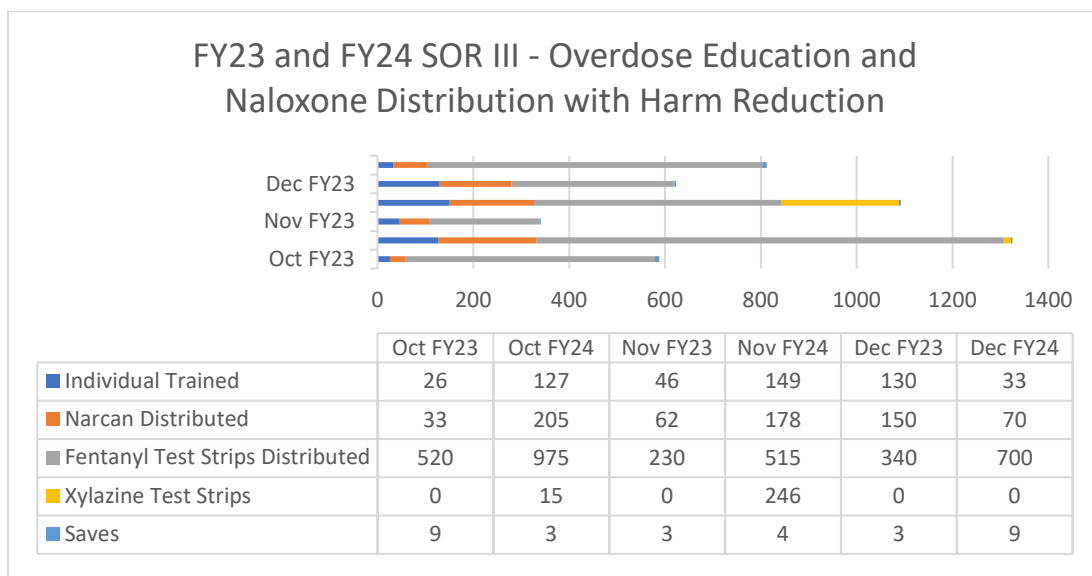
Sales Stats



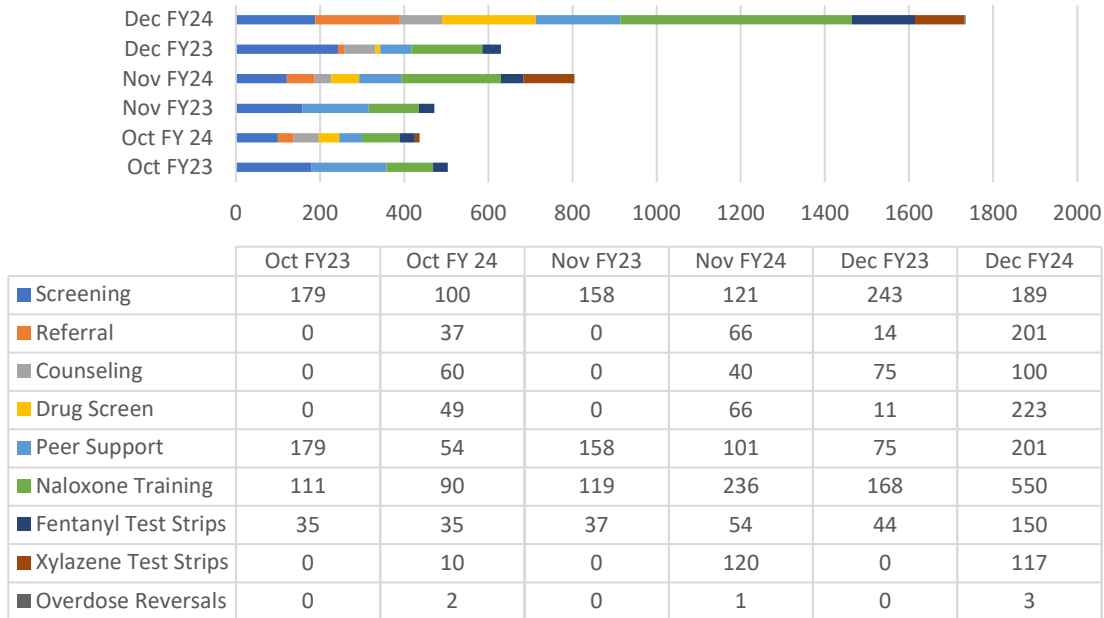
- **Significant Tasks During Period:** One of the significant tasks assigned was to develop and execute a training program for retailers. The primary objective of the program was to educate providers and retailers about the underage access laws and regulations related to the sale of tobacco products in Wayne County. The program is conducted in collaboration with local organizations and law enforcement agencies to ensure maximum outreach. The goal of the program was to increase compliance among retailers and reduce the prevalence of underage tobacco use in Wayne County.
- **Major Accomplishments During Period:** The Synar Program in Wayne County achieved significant outcomes during the period, such as raising awareness about tobacco use, strengthening partnerships, increasing participation, and improving health outcomes. These accomplishments helped DWIHN promote a healthier and safer environment for its residents.
- **Needs or Current Issues:** Increasing participation in the Synar Program among retailers and law enforcement agencies, particularly in areas where compliance rates are low, is critical to improving the effectiveness of the program overall.
- **Plan:** Increase inspections and enforcement, by increasing the number of inspections and enforcement efforts can help reduce the availability of tobacco products to minors. This could include working with local law enforcement to conduct undercover inspections of stores and businesses that sell tobacco products.

• **Activity 3: State Opioid Response Data**

- **Description:** The State Opioid Response (SOR) program in Wayne County is a federal initiative to combat the opioid epidemic. Administered by the Michigan Department of Health and Human Services, the program expands access to treatment, improves care quality, and provides community-based support. It aims to reduce opioid-related deaths and improve data collection to better understand the crisis in Wayne County.
- **Current Status:** The below compares first quarter data for the Overdose Education and Naloxone Distribution, with Harm Reduction programming, over the last two fiscal years. It's interesting to note that there was a 108% increase in OEND services and an 85.3% increase in Mobile unit services provided in Wayne County.



FY23 and FY24 SOR III - Mobile Care Unit



- Significant Tasks During Period:** Conducted a year-end financial audit to ensure accuracy and compliance with regulations. Finalizing year-end performance evaluations for all employees to help identify areas of success and areas for improvement.

Major Accomplishments During Period: There has been a significant increase in Overdose Education and Naloxone Distribution (OEND) services as well as Mobile unit services provided over the last two fiscal years. The numbers above show that the Harm Reduction programming in Wayne County is making a positive impact and helping to save lives.
- Needs or Current Issues:** It appears that GPRA is a current issue for providers as well, as providers face staffing issues to complete the GPRA in a timely manner. This can be a challenging situation as GPRA is a crucial part of the performance measurement process that helps organizations measure their progress towards achieving their goals and objectives.
- Plan:** Increasing funding: The organization is exploring opportunities to secure additional funding to support the project. This will allow for more resources to be dedicated to the project, which could help to accelerate progress by regularly monitor and evaluate to track progress.

**Program Compliance Committee Meeting
Vice President of Clinical Operations' Report
February 14, 2024**



CLINICAL PROGRAM UPDATES:

DWIHN Direct Clinical Service Provision: To meet Detroit Wayne Integrated Health Network's (DWIHN) mission, bridge gaps in care, and create more sustainability in the future, DWIHN continues to move direct clinical care efforts forward. Establishing and providing outpatient clinical services will not only increase access and member choice in our network but will prepare DWIHN to become a Certified Community Behavioral Health Clinic (CCBHC) when MDHHS expands the CCBHC Demonstration in FY2024-FY2025. Outpatient clinical services will include therapy, psychiatry, case management, and peer/recovery support services. This aligns with the CCBHC model and will provide a focused set of services based on demonstrated gaps in care.

The CCBHC model is based on providing integrated, holistic care to meet the needs of our members. To adopt this model, DWIHN is exploring co-locating with primary health care PHCP providers. This can be accomplished in two ways: embedding DWIHN behavioral health staff in established PHCP locations and by DWIHN leasing our own clinic space to provide behavioral health services and either provide space in that location for PHCP services or develop a referral relationship with a PCHP. Both are co-located models which meet the CCBHC standard of practice. DWIHN is planning on clinic services to be established by June 2024.

CCBHC Demonstration Expansion: The State of Michigan expanded the CCBHC State Demonstration sites on October 1, 2023. Initially Region 7 had one (1) CCBHC Demonstration provider site (the Guidance Center), but now we have a total of five (5) additional approved CCBHC sites including ACCESS, CNS Healthcare, Elmhurst Home, Development Centers, and Southwest Counseling Solutions- MiSide). DWIHN continues to provide technical assistance with these new CCBHC providers. It is estimated that 173,994 individuals are eligible for CCBHC services in region 7. MDHHS's goal is to have 26,099 individuals enrolled in CCBHC services in FY2024. Current enrollment stands at 7,187 members.

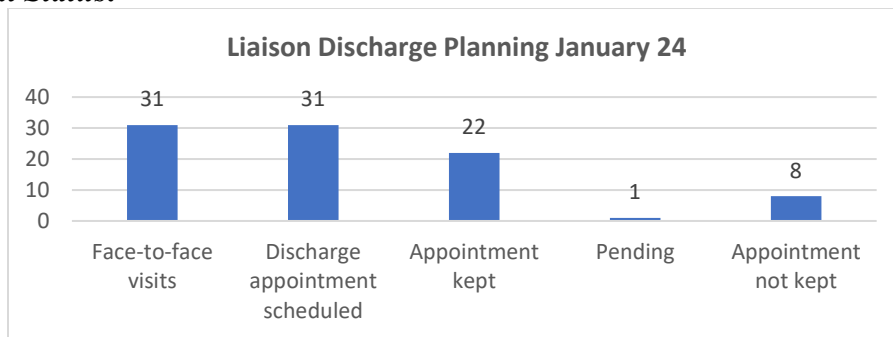
Hospital Discharge Pilot Program (CRSP): Clinically Responsible Service (CRSP) Providers are not currently meeting face-to-face with their members while inpatient. Discharge planning is currently taking place from inpatient treatment teams at the hospital through DWIHN Access. This current process does not effectively engage members in services. The DWIHN Crisis Services Department will meet with pilot providers to finalize the process and procedure, and then hold a "kickoff" meeting to begin the pilot program within the next 30-60 days.

DWIHN Hospital Discharge Planning Initiative: DWIHN Liaisons have started hospital discharge planning efforts for persons who are not currently receiving services from a CRSP provider. This includes meeting face-to-face with members at hospitalized at the following hospitals: Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest. Upon meeting with the members, liaisons complete a hospital discharge planning worksheet that includes the member's current needs, their chosen Clinically Responsible Service Provider (CRSP), and

discharge appointment information. The chosen CRSP can access the uploaded hospital discharge planning information to ensure a warm handoff. In addition, DWIHN Liaisons follow up with members in the community upon discharge to ensure are appropriately linked and their appointment is kept.

DWIHN Liaisons met with 31 members on inpatient units in January. All members had an aftercare appointment scheduled per their CRSP preference, 22 members (71%) kept their aftercare appointment, and 1 member is pending. The previous quarter's aftercare appointment compliance average approximately 53%. Of those members that did not keep their appointments, liaisons continued outreach efforts. Some members seen by liaisons have been discharged without liaison knowledge, beginning in February, the Crisis Services Department will meet monthly with inpatient facilities to solidify contact staff members to share information once a member is seen on the inpatient unit.

