



CRSP PROVIDER MEETING RECAP MONDAY, FEBRUARY 6, 2023

1. Do the services get added to the IPOS prior to the (i)SPA approval?

Yes. The services are added to the IPOS with a start date of 1-2 weeks out. MDHHS is currently trying to catch up on approvals so DWIHN will not hold up authorization requests at this time due to this transition.

2. How long does the auth process take for (i)SPA?

The State is slightly behind on approvals so we have been granting approval as long as it based on medical necessity

3. Will this impact the time to authorization?

We do not anticipate having too long of a delay for these requests.

4. Will enrollment continue after 9/30/23?

Yes. Any new applications will need to be processed and current enrollments will need to be re-evaluated annually.

5. Would it be possible to have a copy of Melissa's PowerPoint?

Yes- I can share the PowerPoint along with the Q&A. Thank you.

6. Leigh, also would it be possible to have a copy of your treatment goal planning power point?

Yes, it will be shared with the Q&A recap.

7. For the Tx Planning Training. Is this something each CRSP can sign up for, to ensure the staff providing the services can get the training?

Frances, we have been discussing the best forum to provide these trainings, but in the interim if you feel your agency could use a training, please feel free to let me know at LWayna@dwihn.org and I will get that scheduled for you.

8. Will DWIHN provide training on this PowerPoint?

We have been discussing the best forum to provide these trainings, but in the interim if you feel your agency could use a training, please feel free to let me know at LWayna@dwihn.org and I will get that scheduled for you.

9. How will DWIHN being a direct service provider, impact referrals to the CRSPs you all work with?

The referral process remains unchanged regardless of direct service provider. Members are given a choice of DWIHN credentialed providers. DWIHN's Access Call Center provides members with the choices available to them in their requested area of service.

10. Is the Complex Case Management flyer on DWIHN website?

Yes, the Flyer is on DWIHN's Website, under the Provider tab. It is housed in the Integrated Care Department. Feel free to email me for additional CCM information, Ashley Bond @ abond1@dwihn.org.

11. Does complex case management ever work with AOT clients?

Yes, all the time.

12. Can we get this brochure be sent out? What is the referral sheet?

Here are the links:

[https://dwihn.org/providers IHC CCM brochure.pdf](https://dwihn.org/providers/IHC_CCM_brochure.pdf)

Referral: <https://dwihn.org/providers-ihc-ccm-referral-form.pdf>

13. But they have to have a medical reason beyond MH?

For Complex Case Management, members have to have both Medical and Behavioral Health concerns

14. What are the expectations or requirements for CRPSs that don't have a PCE system?

It is the expectation that all providers have diagnosis in the EHR that align with the DSM-V.



1915(i)SPA

Melissa Moody

VP of Clinical Operations

What is the 1915(i)SPA?

Following CMS requirements, Michigan is transitioning all specialty behavioral health services and supports currently covered under Medicaid (b3) authority to a 1915(i)SPA State plan benefit effective October 1, 2023.

Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports B3 Waiver authorities within Federal guidelines.



Eligibility Criteria

- ▶ The 1915(i)SPA target groups include individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability.
- ▶ To be eligible for 1915(i) services, an individual must meet the following needs-based criteria:
 - A. Have a substantial functional limitation in 1 or more of the following areas of major life activity:
 1. Self-care
 2. Communication
 3. Learning
 4. Mobility
 5. Self-direction
 6. Capacity for independent living
 7. Economic self-sufficiency; and
 - B. Without 1915(i) services the beneficiary is at risk of not increasing or maintaining sufficient level of functioning in order to achieve their individual goals of independence, recovery, productivity or community inclusion and participation.

1915(i)SPA Services	CCBHC	Behavioral Health Covered EPSDT	Children's Waiver 1915C	SED Waiver 1915C	Habilitation Supports Waiver 1915C	1915(i)SPA
Community Living Supports		X	X	X	X	X
Enhanced Pharmacy					X	X
Environmental Modifications			X		X	X
Family Support & Training	X	X	X	X	X	X
Financial Management Services (FMS)/Fiscal Intermediary			X	X	X	X
Housing Assistance						X
Respite	X		X	X	X	X
Skill Building	X	X			**	X
Specialized Medical Equipment & Supplies (Assistive Tech)			X		X	X
Supported/Integrated Employment	X	X			X	X
Vehicle Modification (Assistive Tech)			*		*	X

* = This service may be covered under Specialized Medical Equipment & Supplies. Please refer to the code chart for further details.