Current Status:



Assisted Outpatient Treatment (AOT): The court orders an individual to receive community-based mental health treatment. It is aimed at individuals who are consistently non-adherent to needed treatment for mental illness. DWIHN works with the Behavioral Health Unit (BHU) on these shared individuals. Areas of reported concern are providers not following AOT statutes/the Mental Health Code, Not Guilty by Reason of Insanity (NGRI) timeliness, engaging individuals at Deferral Conferences, or appropriate coordination of care.

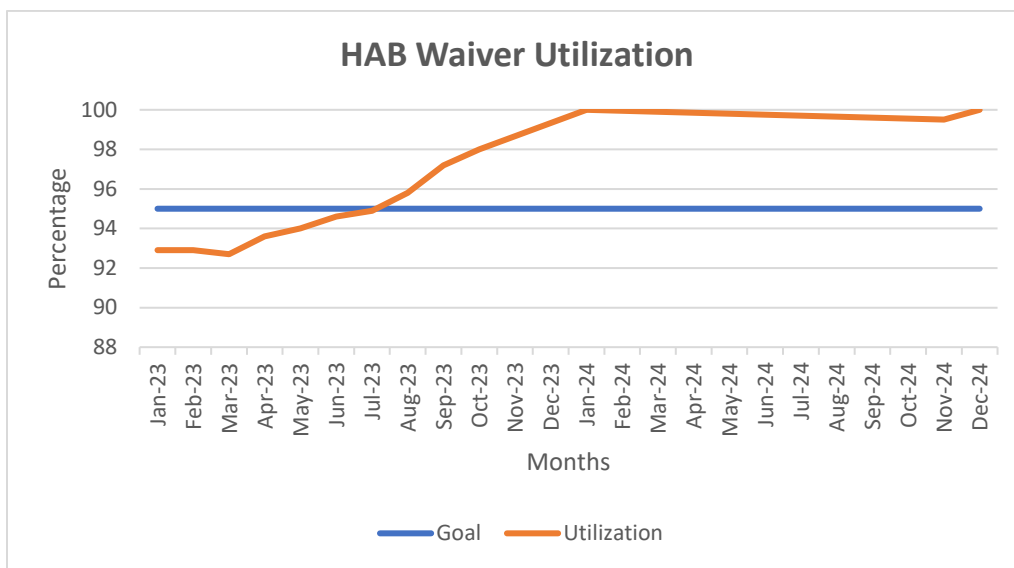
DWIHN and the BHU have worked in close partnership to make needed improvements in the AOT process and monitoring. The first initiative was to meet with COPE on a weekly basis to address transport and AOT concerns. This has resulted in significantly improved communication and monitoring of those on an AOT order. DWIHN, BHU and COPE have moved to monthly meetings. DWIHN and the BHU started the same process with Team Wellness this month. In addition to meeting with our largest providers, DWIHN and the BHU have accomplished the following:

- Updated AOT policy and procedure which is currently in public comment phase
- Tracking AOT orders in MHWIN
- BHU/DWIHN started to train individual providers in AOT and will continue this training effort throughout 2024.
- DWIHN, in support of the BHU, will apply for MDHHS AOT funding to make needed improvements in technology and AOT training.

DWIHN received 266 combined AOT orders that were uploaded within MHWIN. Providers have been identified and communications have been sent with the request to acknowledge receipt of the order by submitting form WCPC 366 stating the members plan of service (IPOS). Of these 266, 51 deferrals were granted, 88 were waiver and stipulations, and there were 21 transport orders were issued.

Habilitation Supports Waiver (HAB): Is available under Section 1915© of the Social Security Act to provide home and community-based services to those diagnosed with an intellectual/developmental disability, and without these services, would require placement into an Intermediate Care Facility. MDHHS provides each region with a specific number of HAB waiver “slots”. It is expected that 95 % of slots will be filled continuously. If this rate is not consistently maintained, MDHHS may re-allocate slots to other regions and/or implement a Plan of Correction with the PIHP.

DWIHN implemented an internal plan of correction in March of 2023. As a result, DWIHN met the 95% utilization rate by July 2023 and has successfully achieved and exceeded the expected rate.



Utilization Management Timeliness: Outpatient and Substance Use Disorder Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request. Currently 65% of authorization requests are auto approved through Service Utilization Guidelines (SUGs) that have been developed based on medical necessity and best practice. Thirty-five percent (35%) of authorizations are reviewed manually by UM staff. Timelessness of authorization request disposition is out of compliance (75.2%) and required an internal plan of correction. The expected plan timeline for completion is 90 days and includes:

- Onboarding and training of new staff who were hired in December

- Cross Department collaboration to review any SUD Authorizations that were out of compliance
- Redistribution of assigned caseloads among staff to take advantage of the skill sets and volume of completion of each staff
- Clear old, “returned” authorization requests that the requesters have not re-submitted to us
- Refresher training to the provider network on necessary documentation for authorization approval

Residential Assessments: The Residential Department complete assessments for persons diagnosed with mental illness that are living in specialized licensed AMI settings. Completing these assessments ensures that members’ clinical status is continually being assessed, ensures needs are being addressed, and that members are in the appropriate level of care. Assessments need to be completed on an annual basis, which was determined was not occurring. As a result, an internal plan that included developing processes and tracking mechanisms to ensure assessments occur alongside the member’s IPOS. All assessments are being scheduled by administrative staff with each clinician being scheduled to meet with three (3) members per day and rescheduling any missed appointments timely. Target completion date is February 16, 2024.

- Assessments completed (10/23-1/26/24): 823
- Total left to complete for next reporting month: 129
- Percent Completed: 86%

Children’s Initiatives- MichiCANS: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. Wayne County was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project. The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024 for both SED and I/DD populations. The Devereux Early Childhood Assessment (DECA) will be administered as an assessment tool for ages 0 to 6 for both SED and IDD children.

Staff from DWIHN and TCC completed the required MichiCANS certification training. Submitted a preliminary estimate of required staffing among SED and IDD children’s providers who will require MichiCANS training for the hard launch for Fiscal Year 2025 to MDHHS this month. Shared the MichiCANS Facts Sheet with DWIHN departments and with Children Providers. Informed SED Children Providers on the upcoming screening changes regarding ages 0 to 6, foster care youth, and young adults during 1/6/2024 meeting.

Children HEDIS: Antipsychotic Medication Metabolic Testing: The purpose is to monitor children and adolescents ages 1 to 17 who take antipsychotic medication on an ongoing basis to ensure they receive both a glucose and a cholesterol test during the year. Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades. These medications can elevate a child’s risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks and the potential lifelong consequences metabolic monitoring of blood glucose and cholesterol testing is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

Antipsychotic Medication Metabolic Testing:

Measurement #1 Current Goal = 23.36%	The percentage of youth ages 1 to 11 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels. The baseline rating period of 1/1/2020 – 12/31/2020 rate was 15.96%. <ul style="list-style-type: none"> • 1/1/2023 – 12/31/2023 Rating Period = 127 / 664 members (19.12%)
Measurement #2 Goal = 38%	The percentage of youth ages 12 to 17 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels. The baseline rating period of 1/1/2020 – 12/31/2020 rate was 27%. <ul style="list-style-type: none"> • 1/1/2023 – 12/31/2023 Rating Period = 393 / 1,382 members (28.43%)

DWIHN discussed this HEDIS measure during various meetings this month: Children System Transformation Meeting, Outpatient Provider Meeting, and System of Care Advisory Council. In addition, a new Children HEDIS Newsletter was developed and added to DWIHN website. A newsletter was shared with Children Providers and members served via the *Persons Point of View* publication. The newsletter was also added to DWIHN mobile app resource section. DWIHN is working with our children’s providers Collect additional information regarding interventions and barriers achieving these goals. DWIHN is updating the performance improvement plan to submit for February 2024 accreditation and working with identified providers performing below the identified goals.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, February 14, 2023

ACCESS CALL CENTER – Director, Yvonne Bostic
No Monthly Report

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

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

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

CRISIS SERVICES – Director, Daniel West
Please See Attached Report

CUSTOMER SERVICE – Director, Michele Vasconcellos
Please See Attached Report

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

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

MANAGED CARE OPERATIONS – Director, Rai Williams
No Monthly Report

RESIDENTIAL SERVICES – Interim Director, Kate Mancani
Please See Attached Report

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

UTILIZATION MANAGEMENT – Director, Leigh Wayna
Please See Attached Report

Monthly Report-January 2024
Marianne Lyons, LMSW, CAADC
1/31/2024



Adult Initiatives Monthly Report January 2024

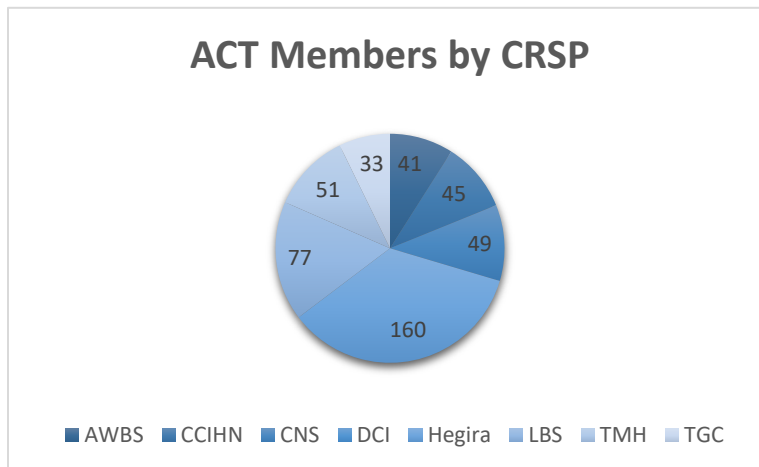
Main Activities during January 2024 monthly Reporting Period:

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

Progress on Major Activities:

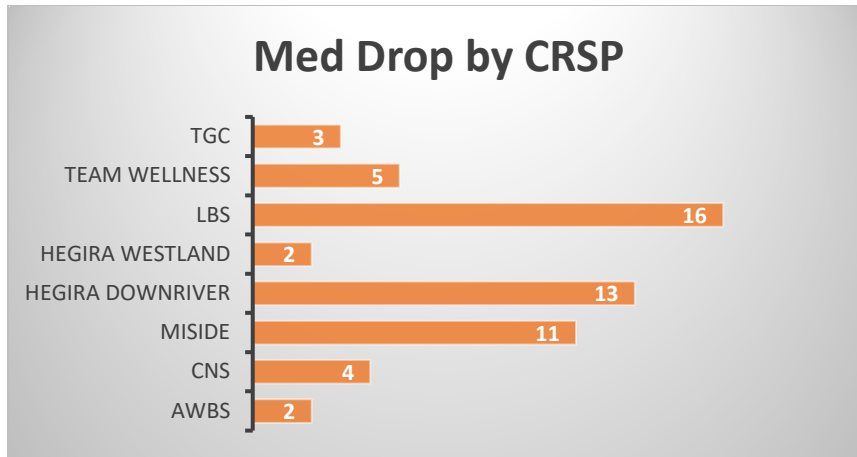
Activity 1: Assertive Community Treatment (ACT)

- *Description:* Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff members are available 24 hours, 7 days per week, for 365 days per year.
- *Current Status:* There are **8 ACT** provider service agencies in Wayne County. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, Development Centers Incorporated, Hegira, Lincoln Behavioral Services, Team Wellness and The Guidance Center. Currently, there are **526** members receiving ACT services. For the most recent month, the ACT program experienced a total of **26** psychiatric hospitalizations, and **292** inpatient days. There have also been 3 new admissions and 10 discharges from the ACT program for the month of January.
- *Significant Tasks During Period:* The significant task for this month focused on improving communication between the ACT teams and COPE. The ability to reach someone from the ACT teams to complete PARs was significant because this has the potential to significantly reduce psychiatric hospitalization and increase redirections to outpatient services and/or SUD treatment. Adult Initiatives ensured that all phone numbers and contact information were updated and shared.
- *Major Accomplishments During Period:* ACT providers received their Quality Improvement Plans (QIPs) which displayed areas of their fidelity reviews where they did not receive a score of 5. These CRSPs have been asked to return their completed QIPs by Friday, February 9th. This accomplishment will assist the Clinically Responsible Service Providers (CRSPs) in possibly attaining higher scores on their 2024 Fidelity Reviews.
- *Needs or current issues:* Currently, Adult Initiatives is awaiting the return of the completed QIPs, after which scheduling of technical assistance can be provided.
- *Plan:* Each ACT provider plans to send all changes, completed QIPs, and scheduling of technical assistance to Adult Initiatives for assistance.



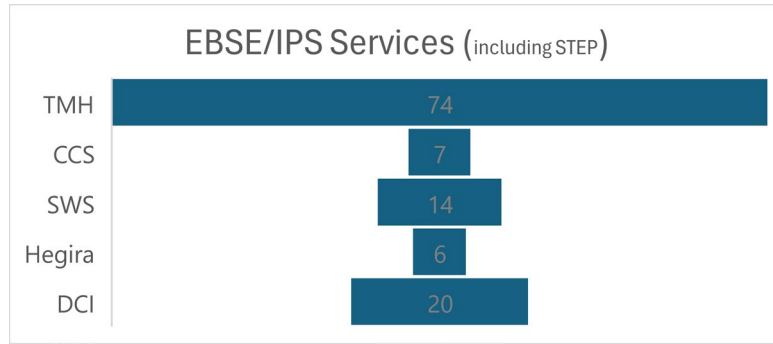
Activity 2: Med Drop

- *Description:* Adult Initiatives team is working to increase the participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- *Current Status:* There were 56 members who participated in the program in January. Med Drop is scheduled to make 1580 successful deliveries for this month. For the month of December there were 1264 deliveries completed. There were also 5 new referrals, one was opened in January, one will be opened in February and one member declined to participate in the program while attending the intake.
- *Significant Tasks During Period:* ACCESS has started the Memorandum of Understanding (MOU) process with Genoa and the start date will be February 2024 with their Clubhouse members. CCIH has started the MOU process with Genoa and plans to start with their AOT members in February.
- *Major Accomplishments During Period:* Adult Initiatives continues to work with two CRSP agencies as well as the DWIHN residential department for semi-independent living settings to begin a pilot program.
- *Needs or Current Issues:* Adult Initiatives will be working with the remaining CRSP to help educate and reinforce the positive benefits of the program. There are currently only 2 CRSP who have not decided if they would like to participate – Neighborhood Services Organization (NSO) and ACC.
- *Plans:* Adult Initiatives will continue to meet with the Med Drop coordinator and program providers for Med Drop to discuss ways to increase admission and barriers to the referral process. We will continue to use various outreach platforms to promote the program to members and providers.



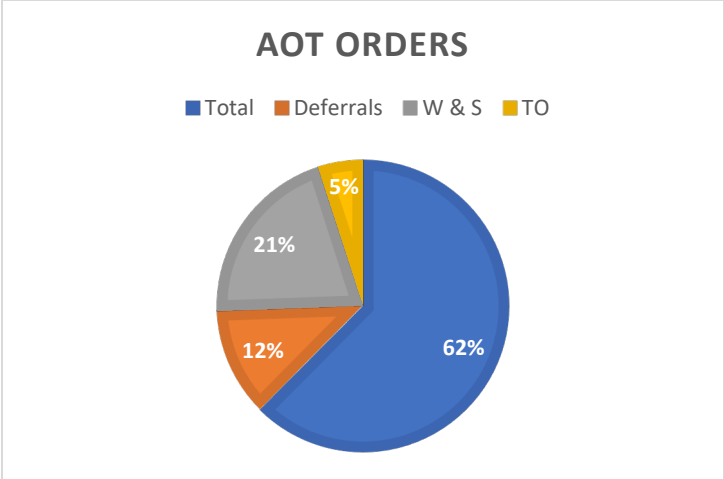
Activity 3: Evidence-Based Supportive Employment (EBSE)

- Description:* Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success in those acquired positions.
- Current Status:* For this month, there was a total of **118** IPS services provided, and an additional three members received services at Services to Enhance Potential (STEP).
- Significant Tasks During Period:* Adult Initiatives hosted the monthly EBSE/IPS forum which was held on January 10th at 2 PM. Adult Initiatives participated in the monthly IPS Supervisors meetings sponsored by the state of Michigan, facilitated by Joseph Longcor and introduced Brad Cucuro as the new Clinical Specialist who will provide oversight of the EBSE/IPS program, and Naudia Fisher, responsible for the oversight of the adult Developmental Disability department.
- Major Accomplishments During Period:* Adult Initiatives team members met with Joe Longcor at New Center One for updates on training, increasing services and increased collaboration with the developmental disabilities' member base.
- Needs or current issues:* Adult Initiatives is working towards more face-to-face contact and collaboration with the providers.
- Plan:* Adult Initiatives plans to evaluate each provider of EBSE/IPS and its viability as an IPS provider. Due to a decrease in staff, some agencies have had to decrease their services which jeopardizes their ability to provide the full range of services offered.



Activity 4: Assisted Outpatient Treatment (AOT)

- *Description:* Assisted outpatient treatment (AOT) – sometimes known as “court-ordered outpatient treatment” or “outpatient commitment” – is the practice of placing individuals with severe mental illness and a history of struggling with voluntary treatment adherence under court order to follow a prescribed treatment plan while living in the community. Wayne County Probate Court (WCPC) has created a Behavioral Health Unit (BHU) to provide oversight and ensure AOT compliance.
- *Current Status:* DWIHN received 266 combined AOT orders that were uploaded within MHWIN. Orders have been uploaded to the members chart, providers have been identified and communications have been sent with the request to acknowledge receipt of the order by submitting form WCPC 366 stating the members plan of service (IPOS). Of these 266, 51 deferrals were granted, 88 were waiver and stipulations, and there were 21 transport orders were issued.
- *Significant Tasks During Period:* Meetings regarding NGRI began this month. Effective February 2024 Adult Initiatives will take over monitoring this program.
- *Major Accomplishments During Period:* Representation from DWIHN continue to attend all deferral conferences as required by MHC statute whereas the PIHP for those members who do not have an assigned provider and/or private insurance must be present at deferral conferences. Adult Initiatives worked in collaboration with DWIHN’s IT department and developed a banner within the EMR to reflect individuals that are NGRI. This assists the CRSP with knowledge and reminders of who is NGRI and when required documents are due.
- *Needs or Current Issues:* Inpatient facilities are not in compliance with submitting the Case Management (WCPC 366) Plan 5 days prior to discharge as stated in the Mental Health Code (MHC). In addition, CRSPs are not submitting the Case Management Plan stating the members IPOS has been amended to reflect the member is on a current AOT (WCPC 366). This should be done within 30 days of receiving of the member's order and updated IPOS to reflect the member is on an order.
- *Plans:* Adult Initiatives has begun to restructure the AOT and NGRI programs and identified tasks and roles for each of the clinical specialists that oversee these programs.



Things the Department is Doing Especially Well: In November, the Adult Initiatives team began holding monthly meetings with all of our adult providers-The Adult Provider Forum. These meetings are held the 2nd Wednesday of every month and are hosted by the Adult Initiatives team and attended by representatives from each CRSP providing adult services. Our first two meetings have been very successful, with over 30 people attending both meetings. The focus of these forums is to develop increased collaboration with our CRSP’s, as well as “spotlight” each month, where an assigned CRSP presents their agency to the group, highlighting their services and educating not only DWIHN staff but their colleagues in the field, on their program and any new initiatives within their agencies.

Program Compliance Committee Meeting Autism Services Department January 2024 Monthly Report



Main Activities during Reporting Period:

- Activity 1: Autism Benefit Enrollment / Expansion
- Activity 2: Monthly ABA Provider Meeting

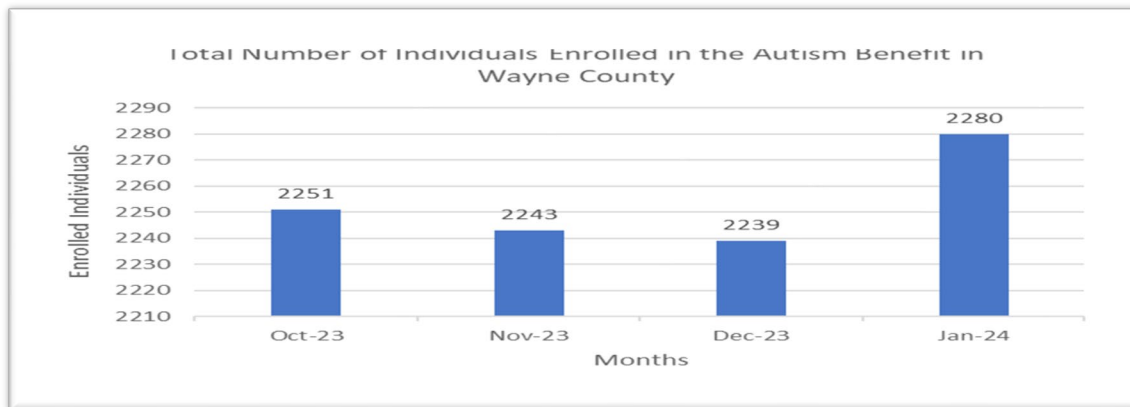
Progress On Major Activities:

Monitoring Autism Benefit Enrollment / Expansion

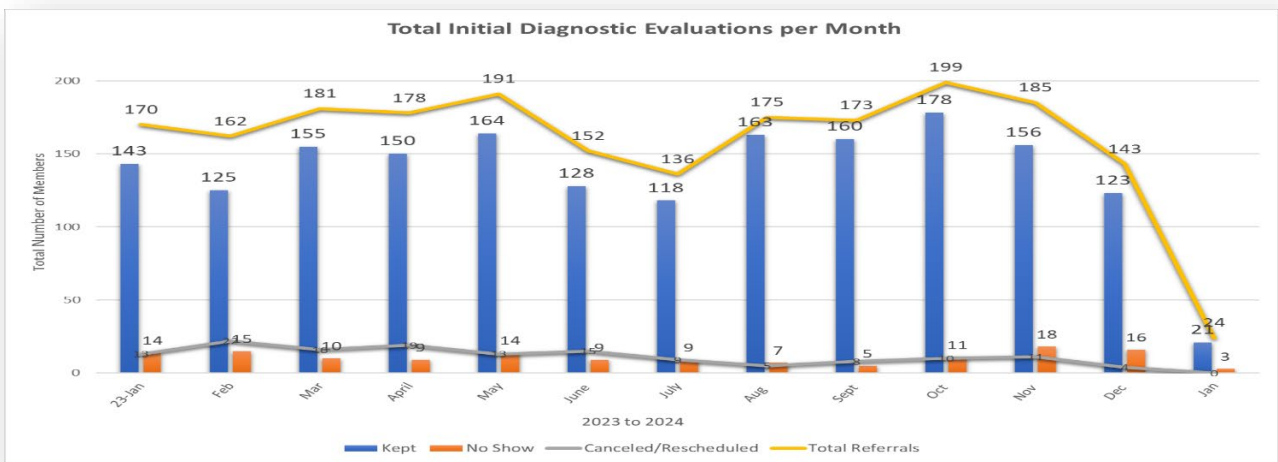
Description: DWIHN Autism Services Department oversees autism services for youth and young adults up to 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction,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

Current Status: There was an average 2,280 members assigned to DWIHN's ABA provider network for January 2024. This was a slight increase from December 2023 average of 2,239 members enrolled. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there was a total of 24 referrals, 21 kept appointments, and 3 no show appointments. It is noted the data for this month is preliminary and subject to change during next month report.