** = Skill Building (H2014) is not an HSW covered service; however Out-of-home non-voc (H2014WZ) is an HSW covered service. Please refer to code chart for further details.

X = This service is a covered service.

1915(i) Enrollment Process

- ▶ Each member's eligibility is evaluated annually to determine they meet the needs-based criteria for the 1915(i) benefit, which includes an array of services.

- ▶ The enrollment process includes:
 1. Evaluation completed by the clinical staff
 2. Services requested are included in the IPOS/Addendum
 3. Clinical Staff provides the evaluation information to the 1915(i) SPA Lead
 4. 1915(i)SPA Lead enters the information into the Waiver Support Application (WSA)
 5. DWIHN is notified that there is an application to review
 6. DWIHN processes the application and sends to MDHHS for final review
 7. Provider is notified directly via e-mail of application status



PROCESS

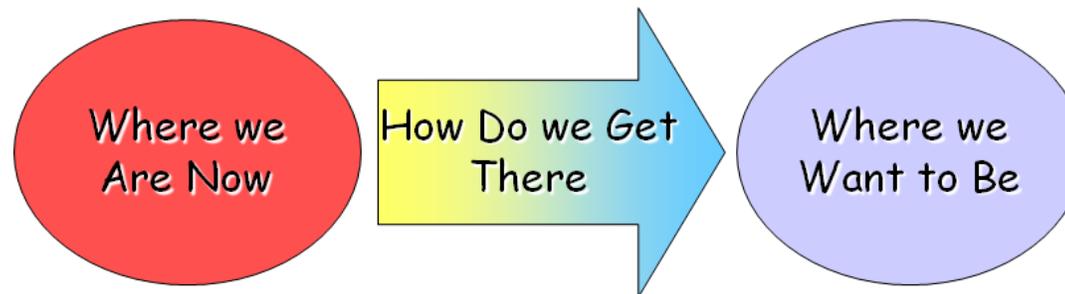
Current Status

DWIHN has received 326 applications in the WSA:

- ▶ 270 - Submitted Successfully
- ▶ 30 - Have been Approved
- ▶ 26 - Have Been Returned to The CMH (missing info or no need to request services)

Provider breakdown:

- ▶ Black Family Development - 4
- ▶ JVS - 4
- ▶ MORC - 41
- ▶ Psygenics - 193
- ▶ The Children's Center - 6
- ▶ The Guidance Center - 76
- ▶ Wayne Center - 2



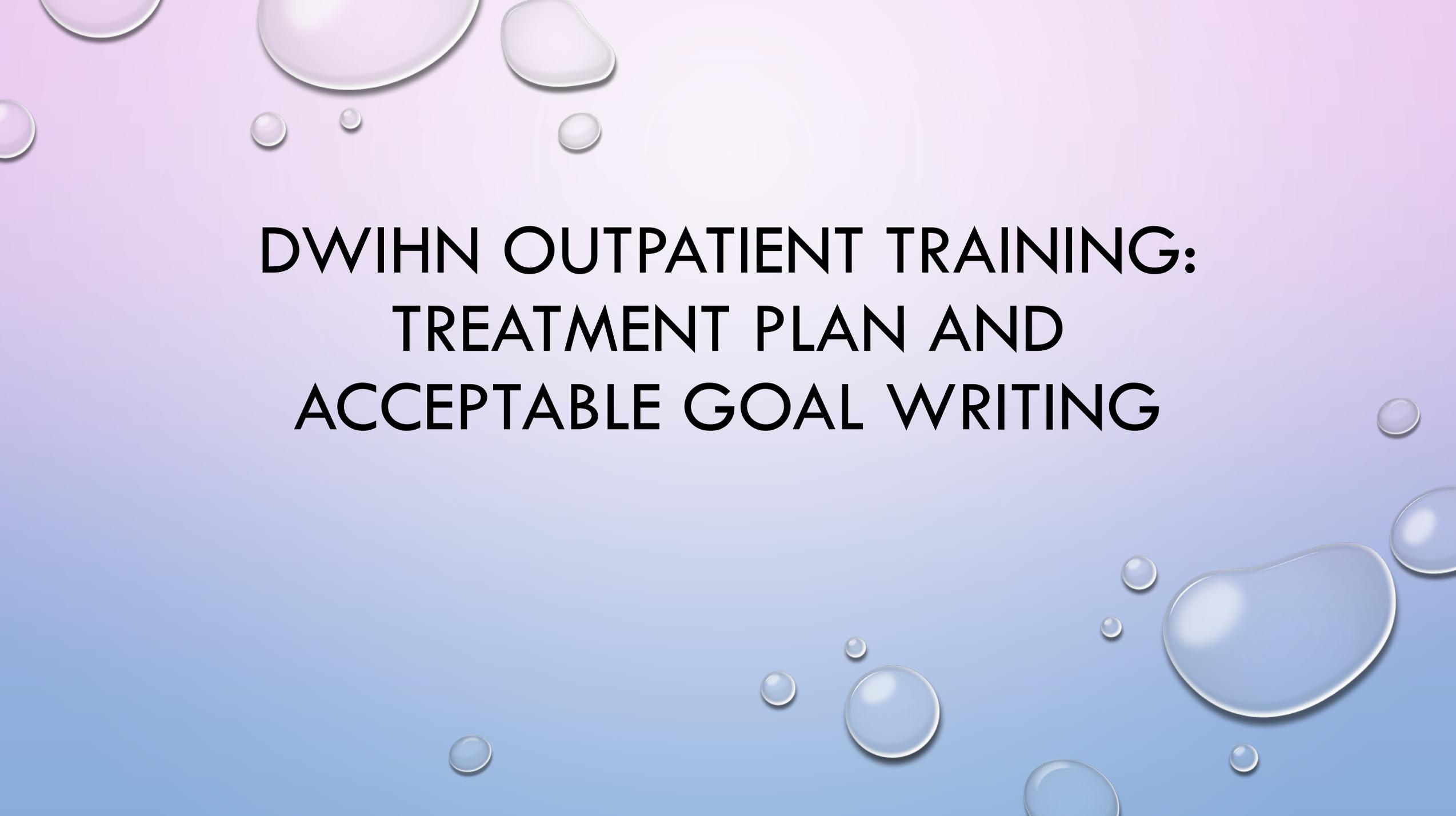
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FAQs

- ▶ Do children under 21 need to do the evaluation for Respite?
 - ▶ Yes- Children under 21 would need to be evaluated and enrolled in the benefit if there is an assessed need for respite services.
 - ▶ The Medicaid program's benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. EPSDT provides a comprehensive array of services for children and adolescents under age 21. This service array does not include Respite.
- ▶ Should 1915(i)SPA services be included in the IPOS?
 - ▶ Yes- The service should be in the IPOS and can have a future start date (1-2 weeks to allow time for approval in the WSA). However, there should be no delay in services as we work through this transition from the CMH/PIHP to MDHHS approving eligibility. The service should begin, as authorized in the IPOS, even if there is a delay in MDHHS approving it. DHHS's goal is to have them approved within 1 week of receiving it in the WSA queue.

Expectations & Next Steps

- ▶ Based on the number of eligible members, DWIHN should have processed approximately 3,000 evaluations to date (currently at 10% of that number)
- ▶ Evaluations and IPOS and/or Addendums need to be completed to enroll members in this service array.
- ▶ All members in the DWIHN system of care that are eligible and receiving 1915(i)SPA services need to be enrolled in the WSA by 9/30/2023.
- ▶ Meeting with MDHHS on 2/13/2023 at 9am to receive further technical assistance for our County.
- ▶ DWIHN will be offering additional training to providers as requested



**DWIHN OUTPATIENT TRAINING:
TREATMENT PLAN AND
ACCEPTABLE GOAL WRITING**

TREATMENT PLAN WRITING

A TREATMENT PLAN IS A DETAILED PLAN TAILORED TO THE INDIVIDUAL CONSUMER AND IS A POWERFUL TOOL FOR ENGAGING THE CONSUMER IN THEIR TREATMENT. TREATMENT PLANS USUALLY FOLLOW A SIMPLE FORMAT AND TYPICALLY INCLUDE THE FOLLOWING INFORMATION:

- ❖ THE PATIENT'S PERSONAL INFORMATION, PSYCHOLOGICAL HISTORY AND DEMOGRAPHICS
- ❖ A DIAGNOSIS OF THE CURRENT MENTAL ILLNESS OR INTELLECTUAL DEVELOPMENTAL DISABILITY
- ❖ HIGH-PRIORITY TREATMENT GOALS
- ❖ MEASURABLE OBJECTIVES
- ❖ A TIMELINE FOR TREATMENT PROGRESS

TREATMENT PLAN WRITING CONTINUED

- WITHOUT A DETAILED TREATMENT PLAN, A CONSUMER HAS NO CLEAR DIRECTION ON HOW TO IMPROVE BEHAVIORS, NEGATIVE THINKING PATTERNS, AND OTHER PROBLEMS IMPACTING THEIR LIVES. TREATMENT PLANS PROVIDE STRUCTURE TO CONSUMERS THAT NEED TO CHANGE. GOAL-SETTING AS PART OF A TREATMENT PLAN IS BENEFICIAL IN ITSELF.
- TREATMENT PLANNING IS A TEAM EFFORT BETWEEN THE CONSUMER AND THEIR LOVED ONES. BOTH PARTIES WORK TOGETHER TO CREATE A SHARED VISION AND SET ATTAINABLE GOALS AND OBJECTIVES.

ACCEPTABLE GOAL WRITING

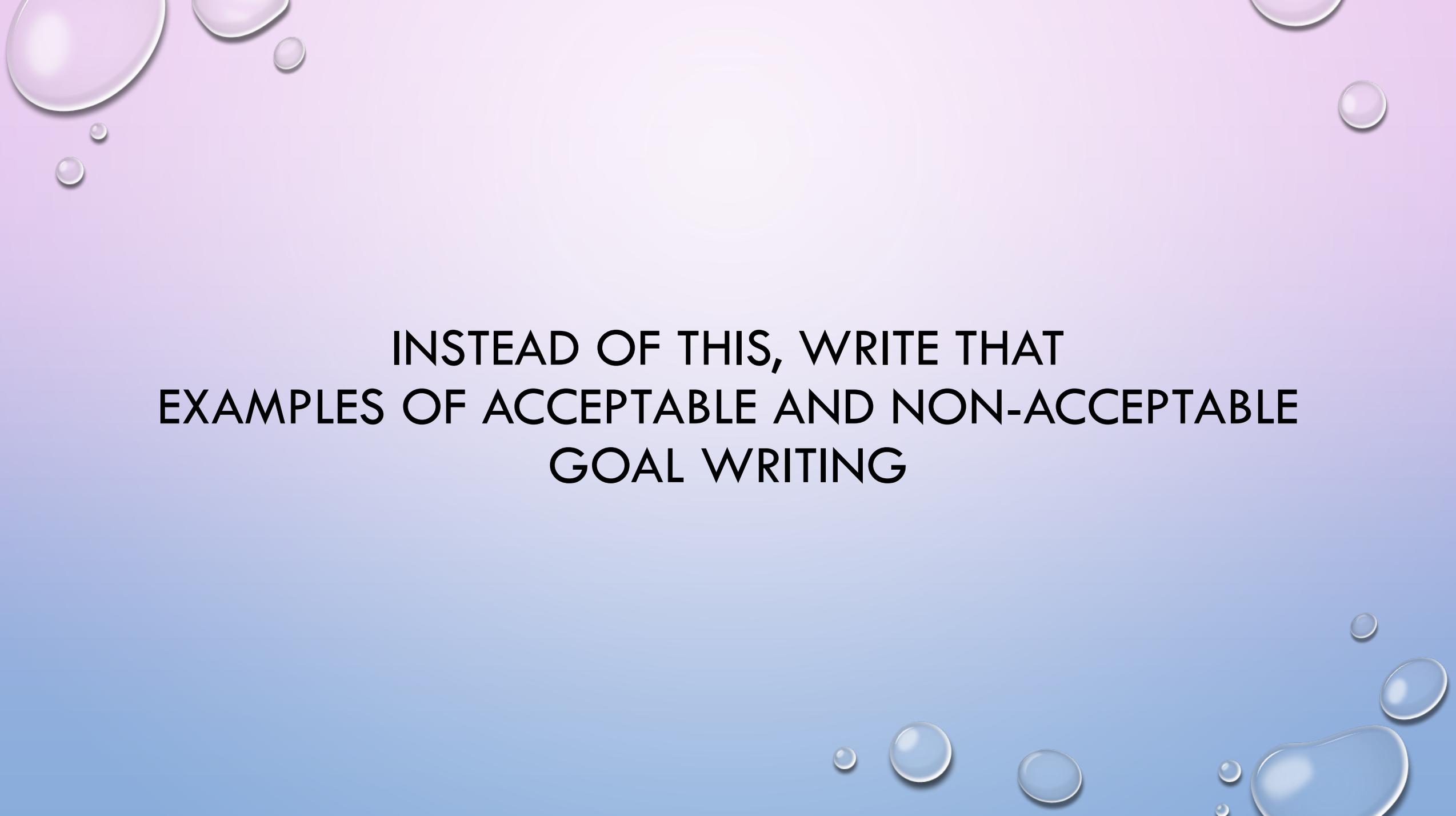
A GOAL IS A GENERAL STATEMENT OF WHAT THE CONSUMER WISHES TO ACCOMPLISH.