Total Members Enrolled in Autism Benefit



Total Completed Individual Diagnostic Evaluations



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

Major Accomplishments During Period: As of January 2024, there are 26 ABA Providers who passed the RFQ process. Out of the 26 ABA Providers who successfully passed the RFQ process, 3 new ABA Providers received contracts and were added to the Provider Network.

Needs or Current Issues: The remaining ABA Providers who completed the RFQ process to successfully complete the credentialing process as well.

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

Activity 2: Monthly ABA Provider Meeting

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

Current Status: The ABA Provider meeting was held 1/22/2024 with all the ABA Providers. Other DWIHN Departments were also in attendance to provide updates as well.

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

Claims: Finance Department clarified instructions for submitting claims for services and informing of the current claim submission schedule.

Recipient Rights: Office of Recipient Rights Department informed of Recipient Rights training requirements for new staff to complete the training within 30 days of hire.

Quality Update: Quality Department informed of upcoming audits for FY 24 and audit tools are in the process of being finalized. Will also review the ABA Long Term Inactivity Log to ensure there is a justification for member lack of attendance for ABA services.

Utilization Management (UM): The UM Department informed Providers to appropriately early termination authorizations when Adverse Benefit Determination (ABD) letters are sent to the member.

Children Initiative: Reviewed the Transition from Children to Adult Services protocol that is available in PolyStat. This protocol is for children and youth transitioning from a Child Caring Institute (CCI) and or to adult services.

Trainings: Providers were informed of various upcoming training opportunities relating to autism services.

Major Accomplishments During Period: Updates were made in MHWIN for the ADOS 2 Worksheet form that shows the eligibility determination. Also, the Autism Department was helpful with connecting youth with high risk needs to autism services in collaboration with consulting on cases with MDHHS Children Bureau and DHHS.

Needs or Current Issues: Continue to support ABA Providers when there are requests to transfer ABA services among Providers and that appropriate documents are complete to assist with the transfer.

Plan: The next ABA Provider meeting is scheduled for 2/26/2024.

Monthly Update

Things the Department is Doing Especially Well:

MDHHS / PIHP Autism Meeting: Monthly meeting was held this month with MDHHS and PIHPs. The following agenda topics were discussed:

State Autism Services Survey: The purpose of the survey was for MDHHS to identify barriers to autism services per region. The top identified barriers included: 1). The need for additional trainings, 2). Determination of medical necessity for ongoing autism services, 3). Parent engagement and follow through, 4). Autism services within the schools, 5). Lack of adequate staffing to deliver autism services.

Autism Data Update: There are approximately 5,074 beneficiaries actively enrolled in autism services (not including data from four (4) regions). In addition, there were a total of 213 reported Qualified Behavioral Health Professionals (QBHP) for the state of Michigan; in which, DWIHN comprised of 63 (29.5%) thus far. The goal for MDHHS is to increase the number of QBHP staff licensed as Behavioral Certified Behavior Analysts (BCBAs).

****It was noted that DWIHN was recognized of having a great tracking system that was easy to receive staffing information.*

Autism Service Delivery: There continues to be discussions regarding the delivery of ongoing autism services, determining completion of autism services, and autism services in the school setting. These topics will be addressed during the next Children System Administrative Forum (CSAF) meeting with MDHHS on 2/9/24.

Risk Matrix: Submitted an Autism Services Risk Matrix proposal to add data components to the Risk Matrix with the goal of streamlining data that will be available for internal and external use among DWIHN and Autism providers.

Identified Opportunities for Improvement:

Corrective Action Plans (CAP): Recognized the opportunity to reduce recipient rights concerns regarding ABA services. Thus, a meeting was held with two (2) ABA providers this month pertaining to recipient rights concerns. Both ABA Providers submitted CAPs to show improvement with service delivery and education with staff on policy requirements.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP): Discussed with Providers the new PIP expectation monitoring ABA service start dates to meet requirement of engagement within 14 days of the authorization effective date. This PIP was also discussed during both Quality Improvement Steering Committee and Quality Advisory Work Group meeting this month.

Program Compliance Committee Meeting



Children's Initiative Department January 2024

Main Activities during the Reporting Period:

- Activity 1: MichiCANS
- Activity 2: Children HEDIS Measure: ADHD Medication Follow Up
- Activity 3: Children HEDIS Measure: Antipsychotic Medication Metabolic Testing

Progress On Major Activities:

Activity 1: MichiCANS

Description: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. Wayne County was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project.

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

Current Status: The Soft Launch started 1/8/2024 with DWIHN and The Children Center (TCC) as the identified sites for Wayne County.

Significant Tasks During Period: Staff from DWIHN and TCC completed the required MichiCANS certification training. Submitted a preliminary estimate of required staffing among SED and IDD children's providers who will require MichiCANS training for the hard launch for Fiscal Year 2025 to MDHHS this month. Shared the MichiCANS Facts Sheet with DWIHN departments and with Children Providers. Informed SED Children Providers on the upcoming screening changes regarding ages 0 to 6, foster care youth, and young adults during 1/6/2024 meeting.

Major Accomplishments During Period: Children's Initiative facilitated a children screening training with DWIHN Access Department on 1/25/2024 including screening for ages 0 to 6, screening youth involved in foster care, and young adults ages 18 to 21st birthday (21 attendees). This training was imperative to ensure children and youth can complete the new MichiCANS screener during the soft launch and develop additional pathways to access services.

Needs or Current Issues: TCC experienced challenges with completing the certification training and worked with the training facilitator for the remaining staff to complete the training. Finalize the MHWIN calendar for DWIHN Access to schedule intake appointments with Infant Mental Health providers.

Plans:

Ages 0-6 Screening Updates: 1) Once the MHWIN calendar is finalized issue communication to Infant Mental Health Providers of the changes, 2). Offer training for IMH Providers during the next Infant and Early Childhood Task Force meeting in February

Foster Care Youth and Young Adult Screening Updates: Issue communication to Providers in February 2024 and discuss during upcoming children provider meetings in February 2024.

DECA Orientation Training: MDHHS is hosting a DECA Orientation Training in February 2024 to explain the changes for FY 2025.

Activity 2: Children HEDIS: ADHD Medication Follow Up

Description: The two (2) rates of this measure assess follow-up care for children prescribed ADHD medication:

Initiation Phase: Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

Continuation and Maintenance Phase: Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two (2) follow-up visits with a practitioner in the 9 months after the Initiation Phase.

Why is this Important?: Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. 11% of American children have been diagnosed with ADHD. The main features include hyperactivity, impulsiveness, and an inability to sustain attention or concentration. Of these children, 6.1% are taking ADHD medication. When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.

Current Status:

ADHD Medication Follow Up:

<p>Measurement #1</p> <p>New Goal = 64%</p>	<p>The percentage of children between 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. The baseline rating period of 3/1/2020-2/28/2021 rate was 12.98%.</p> <ul style="list-style-type: none"> 3/1/2022 – 2/28/2023 Rating Period = 681 / 1,154 members = 59.01%
<p>Measurement #2</p> <p>New Goal = 76%</p>	<p>The percentage of children between 6-12 years of age who have a prescription for ADHD medication and at least two follow-up visits with a practitioner in the 9 months after the initiation phase. The baseline rating period of 3/1/2020-2/28/2021 rate was 13%.</p> <ul style="list-style-type: none"> 3/1/2022 – 2/28/2023 Rating Period = 188 / 264 members = 71.21%

Significant Tasks During Period: Discussed this HEDIS measure during various meetings this month: Children System Transformation Meeting, Outpatient Provider Meeting, and System of Care Advisory Council.

Major Accomplishments During Period: A new Children HEDIS Newsletter was developed and added to DWIHN website. This newsletter was shared with Children Providers and members served via the Persons Point of View publication. Lastly, the newsletter was also added to DWIHN mobile app resource section.

Needs or Current Issues: Collect additional information from Children Providers regarding interventions and barriers regarding this performance improvement plan.

Plans: 1). Update the performance improvement plan to submit for February 2024 accreditation, 2). Submit memo to Children Providers by 2/15/24 to complete quarterly feedback survey for Providers performing below the identified goals.

Activity 3: Children HEDIS: Antipsychotic Medication Metabolic Testing

Description: The purpose is to monitor children and adolescents ages 1 to 17 who take antipsychotic medication on an ongoing basis to ensure they receive both a glucose and a cholesterol test during the year.

Why is this Important?: Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades. These medications can elevate a child's risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks and the potential lifelong consequences metabolic monitoring of blood glucose and cholesterol testing is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

Current Status:

Antipsychotic Medication Metabolic Testing:

<p>Measurement #1</p> <p>Current Goal = 23.36%</p>	<p>The percentage of youth ages 1 to 11 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels. The baseline rating period of 1/1/2020 – 12/31/2020 rate was 15.96%.</p> <ul style="list-style-type: none"> 1/1/2023 – 12/31/2023 Rating Period = 127 / 664 members (19.12%)
<p>Measurement #2</p> <p>New Goal = 38%</p>	<p>The percentage of youth ages 12 to 17 with ongoing antipsychotic medication with completed metabolic testing for blood glucose and cholesterol levels. The baseline rating period of 1/1/2020 – 12/31/2020 rate was 27%.</p> <ul style="list-style-type: none"> 1/1/2023 – 12/31/2023 Rating Period = 393 / 1,382 members (28.43%)

Significant Tasks During Period: Discussed this HEDIS measure during various meetings this month: Children System Transformation Meeting, Outpatient Provider Meeting, and System of Care Advisory Council.

Major Accomplishments During Period: A new Children HEDIS Newsletter was developed and added to DWIHN website. This newsletter was shared with Children Providers and members served via the Persons Point of View publication. Lastly, the newsletter was also added to DWIHN mobile app resource section.

Needs or Current Issues: Collect additional information from Children Providers regarding interventions and barriers regarding this performance improvement plan.

Plans: 1). Update the performance improvement plan to submit for February 2024 accreditation, 2). Submit memo to Children Providers by 2/15/24 to complete quarterly feedback survey for Providers performing below the identified goals.

Monthly Update

Things the Department is Doing Especially Well:

Outpatient Provider Meeting: Outpatient Provider meeting was held this month in which there were two (2) children services topics addressed: 1). Children HEDIS Newsletter that explains the two (2) HEDIS measures and best practice tips for children receiving ADHD medications and children receiving antipsychotic medications. 2). Evidenced Based Practices (EBP) Bulletin 24-01 that identifies local modifiers children providers are able to bill for members actively receiving evidenced based practice services.

Access Committee: Presented the five (5) providers who completed the Request for Proposal (RFP) Children Behavioral Health Services Expansion at the Access Committee this month.

Next Steps:

a). Children Initiative Department complete children services orientation with Providers who completed the RFP, b). For the Providers interested in delivering Home Based and Wrap Around services, Children Initiative Department submit applications to MDHHS for approval, c). Providers approved at the Access Committee are presented at the Credentialing Committee for approval.

CAFAS Trainings: Facilitated CAFAS Booster Training this month in which there were 13 attendees

PECFAS Trainings: Facilitated PECFAS Initial Training this month in which there were 12 attendees

Identified Opportunities for Improvement:

MDHHS Performance Indicators: The goal is to improve MDHHS Performance Indicators. These indicators were discussed during Children System Transformation Meeting this month along with Quality Department to further review interventions and barriers with Children Providers.

FY 2024, Quarter 1 (Preliminary Results):

- PI 1: Pre-Admission Screening within 3 hours (Above the Goal)
- PI 2a: Access – 1st Request Timeliness (Below the Goal)
- PI 3: Access – 1st Service Timeliness (Below the Goal)
- PI 4a: Hospital Discharge Follow Up Appointment (Below the Goal)
- PI 10: Inpatient Recidivism (Above the Goal)

Progress on Previous Improvement Plans:

Submitted performance improvement plans to Quality Department for February 2024 accreditation:

1. Children Antipsychotic Medications
2. Children ADHD Medications
3. Patient Health Questionnaire for Adolescents (PHQ A)

Crisis Services Department, January Report 2024

Daniel West, Director of Crisis Services

1/31/24



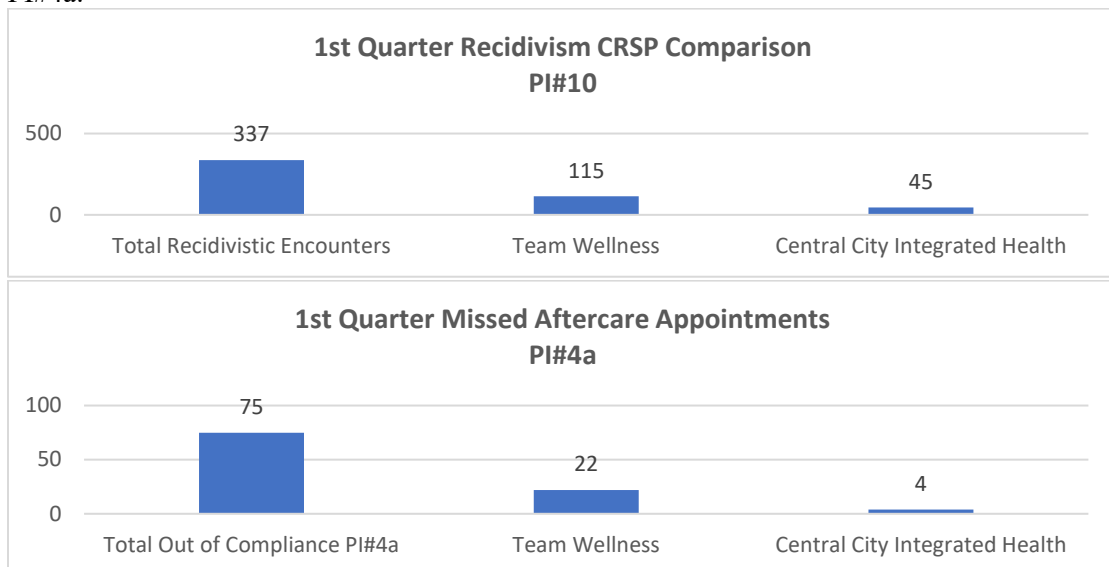
Main Activities during January 2024:

- **Pilot Program for providers to meet with members in inpatient hospitals.**
- **Discharge planning for members in inpatient hospitals.**
- **Identify recidivistic members per CRSP among total inpatient admissions for adults.**

Progress On Major Activities:

Activity 1: Pilot program for CRSP providers to meet with members in inpatient hospitals.

- **Description:** The Crisis Services Department met with 2 providers (Team Wellness and Central City Integrated Health) to develop a pilot program. The pilot will require the CRSP to meet face-to-face with members on inpatient units within 72 hours of their admission, coordinate discharge planning, and provide support to members to ensure they keep their aftercare appointments. This pilot will be intended to positively influence PI#4a and PI#10.
- **Current Status:** CRSP providers are not currently meeting face-to-face with their members while inpatient. Discharge planning is currently taking place from inpatient treatment teams at the hospital through DWIHN Access. Team and CCIH have the majority of members that were considered recidivistic (PI#10) in the 1st Quarter and have members that were non-compliant with PI#4a.

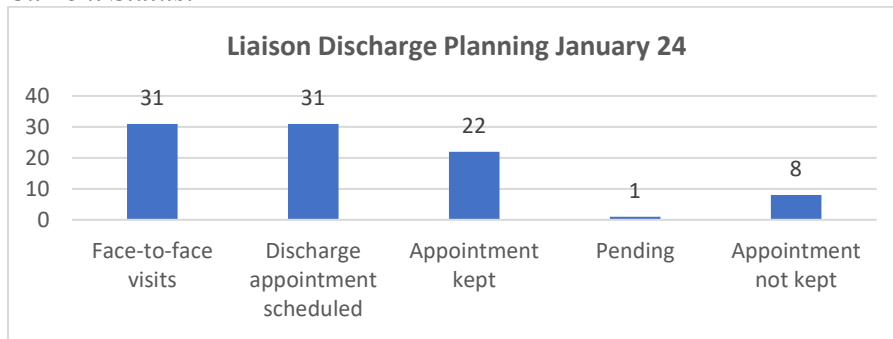


- **Significant Tasks and Major Accomplishments During Period:** The Crisis Services Department developed a workflow and a tracking method for the CRSPs that are participating in the pilot. The team met with leadership of these CRSPs and coordinated a process to be executed.
- **Needs or Current Issues:** The Crisis Services Department has recognized the importance of CRSP involvement in member discharge planning from an inpatient level of care. Face-to-face coordination by the CRSP will support transitions in care.
- **Plan:** The Crisis Services Department will meet with Team and CCIH to finalize process and procedure, and then hold a “kickoff” meeting to begin the pilot program.

Activity 2: Discharge planning for members in inpatient hospitals.

- **Description:** Liaisons meet face-to-face with members at Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest if they do not have a CRSP assigned. Upon meeting with the members, liaisons complete a hospital discharge planning worksheet to upload into MHWIN. The chosen CRSP then has access to the uploaded information to ensure a warm handoff is made between the liaisons and the CRSP. Liaisons follow up with members in the community upon discharge to ensure hospital discharge appointments are kept.

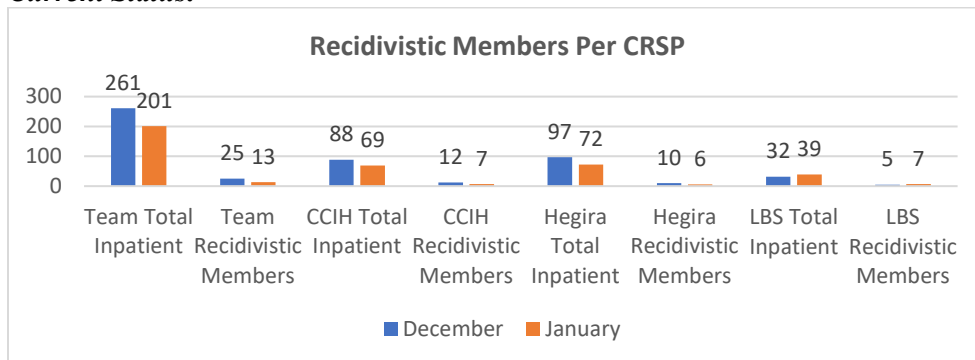
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** The Crisis Services Department saw 31 members on inpatient units in January. All members had an aftercare appointment scheduled per their CRSP preference, 22 members kept their aftercare appointment, and 1 member is pending. Of those members that did not keep their appointments, liaisons continue outreach efforts.
- **Needs or Current Issues:** Some members seen by liaisons have been discharged without liaison knowledge, and the liaisons have been able to follow up in the community. Communication with the hospital treatment teams is essential, and each hospital has preferences as to that communication.
- **Plan:** Beginning in February, the Crisis Services Department will meet monthly with inpatient facilities to solidify contact staff members to share information once a member is seen on the inpatient unit.

Activity 3: Identify recidivistic members per CRSP among total inpatient admissions for adults.

- **Description:** The Crisis Services Department identified recidivistic members per CRSP to share targeted interventions with the CRSP treatment teams. Members who are recidivistic contribute to overall inpatient admissions.
- **Current Status:**



**January Data Preliminary

- **Significant Tasks and Major Accomplishments During Period:** The Crisis Services Department has shared instances of recidivism with the Adult Initiatives Department in order to monitor CRSP engagement of these members.
- **Needs or Current Issues:** A shared tracking method is needed in order to track member engagement with the CRSP in the community. This tracking method will need to show effectiveness of care once a member is discharged from the emergency department.
- **Plan:** The Crisis Services Department and the Adult Initiatives Department will develop a shared tracking method to ensure CRSP involvement in members' care in the community.

Monthly Update:

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

- The Crisis Services Department has developed a process in an effort to ensure members keep their aftercare appointments with their choice of CRSP when discharged from the hospital. Liaisons have leveraged working relationships with inpatient units and continue to develop efficient means of communication in this area.

- **Identified Opportunities for Improvement:**

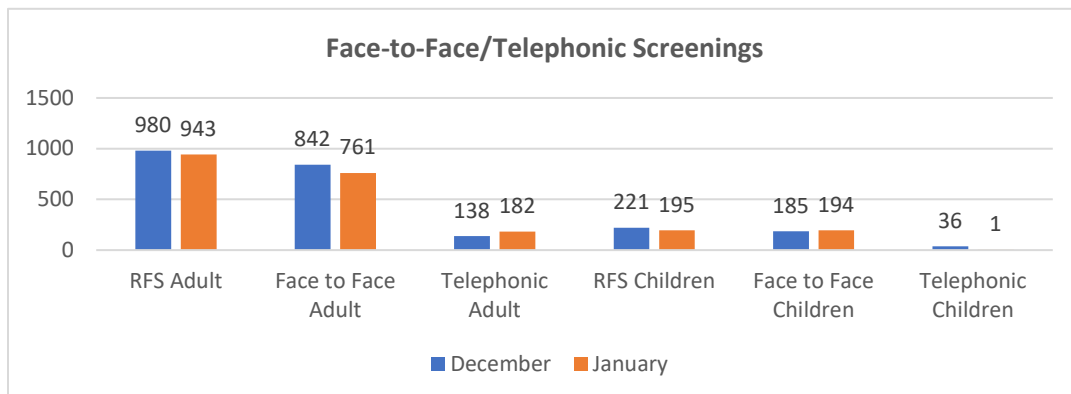
- The Crisis Services Department has recognized that adults seen in crisis need a warm handoff to their assigned CRSP. Upon notification to the assigned CRSP, the team will need to develop a shared tracking plan for effectiveness of CRSP engagement.

- **Progress on Previous Improvement Plans:**

- Recidivism percentage increased for adults in Q1, and recidivism percentage decreased for children.

Recidivism	Adults	Children
4th Quarter	16.09%	11.58%
1st Quarter (preliminary)	17.55%	8.09%

- In the month of December, 12 members accounted for 29% of overall recidivism. Identified members will be shared with the Adult Initiatives Department at DWIHN to coordinate appropriate services in the community.



- In January the number of adult face-to-face screenings decreased from 842 (86%) to 761 (80%). For children, the number of face-to-face screenings increased from 185 (84%) to 194 (99%). ****Standard is 80% face-to-face.**

- There was a slight decrease in inpatient hospitalizations for children and adults from December (751) to January (748).