GOAL STATEMENTS SHOULD ALWAYS INCLUDE THE FOLLOWING:

- ❖ A SPECIFIC DESCRIPTION OF THE OUTCOME YOU WANT TO ACHIEVE.
 - ❖ SPECIFIC METRIC TO BE USED.
 - ❖ A TIME PERIOD FOR ACHIEVEMENT.
- ❖ A DESCRIPTION OF WHAT YOU WILL BE DOING TO ACHIEVE YOUR GOAL.

WORK WITH YOUR CONSUMERS TO SET GOALS AND OBJECTIVES THEY CAN ACTUALLY REACH. USE THE RULES OF SMART FOR GUIDANCE. **S.M.A.R.T.** STANDS FOR THE FOLLOWING:

- ❖ **SPECIFIC**: OBJECTIVES NEED TO BE CLEAR AND PERSON-CENTERED, NOT GENERAL OR VAGUE. IT'S EASIER FOR A CONSUMER TO COMPLETE OBJECTIVES WHEN THEY KNOW EXACTLY WHAT THEY NEED TO DO.
- ❖ **MEASURABLE**: OBJECTIVES NEED SPECIFIC TIMES, AMOUNTS OR DATES FOR COMPLETION SO YOU AND YOUR CONSUMERS CAN MEASURE THEIR PROGRESS.
- ❖ **ATTAINABLE**: ENCOURAGE CONSUMERS TO SET GOALS AND OBJECTIVES THEY CAN MEET. IF THEIR OBJECTIVES ARE UNREALISTIC, IT MAY DECREASE THEIR SELF-CONFIDENCE OR DISCOURAGE THEM. HOWEVER, GOALS AND OBJECTIVES SHOULD NOT BE TOO EASY EITHER. GOALS SHOULD BE CHALLENGING BUT ALSO REALISTIC.
- ❖ **RELEVANT**: GOALS AND OBJECTIVES SHOULD BE RELEVANT TO THE ISSUES LISTED IN THE TREATMENT PLAN. WHEN CONSUMERS COMPLETE OBJECTIVES AND REACH THEIR GOALS, THEY SHOULD BE CLOSER TO THE PLACE THEY WANT TO BE IN LIFE AND AS A PERSON.
- ❖ **TIME-BOUND**: GOALS AND OBJECTIVES MUST HAVE A DEADLINE. GOALS MIGHT BE CONSIDERED SHORT-TERM OR LONG-TERM, WHILE OBJECTIVES NEED SPECIFIC DATES TO MEET. A DEADLINE CREATES A SENSE OF URGENCY WHICH HELPS MOTIVATE CLIENTS.



**INSTEAD OF THIS, WRITE THAT
EXAMPLES OF ACCEPTABLE AND NON-ACCEPTABLE
GOAL WRITING**

INSTEAD OF THIS:

**MICHAEL WILL PRACTICE
BRUSHING HIS TEETH.**

WRITE THAT:

Michael is non-verbal, but his mother/guardian indicates “I would like Michael to improve his personal hygiene.”

Objective: Michael will complete the steps to brushing his teeth with assistance from staff 50% of the time by 6/30/23.