**Program Compliance Committee
Michele Vasconcellos Director, Customer Service Monthly Report
February 2024**

Main Activities

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

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

	January FY 23/24		January FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	1,448	2%	1,097	1.2%

Customer Service Call Center

	January FY 23/24		January FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWVHN Customer Service	882	7%	742	6.3%

Significant Activities:

- In comparing the Fiscal years 22/23 and 23/24 the numbers continue to vary from year-to-year that come into the switchboard area, with the abandonment rate below 5%.
- During Fiscal Year 23/24 for January, our numbers showed a significant increase in calls received. The abandonment rate has decreased significantly; however, we are still above the standard 5% or less.
- Regarding Call Center Operations and the new Genesys Cloud phone system, technical issues have been identified by IT and addressed which had a bearing on the increased abandonment percentage.

Activity 2: Grievances and Appeals

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

Complaint and Grievance Related Communications

	January FY23/24	January FY22/23
Complaint/Grievance Correspondence	195	234

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

Grievance Processed

Grievances	January FY23/24	January FY22/23
Grievances Received	10	9
Grievances Resolved	4	5

Grievance Issues by Category

Category	January FY23/24	January FY22/23
Access to Staff	3	0
Access to Services*	3	2
Clinical Issues	0	2
Customer Service	1	1
Delivery of Service*	5	4
Enrollment/ Disenrollment	1	0
Environmental	0	0
Financial	0	0
Interpersonal*	6	2
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	1	0
Transportation	0	0
Other	0	0
Wait Time	0	0
Overall Total	20	11

Note: A grievance may contain more than one issue. 3 top areas of complaint: Interpersonal, Access to Services and Delivery of Services

MI Health Link (Demonstration Project) Grievances

Grievance	January 24	January 23
Aetna	0	0
AmeriHealth	0	0
HAP Empowered	0	0
Meridian Complete	0	0
Molina	0	0
Overall Total	0	0

Appeals Advance and Adequate Notices

Notice Group	Jan FY23/24 Advance Notices	Jan FY23/24 Adequate Notices	Jan FY22/23 Advance Notices	Jan FY 22/23 Adequate Notices
MI	1,189	213	1,197	267
ABA	114	3	67	52
SUD	91	19	68	0
IDD	200	32	197	45
Overall Total	1,585	296	1,529	364

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

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

Information is through November 2023 as the provider network does not provide their count until the 5th of each month

Appeals Communications

	Jan FYY23/24	Jan FY22/23
Appeals Communications Received	171	73

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

Appeals Filed

Appeals	Jan FY 23/24	Jan FY 22/23
Appeals Received	5	1
Appeals Resolved	4	2

DWPHN State Fair Hearings

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

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

November /January FY23/24 and FY22/23

ICO	Local Appeals	State Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Fidelis	0	0
HAP/Midwest	0	0



Molina	0	0
Total	0	0

Significant Activity

- The trending grievance pattern for the top 2 grievance categories for January '23 are: Delivery of Services and Interpersonal.
- There has been 1 request for a DWIHN State Fair Hearings in January of 2023. It was also withdrawn. There have consistently been no State Fair Hearings for MI Health Link members for several fiscal years.
- Adequate and Advance Notices that are generated by the CRSP are monitored by Customer Service via random audits to ensure that processes are being followed and members are provided timely access to their ability to appeal. FY22/23 showed a significant increase from FY21/22.

Accomplishments:

- Several grievance and appeals training sessions and technical assistance continued to be provided for several CRSP providers and their new staff in November FY22/23.
- Via the Customer Service Quarterly Service Provider meetings, DWIHN continues to address all updates and concerns particularly on the topic of Grievances and Appeals and promotes technical assistance to CRSP to ensure compliance with Due Process standards.
- Customer Service continues to address those CRSP who are attempting to circumvent the mandated grievance process by addressing their issues internally and not reporting to DWIHN. The Grievance Team completed 2 SUD site visits on 12/18/23 to talk with members regarding their experience at those two facilities ensuring that they were aware of the grievance process if needed.

Activity 3: Member Engagement and Experience

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

Significant Activity:

- The Unit continues to work on the development of Peer Trainers. The office of Peer Services continues to support CEU efforts. In January, DWIHN offered Mental Health First Aide to peers, permitting for the first time 5 CEU's toward the mandatory 32 -hour CEU's required within in 24- month period for those peers certified prior to January 2021.
- The recruitment of Peer Agents continues. Three Peer Agents have been hired. An additional peer is scheduled to be hired in February. Customer Service Unit peers have been working on several projects one in particular was to present at the police CIT training in January offering lived experience on being incarcerated, previous interactions with police and experience of recovery.
- The Unit continues to work with the Quality Department on the Racial Disparity Survey. The survey allows DWIHN to review the barriers and concerns we have related to persons who have not made their 7 day after discharge appointment that is required following a hospitalization. Preliminary data on the Racial disparity survey is being discussed and analyzed in internal meetings, continued discussions on strategies and performance improvement planning is a priority for ME unit and Quality.



- DWIHN is taking assertive action to help increase usage and engagement for spend-down eligible members. Providers report that persons discharged from Medicaid have been harder to get reinstated. Also, identifying spend-down requirements for individuals has been slow. Under this grant clubhouse engagement is reimbursable.
- The Winter PPOV had several new mandatory/required additions made. Articles included several awards received by CV members, including the coveted State Cookie Gant Award, the CV was awarded recognition by MACHMB for outstanding member engagement, and awardees of the Dreams Come True Mini-grants.

Accomplishments

- The CV continues to actively recruit and attract new members interested in advocacy and leadership. The Committee serves as an advisory committee to the CEO and has begun to use a recommendation system that will document their work more effectively and help to keep track of status of recommendations as well as progress the CV makes as a collective body.
- DWIHN continues to present information to members regarding their voter rights and reinforcing their responsibility for civic duty via the Customer Service led Voter Education Registration and Participation (VERP) Program.
- The Member Engagement Unit will be hosting SOULS chat for Valentine's Day between 6-7 pm, a one-hour casual conversation on faith, family, relationships and socialization via a zoom platform.

Submitted by: Michele A. Vasconcellos MSA, Director, Customer Service 2/1/2024.

Integrated Health Care Department

Monthly Report

January 1, 2023

Collaboration with Community Partners

During the month of January IHC hosted a lunch and learn for all CRSP providers to educate on QIP and HEDIS Platform in the IHC Department.

Quality Improvement Plans

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

During the month of January, the HEDIS scorecard was reviewed at the CRSP monthly meeting and in individual meetings with 5 CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors.

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

Measure	Measure Name	Eligible	Total Com	Non Comp	HP Goal	Year to Date
AMM	Antidepressant Medication Management Acute phase	1974	496	1478	77.32	25.13
AMM	Antidepressant Medication Management Continuation Phase	1974	41	1933	63.41	2.08
FUH	Follow-Up After Hospitalization for Mental Illness Adults	5728	2634	3094	58	45.98
FUH	Follow-Up After Hospitalization for Mental Illness Children	512	321	191	70	62.7
SAA	Adherence to Antipsychotic Medications for Individuals With Schiz	5235	2862	2373	85.09	54.67
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorc	8117	5210	2907	86.36	64.19

Population Health Management and Data Analytics Tool

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

Integrated Health Pilot Projects

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

Health Plan 1:

Health Plan 1 and DWIHN met on December 12 with Health Plan 1 to train on the new shared platform. Health Plan 1 agreed that the shared platform will be helpful with care management.

The platform will be used to find members who need more services and follow up. Health Plan 1 has created a statement of work and it was approved by the legal department and signed by the CEO. DWIHN is waiting for the return of the SOW. DWIHN and IHC meet monthly for care coordination. January meeting was canceled due to a conflict Health Plan 1 had.

Health Plan 2:

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had **8** members identified of having gaps in care with partial compliance. Intervention were outreach to members and CRSP, 3 of the members gaps were closed due to assistance with post reschedule where member kept appointments. Health Plan 2 has decided that the shared platform has a benefit and IHC Director, DWIHN IT and Health Plan 2 have reviewed the platform in January. The platform will be used in February care coordination meeting to obtain more members to coordinate.

Health Plan 3's

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

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

DWIHN IT and PCE are developing a database so that the number of members can be tracked. Baseline data is complete and will be tracked monthly.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of **439** request for level II in the month of December 2022 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	10	15	11	36
Amerihealth	0	0	0	0
HAP	4	7	8	19
Meridian	5	6	9	19
Molina	60	114	193	369
TOTAL	74	142	221	439

Voided referrals reasons are as follows:

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	7	0	0	7
Amerihealth	0	0	0	0	0
HAP	0	3	0	0	5
Meridian	2	3	0	0	8
Molina	32	45	11	31	85
Total	34	45	11	31	102

Comparison Data for Voided Referrals:

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
January 2022	180	3	120	5	7	45
February 2022	177	2	81	8	25	61
March 2022	153	3	93	3	7	47
April 2022	241	3	48	2	6	28
May 2022	105	3	57	4	11	33
June 2022	66	1	801	16	2	66
July 2022	138	1	71	8	12	46
August 2022	219	7	91	10	18	93
September 2022	162	2	38	12	8	102
October 2022	201	0	77	28	19	77
November 2022	193	0	80	14	9	90

December 2022	165	0	63	6	12	84
January 2023	223	34	45	11	31	102

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

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

ICO Aetna had a system issue where 60 referral responses are delayed in sending to ICO due to system issue dates from 11/3/22 thru January. This was resolved during the beginning of this reporting period however prior to end of reporting period system issue with 18 referrals unable to send at this time.

There were **25** LOCUS assessments completed for the MI Health Link Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees **22** individuals who have been identified to have a gap in services. **5** cases where members attended outpatient appointments due to connecting with IHC Care Coordination team. This is a combined effort between IHC staff and the ICOs.

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

Meridian	2	A, C	A, C	0	1
Molina	7	A, C	A	0	0

Special Care Coordination Project

Plan Name	Number of members w/Gaps in care	Type of Gap: A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care C.) FUH post follow up	What Were Interventions : A.) Coordinate and Outreach to BHCERSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
BCC	10	A, B	A, B	0	3
Priority	3	A, B	A	1	2

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 **58** individuals in January. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

MHP Plan Name	Number of members w/Gaps in care	Type of Gap: A. Non/Partial Compliance B. Assisting Plan to connect for HRA/Physical Health Care C. FUH post follow up	What Were Interventions: A. Coordinate and Outreach to BHCSP. B. Coordinate w/ICO for transportation. C. Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
AET	5	A,B,C	A,C	2	0
BCC	8	A,C	A,B,C	0	3
HAP	5	A,B,C	A,C	0	0
McLaren	5	A,B,C	A,C	1	0
Meridian	8	A,B,C	A,C	0	3
Molina	6	A,B,C	A,C	0	1
Priority	16	A,B,C	A,B,C,D	1	9
United	7	A,bBC	A,C	0	2

In January **525** members admitted and discharged of the cases.**5** currently have and encounter for HEDIS. **25** cases were contacted from IHC department of those, **12** cases where members attended outpatient appointments due to connecting with IHC Care Coordination team.

Medicaid Health Plan (total)	Kept follow up apt
Priority	5
BCC	8
Aetna	2
HAP	1
McLaren	1
Meridian	3
Molina	1
UHC	1

FUA:

There was a total **63** FUA members presented at an ED for the month of January of those cases. **44** cases were fee for service Medicaid no plan attached of the cases **15** were open to DWIHN and **2** kept the appointment.

Medicaid Health Plan (total)	How many open DWIHN	How many made aftercare appt.	How many were sent to health plan	How many did the health plan indicate will attempt to be reach	How many were attempted to reach	How many appr kept
Priority	0	0	0	0	0	0
BCC	2	4	5	0	3	0
Aetna	1	2	0	0	0	0
HAP	0	0	2	0	0	0
McLaren	0	0	1	0	1	0
Meridian	2	2	0	0	0	0
Molina	6	0	3	0	5	0

UHC	2	0	1	0	1	0
Fee for Service	15	3	n/a	n/a	3	2
Total	28	11	12	0	13	2

Audits

- ICO Molina has placed DWIHN on POC for timeliness of referral responses, provider directory, credentialing, and UM member & provider notification of authorization decision. POC is due Feb 1, 2023.
- Access Dept was trained by IHC for new hires and importance of program. IHC also met with Access team to update MHWIN system for MHL demo during this reporting period.
- ICO Meridian has requested policies and procedures for review awaiting determination.
- ICO Aetna requested additional policies and procedures for review for 2021/2022 desk audit.
- ICO Amerihealth has requested policies and procedures for review awaiting determination.
- IHC met with ICO HAP, Aetna and Amerihealth regarding marketing materials for 2023 then in turn worked with Customer Services and Utilization Management to update and submit to ICOs templates awaiting finalization from IT Vendor. During this reporting period DWIHN has templates available for review to ICOs.
- There were 3 closures that were reported to ICOs to insure compliance with program for members residing in residential settings with ICO Aetna, ICO Meridian, and ICO Molina.
- During this reporting period encounter reports were shared with the department for oversight or correction, still being reviewed to determine barriers to reporting.
- ICO Meridian has requested cost settling meeting for this reporting month for the CY2019, 2020, 2021, and 2022. IHC and Finance will review data internally along with verifying contract language to determine if cost settling is appropriate at this time as contract indicated completion in CY2019. Finance will reevaluate rates for services to determine if current with today's standards of Medicare service fees. DWIHN has not resolved cost settlements but has confirmed CEO address for Quality Withhold notifications that will be sent to DWIHN before the end of this reporting period for CY2020, CY 2021. No update for this currently. ICO Meridian has requested annual delegation audit and information is being gathered from respective departments. ICO

Meridian was submitted via secure email documents for this audit awaiting results. No updates during this reporting period.

- ICO Aetna has requested financial meeting with DWIHN to discuss cost settlement.
- IHC department has identified 6 ICO Members impacted by the High Scrutiny Waiver Program. ICOs have been notified that members will be requested to move from current location according to the list provided by DWIHN Quality Department and will be updated upon new location by next reporting period. Aetna (1), Amerihealth (1), HAP (1), Meridian (1), Molina (2). IHC has continued to follow these cases members have not been transitioned during this reporting period. No update provided at this time on members transitions.
- ICOs are requesting monthly reporting of HAB Waiver share members, IHC is working with IT to improve metrics on Power BI so that ICO can obtain data independently of manual monthly reporting, project will be completed next reporting period. During this reporting period ICO HAP requested a list be sent of current HAB Waiver members

Complex Case Management

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

For the month of January 2022, there are currently **9** active cases, **6** new case opened, **6** case closures, and no pending cases. Six (**6**) cases were closed due to meeting treatment goals.

Care Coordination services were provided to **21** additional members in January who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **65** consumers to help identify needs and 47 individuals who had hospital recidivism. Out of these members, **24** were reached and coordinated of care was completed and **3** were engaged in CCM.

Complex Case Management staff have been working to identify additional referral opportunities. IHC completed **34** presentations for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

EMS Friendly Faces:

DWIHN had **0** on the EMS lists for January 2023.

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

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

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

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

21/87 (24%) pended in **December 2022**. Reasons include: Psychosocial Issue 4, Nursing Issue 2, Spelling and Grammar 2,

Clerical 4, 3877/3878 or No SPMI Letters 1, Coordinator 4, Other 1, Too Old 6, and Dx Formulation Issue 1

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

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

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

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

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

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

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

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

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

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

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

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

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

Program Compliance Committee Meeting

Kate Mancani LMSW/Residential Services Department Report

January 2024



Main Activities during January 2024 Reporting Period:

- Review of Residential Medicaid Inpatient Stays
- AMI Residential Assessment In-Home Project

Progress On Major Activities:

Activity 1: Review of Residential Medicaid Inpatient Stays

- *Description:* The Residential Department is working in collaboration with the Utilization Department to assess and address inpatient lengths of stay for individuals requiring a specialized residential placement.
- *Current Status:* The inpatient numbers for those currently in or seeking residential services have remained consistent throughout the month. DWIHN is re-evaluating the numbers to identify ways to decrease the days between the referral date for residential services and the discharge (placement) date.

Residential Medicaid Inpatient	12/30-1/5	1/6-1/12	1/13-1/19*	1/20-1/23**
# of TOTAL Inpatient (per MHWIN report):	465	433	485	357
# of Residential Inpatient Referrals:	11	10	9	6
Avg. Residential Inpatient (%):	2.4%	2.3%	1.9%	1.7%

- *Significant Tasks During Period:* Adjusted our referral and assignment process to improve efficiency related to completion of the residential placements.
- *Major Accomplishments During Period:* As a residential unit, we collaborate weekly with different DWIHN Departments to on-board new residential providers.
 - Expedited the on-boarding of a home for I/DD youth.
 - Added two (2) new residential entities as potential contracted specialized settings.
 - Explored additional options for identifying barrier free settings for females.
- *Plan:*
 - Increase the number of pre-placement facilities to provide safe and available placement opportunities as more permanent placements are identified.
 - Evaluate data trends to show evidence of decrease in time between referral and discharge (placement) dates.
 - Explore ways to improve efficiency in the residential process – i.e., assign staff completing the assessment in tandem with staff working on brokering.

Activity 2: AMI In-Home Residential Assessment Project

- *Description:* Residential Department will complete assessments for persons diagnosed with mental illness that are living in specialized licensed AMI settings. This ensures that members clinical status is continually being assessed, ensure clinical needs are being addressed, and that members are in the appropriate level of care.
- *Current Status:*
 - Assessments completed (9/29/23-1/26/24*): 823
 - Total left to complete for next reporting month: 129
 - Percent Completed: 86%
- *Significant Tasks During Period:*
 - a. Rescheduling any missed appts to ensure completion of the project in a timely fashion.
 - b. Addressed appeal requests by residential providers as soon as received
 - c. Request authorizations for residential services based on updated residential assessments to ensure reimbursement for member care.
- *Major Accomplishments During Reporting Period:*
 - a. Number of assessments scheduled for the month: 319
 - b. Number of assessments completed this month: 308
 - c. Percent Completed for the month: 97%
- *Plan:* After completion of the project, Residential will schedule assessments every 180 days to ensure members' needs are met and clinically necessary.
 - a. Continue with current staff assigned to complete three in-home assessments per day.
 - b. Interview candidates to hire additional staff to sustain the ability to review assessments every 180 days.
 - c. Include the Clinical Provider Support Coordinators/Case Managers in the in-home assessments process.
 - d. Next phase: scheduling I/DD in-home assessments.

Monthly Update:

Things the Department is Doing Especially Well:

- Service authorizations continue to be approved within a 14-day timeframe per DWIHN standard.
- Developed Skill Building Meeting to address 1:1 staffing needs to improve community inclusion of individuals with high needs.
- Residential Collaboration with Med Drop Program
- Stepping members down from the long-term hospital wait list following their re-assessment and placing members in the community

- **Identified Opportunities for Improvement:**

Continue interviews for Residential Care Coordinators and Residential Care Specialists (RCC/RCS)

- 1 RCC has transferred to the RCS position – beginning 01/08/2024.
- 1 RCC has been hired and will begin on 02/05/2024.
- 1 RCC and 2 RCS positions remain open.

CRSP trainings: Residential Assessments, Residential Progress Notes, Authorizations

Program Compliance Committee Meeting
Leigh Wayna, LMSW – Director of Utilization Management
January 2024 Monthly Report



Main Activities during Reporting Period (January 2024):

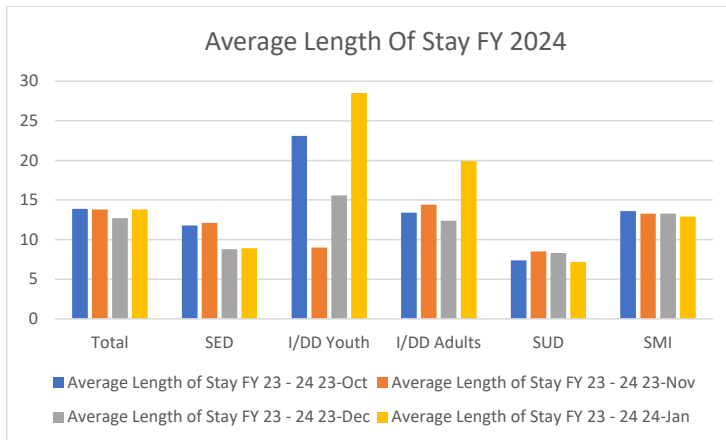
- Monitoring of Length of Stay in Acute Inpatient Hospitals
- Monitoring of General Fund Authorization Requests
- Monitoring of Timeliness of disposition of authorization requests

Progress On Main Activities:

Activity 1: Length of Stay Monitoring in Acute Inpatient Hospitals

- *Description:* The Utilization Management Department monitors average length of stay to ensure medical necessity is met and to ensure that the appropriate level of care is being authorized.
- *Current Status:* The average length of stay (LOS) for all inpatient admissions was examined for January 2024 and is 13.8 days as of 1/31/24 which is an increase from 12.7 in December 2023. Please note that youth in the state hospital have been removed from this data. Please also note that the average LOS for adults increases, if members awaiting state hospitalization are included. Length of stay by primary disability designation is outlined in the chart below:

Average Length of Stay FY 24				
	October 23	November 23	December 23	January 24
Total	13.9	13.8	12.7	13.8
SED	11.8	12.1	8.8	8.9
I/DD Youth	23.1	9	15.6	28.5
I/DD Adults	13.4	14.4	12.4	19.9
SUD	7.4	8.5	8.3	7.2
SMI	13.6	13.3	13.3	12.9



- *Significant Tasks During Period:* Collaborative Meetings with Clinical and Residential Teams to discuss discharge planning and case management of the members who have longer lengths of stay.
- *Major Accomplishments During Period:* The accomplishment of arranging discharge for a few outlier long length of stay cases that should assist with the decrease in length of stay going forward. These discharges occurred toward the end of the month and thus the data does not yet reflect this information.
- *Needs or Current Issues:* As detailed above, length of stay has increased significantly this month for the I/DD population. The I/DD youth Average LOS is 28.5, which is based on two individual members. To impact (and decrease) length of stay for members we are exploring alternatives such as ICTS and PRTF Programs, operated by MDHHS, that can provide safe, secure discharge arrangements for individuals who continue to need a high level of intense services, but no longer meet medical necessity to remain in an acute psychiatric hospital setting.
- *Plan:* UM Representatives will continue to be present at meetings in which complex cases are discussed. We will also continue to participate in hospital liaison meetings, partnering with our Crisis Services Department. We have started the referral process for ICTS and PRTF Programs.

Activity 2: General Fund Authorization Monitoring.

Description: Of the General Fund Exception authorization requests reviewed during January, there were 823 approvals, which is a 51% increase from the first month of the first quarter of this fiscal year (October 2023). One of the reasons for this escalation is the enrollment of members into “Plan First” Medicaid by MDHHS instead of full Medicaid. Members, guardians, families and providers are appealing this enrollment. The number of administrative denials also continues to increase, with 119 during January; 50% of which

were for members with active Medicaid and 50% for other reasons. Denials due to inconsistencies in the payor source between MHWIN and CHAMPS significantly decreased, with only 15 (12%) of resulting denials during the course of the month. Adults with SMI and DD are 75% of 1st time and repeat requesters for General Fund. Adults with guardians and children with SED and DD make up the remaining 25%. Members enrolled in CCBHCs are 25% of the population of repeat requesters for General Fund. The following charts show details of FY 2023-2024 General Fund patterns.