Intervention: CLS Staff will demonstrate the steps for Michael to brush his teeth for 10 minutes, 2 times per day.



INSTEAD OF THIS:

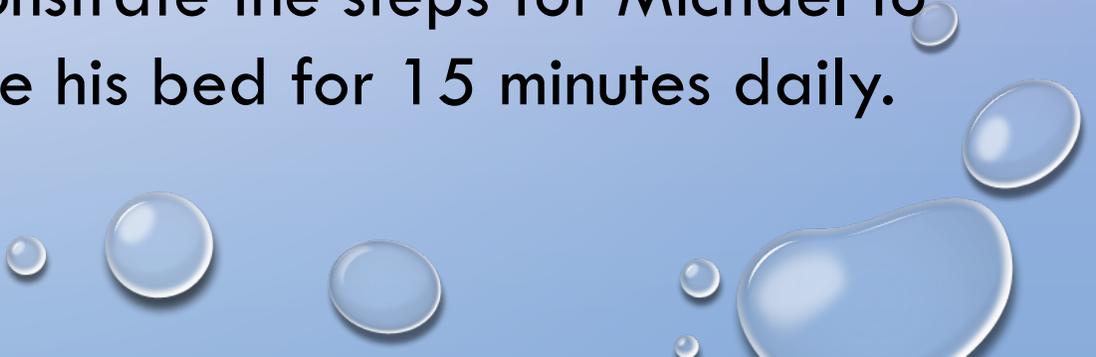
MICHAEL WILL MAKE HIS
BED DAILY

WRITE THAT:

“I would like to keep my house more
tidy.”

Objective: Michael will make his bed
90% of the time until 6/30/23.

Intervention: CLS Staff will
demonstrate the steps for Michael to
make his bed for 15 minutes daily.





INSTEAD OF THIS:

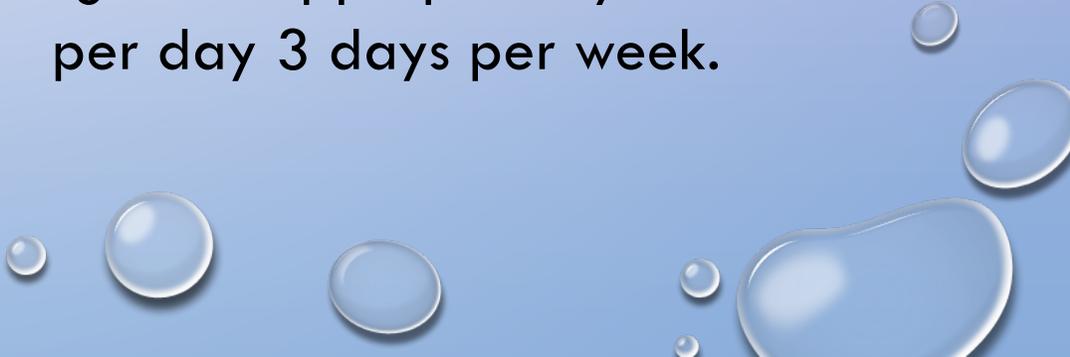
MICHAEL WANTS TO CONTINUE
TO ATTEND SKILL BUILDING.

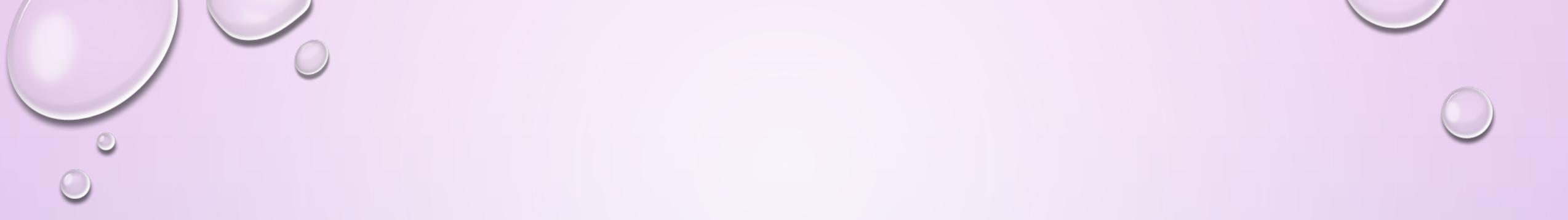
WRITE THAT:

“I want to get a job eventually.”

Objective: Michael will demonstrate competency in work related skills 75% of the time by 6/30/23.

Intervention: Skill Building Staff will demonstrate tasks and support Michael in practicing tasks appropriately for 6 hours per day 3 days per week.





THANK YOU FOR ATTENDING OUR TRAINING!

ANY QUESTIONS OR SUGGESTIONS AT THIS TIME???????



DWIHN

Risk Matrix Overview

Presentation to BH CRSP Providers

February 6, 2023

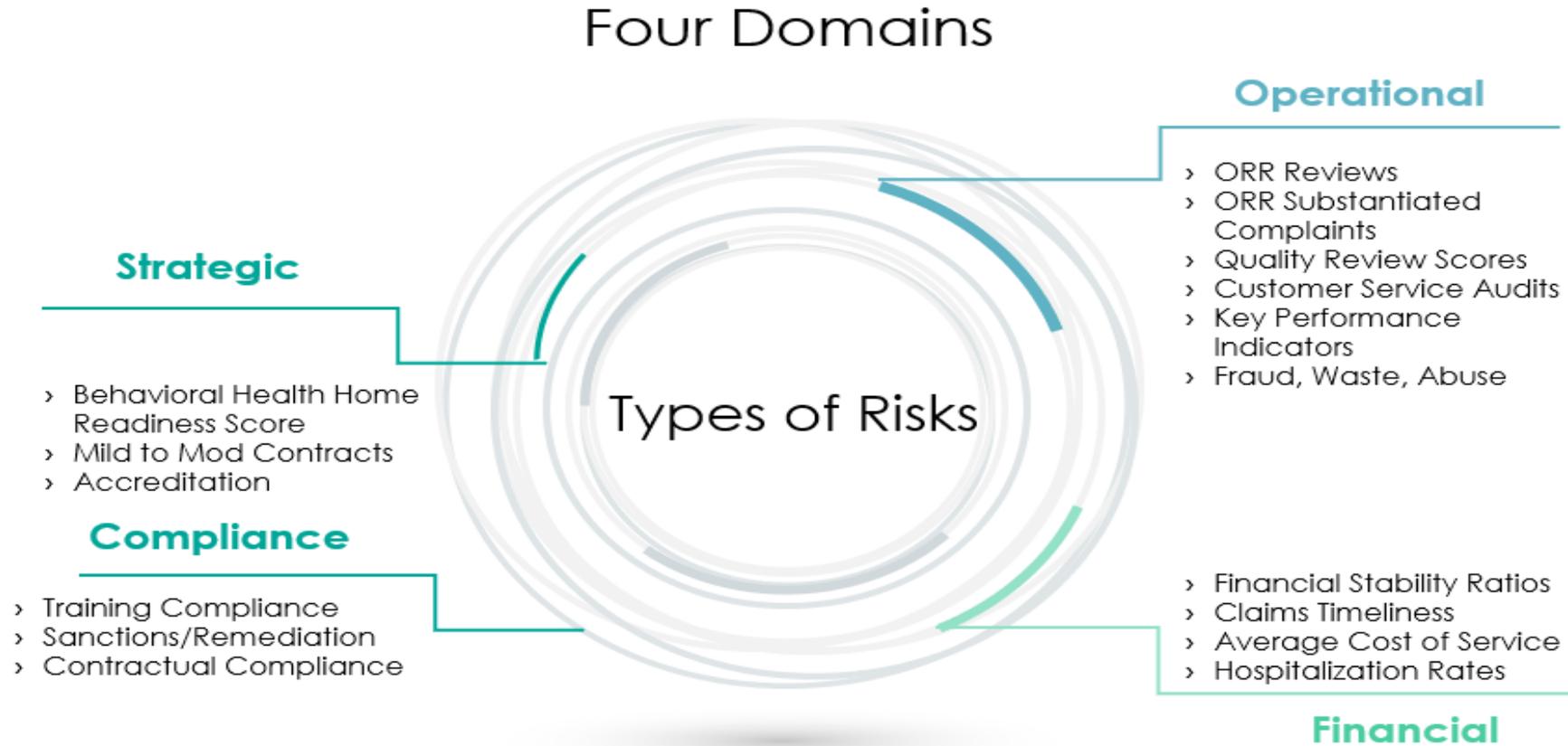
DEFINITION & PURPOSE

- The DWIHN Risk Matrix is a proactive tool designed to analyze the strengths and risks of providers in the DWIHN Provider Network.
- The DWIH Risk Matrix includes an ongoing review of information available from all departments to analyze the strengths and risks of the Provider partners in the DWIHN Provider Network.