- *Current Status:* Ongoing Monitoring of Trends. Revision of the General Fund Benefit Grid and discussions of CCBHC authorizations that show as “General Fund”.

The following chart shows the FY 2024 Q1 General Fund patterns:

General Fund Fiscal Year 2023-2024			General Fund Fiscal Year 2023-2024		
	Oct	Jan		Oct	Jan
1 st Time Requesters	210	511	Approvals	425	823
1 st Time Adult Requester	53%	74%	Administrative Denials	56	119
1 st Time Child Requester	38%	16%	Administrative Denials Insured	82%	50%
1 st Time Adult W/Guardian Requester	9%	10%	Administrative Denials Other	18%	50%
Repeat Requesters		74			
Repeat Adult		75%			
Repeat Child		16%			
Repeat Adult w/Guardian		9%			

- *Significant Tasks During Period:* Attention has been given to CCBHC Authorization Requests that come through as General Fund Requests. For these requests, we have determined that the typical 90-day authorization period for GF is inappropriate, and instead authorizations will be allowable for any medically necessary period of time for this population. Additionally, we have reviewed and revised the General Fund Benefit Grid to include additional services for our members. This will reduce the number of denials we must issue and will provide a safety net for members who may lose Medicaid

Commented [MM1]: Change font in this paragraph

Insurance Benefits due to the reapplication process or due to not meeting their spend down amounts during a given month.

- *Major Accomplishments During Period:* Collaborated with MDHHS Specialist Team in order to examine the barriers to members meeting their spend downs on a monthly basis.
- *Needs or Current Issues:* Continued discussion and messaging to the provider network regarding the importance of including the maintenance of health insurance benefits in their discussions with the members and their families.
- *Plan:* Continued collaboration with CRSP Providers regarding reinstatement of member insurance plans. Continued education and support for CRSP providers with regard to processing Spend Downs.

Activity 3: Timeliness

- *Description:* Outpatient and Substance Use Disorder Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request.
- *Current Status:* Continued improvement in timeliness of authorization dispositions.
- *Significant Tasks During Period:* The Utilization Management Department updated our plan to improve timeliness rate of compliance in a few separate ways during this period. These included:
 - Training of new staff who was hired in December.
 - Cross Department collaboration to review any SUD Authorizations that were out of compliance.
 - Redistribution of assigned caseloads among staff to take advantage of the skill sets and volume of completion of each staff
 - An ongoing project to clear old, “returned” authorization requests that the requesters have not re-submitted to us.
- *Needs or Current Issues:* Improvement in the quality of authorization requests received from the network is imperative, as much of the timeliness challenge stems from having to manage and return requests for frequent corrections. The UM Team is collaborating with our Quality Improvement and MCO teams to assist with this challenge.
- *Plan:* Continued collaboration with other departments to train the provider network on the necessary clinical documentation that is needed to be completed to authorize services. Additionally, as noted above, an ongoing project to clear old, “returned” authorization requests that the requesters have not re-submitted to us.

Monthly Update:

- **Things the Department is Doing Especially Well:**
 - We have done a great deal of work looking at the efficiencies of our processes to ensure that we are utilizing our staffing resources to the best of our ability.
 - Monitoring and updated panning around General Fund authorizations and the Medicaid reenrollment processes.
- **Identified Opportunities for Improvement:**
 - As identified above, decreasing our average length of stay for I/DD members in acute inpatient hospitals, increasing our member's enrollment in health insurance coverage and timeliness of authorization dispositions continue to be our three areas of focus at this time.
- **Progress on Previous Improvement Plans:**
 - Since November 2023, we have identified the Timeliness of dispositions as an area for improvement. The processes have been disseminated to staff over the last month and we have begun to see an upward trend in our compliance rate. (October 2023 rate was 67.4% and January 2024 was 74.1%)
 - Trained our new staff member to complete authorization reviews.
 - Increased our presence at Hospital Liaison Meetings to collaborate regarding discharge planning. Additionally, held regular case consultation meetings to discuss cases and length of stay concerns.
 - Increased our messaging and education to the provider network regarding the reinstatement or enrollment of our members into health insurance plans to decrease the use of General Fund authorizations.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-66R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/21/2024

Name of Provider: HPS Consulting LLC

Contract Title: HPS Consultants Contract Extension

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/14/2024

Proposed Contract Term: 3/1/2024 to 5/31/2024

Amount of Contract: \$ 231,500.00 Previous Fiscal Year: \$ 146,875.00

Program Type: Continuation

Projected Number Served- Year 1: 130,000 Persons Served (previous fiscal year): 130000

Date Contract First Initiated: 8/1/2014

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).

DWIHN is requesting a contract extension for services provided by HPS Consultants under Diana Hallifield, RN to provide clinical care consultative support as DWIHN prepares for National Committee for Quality Assurance (NCQA) Reaccreditation. Approval of this request will extend the contract for two months through April 30, 2024 for Phase 5 and add funds of \$12,125 (97 hours @ \$125/ hour). The current contract is scheduled to end on February 29, 2024. A RFP is in process and the additional time will allow the services to continue until such time an award is determined.

The revised not to exceed contract totals \$231,500 through April 30, 2024.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
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MULTIPLE	\$ 231,500.00	\$ 231,500.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64910.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doch
Eric Doch, President/CEO

Stacie Durant
Stacie Durant, Vice President of Finance

Signed: ~~Friday~~, February 9, 2024

Signed: ~~Friday~~, February 9, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-06 R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/21/2024

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 23/24

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 2/14/2024

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

Amount of Contract: \$ 801,567,768.00 Previous Fiscal Year: \$ 804,448,924.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)? Y

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

BA # 24-06 R3 is requesting the addition of the following 4 providers to the DWIHN provider network:

- 2 outpatient providers:
 1. Care Connect Plus (Credentialed 1/15/2024)
 2. Northend Village Nonprofit (Credentialed 1/30/2024)

- 2 residential providers:
 1. Faithful Helpers (Credentialed 1/30/2024)
 2. Jacksons Homes, LLC (Credentialed 1/30/2024)

BA # 24-06 R3 requires no budget increase due to the reallocation of funds within the total budget.

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ended September 30, 2024. This will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders.

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

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Multiple	\$ 801,567,768.00	\$ 801,567,768.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Eric Doeh

Signature/Date:

Stacie Durant

Signed: Wednesday, February 7, 2024

Signed: Wednesday, February 7, 2024

Board Action #: 24-06 R3

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-49 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/21/2024

Name of Provider: Pending

Contract Title: Medical Laboratory Testing Services

Address where services are provided: 707 W Milwaukee Ave Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 2/14/2024

Proposed Contract Term: 3/1/2024 to 2/28/2027

Amount of Contract: \$ 150,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 2/19/2024

Provider Impaneled (Y/N)?

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting a three-year contract with OSP Health, LLC (selected under RFP #2024-005) to provide laboratory testing to individuals served at the Care Center. The contract term is from **March 1, 2024 through February 28, 2027. The contract amount shall not exceed \$150,000 for the duration of 3 years.**

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

Source of Funds: Medicaid,General Fund

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Multiple	\$ 150,000.00	\$ 150,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64950.817200.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Signed: Monday, February 5, 2024

Stacie Durant

Signed: Monday, February 5, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-50 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/21/2024

Name of Provider: Pending

Contract Title: Care Center Pharmacy Services

Address where services are provided: 707 W Milwaukee Ave Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 2/14/2024

Proposed Contract Term: 3/1/2024 to 2/28/2027

Amount of Contract: \$ 360,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 2/19/2024

Provider Impaneled (Y/N)?

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting a three-year contract with Warriors Pharmacy (selected under RFP #2024-008) to provide medications and medical supplies to individuals served at the Care Center. The contract term is from March 1, 2024 through February 28, 2027. The contract amount shall not exceed \$360,000 for the duration of 3 years.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
MULTIPLE	\$ 360,000.00	\$ 360,000.00

	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64950.817201.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Monday, February 5, 2024

Signed: Monday, February 5, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-54 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/21/2024

Name of Provider: Starfish Family Services

Contract Title: Michigan Collaborative Care Program (MC3) and Behavioral Health Consultant

Address where services are provided: 3000 Hiveley Road Inkster Mi 48141

Presented to Program Compliance Committee at its meeting on: 2/14/2024

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

Amount of Contract: \$ 96,636.00 Previous Fiscal Year: \$ 82,319.00

Program Type: Continuation

Projected Number Served- Year 1: 840 Persons Served (previous fiscal year): 825

Date Contract First Initiated: 6/1/2015

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 of a one year contract for an amount not to exceed \$96,636. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well connect with other regional Behavioral Health Consultants. ***Note the State of Michigan identified the agency to provide the Behavioral Health Consultant.

Services include:

- Regional Outreach to eligible providers to ensure utilization of MC3 program;
- Linkage between Primary Care Providers and MC3 Psychiatrists;
- Coordination of care for children, adolescents and perinatal women;
- Behavioral Health Consultant provides consultation services in designated primary care site; and
- Collection of required data and local utilization to facilitate the project evaluation.

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

Source of Funds: Other

Board Action #: 24-54

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Federal Grant	\$ 96,636.00	\$ 96,636.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.01021

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, February 2, 2024

Signed: Friday, February 2, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-55 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/21/2024

Name of Provider: Pending

Contract Title: Linen Services

Address where services are provided: 707 W Milwaukee Ave Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 2/14/2024

Proposed Contract Term: 3/1/2024 to 2/28/2027

Amount of Contract: \$ 136,584.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 2/19/2024

Provider Impaneled (Y/N)?

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting a three-year contract (with up to two 1-year renewal options) with Maurer's Textile Rental Services Inc. (selected under IFB #2024-007) in order to provide clean linen supply and patient laundry services to individuals served at the Care Center. The contract term is from **March 1, 2024 through February 28, 2027. The amount shall not exceed **\$136,584.00** for the duration of 3 years.**

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
MULTIPLE	\$ 136,584.00	\$ 136,584.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64950.817203.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Signed: Monday, February 5, 2024

Stacie Durant

Signed: Monday, February 5, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA24-56 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/21/2024

Name of Provider: Michigan Peer Review Organization

Contract Title: iMPROve Health (formerly MPRO)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/14/2024

Proposed Contract Term: 4/1/2024 to 3/31/2027

Amount of Contract: \$ 300,000.00 Previous Fiscal Year: \$ 100,000.00

Program Type: Continuation

Projected Number Served- Year 1: 60 Persons Served (previous fiscal year): 60

Date Contract First Initiated: 4/1/2024

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board Action approval to **award a service contract** (selected under RFP #2024-003) with iMPROve Health (formerly, Michigan Peer Review Organization-MPRO) **beginning April 1, 2024 through March 31, 2027. Current funding for this budget item is \$100,000 per year and we are requesting a three (3) year contract in the total not to exceed amount of \$300,000.**

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.

Note: The current contract approved via Board Action 23-41R2 expires March 31, 2024.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Board Action #: BA24-56

Revenue	FY 24	Annualized
MULTIPLE	\$ 300,000.00	\$ 300,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64917.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Duch
Eric Duch, President/CEO

Stacie Durant
Stacie Durant, Vice President of Finance

Signed: ~~Friday~~, February 9, 2024

Signed: ~~Friday~~, February 9, 2024