PROCESS

- Various departments collect and analyze data to monitor the performance of Providers within their area of responsibility.
- The Risk Management Assessment process brings together the data from all departments to assess the strength and risk of a Provider along four (4) dimensions or Domains:
 1. Strategic
 2. Financial
 3. Compliance
 4. Operational

Areas of Evaluation



DATA VISUALIZATIONS

- The data gathered is indicative of a provider's strengths, serious adverse events, and potential risk.

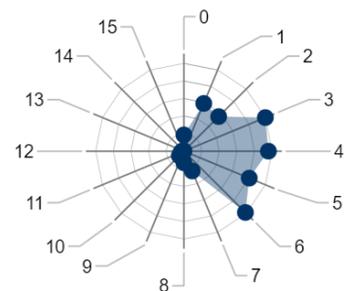


Health Score
Definition



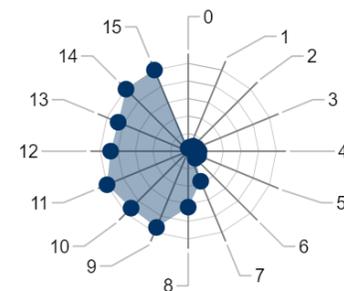
Members in Each Health Score Level

● Members



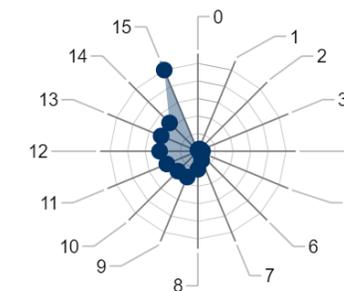
Services per Member per Health Score

● Services per Member



Cost per Member per Health Score

● Cost per Member



IMPLEMENTATION

- Monthly meetings will be held under the direction of the Risk Management Committee with the purpose to review the data for specific Provider(s) and assess the risk.
- The Director from every DWIHN Department (or their representative) is expected to attend.
- Each Domain will be reviewed to build a composite score using the Rating Matrix. The expected output will be a rating of the level of risk (Low, Moderate or High) and any recommendations for the Provider(s).

DATA USE

- The Risk Matrix gets used by all departments including Compliance, Clinical, Recipient Rights, Utilization Management, Managed Care Organization, Claims for evaluation the efficacy of various programs and reviewing program effectiveness as well challenges in areas where additional assistance is needed.
- It also created a process of self management of data on both ends and ensure we close any gaps when it comes data existing on provider end vs what might be getting represented at DWIHN. There is some lag in two systems in consolidation so it is important to include that as part of the comparisons to ensure known data gaps and associated reasons can be accounted for.

DATA USE Contd.

- The Risk Management Assessment will be used to inform the impaneling (i.e., Readiness Review of prospective providers) and the provider re-impaning process (i.e., renewal of contractual agreements).
- The assessment will be used to determine if additional technical assistance and/or monitoring of a Provider is warranted. This process gives DWIHN the ability to assist/advise Providers.
- DWIHN will use this data to facilitate network-wide improvements to reduce the probability of occurrence of future high-risk events (i.e., adverse events, near misses, and potentially unsafe conditions). Root-cause analysis and systems analysis can be performed to identify causes and contributing factors in the occurrence of such events. Then improvements can be planned and implemented throughout the network.

PROVIDER FEEDBACK

- BH CRSP Providers identified users
- Users will be given the opportunity to review the data for their organization; as well as provide feedback.
- DWIHN will include Provider User feedback in the use of the data

thank you!

- DWIHN thank you for providing users to review, interpret and provide feedback on the data use for your organization.

Goals of CCM

- Connect to appropriate community resources
- Develop teams that include family, medical, and behavioral health professionals
- Improve quality of life
- Provide early intervention to prevent crisis

CMM services do not take the place of current services but are integrated with the clinically responsible service provider's case management services.



Referral Process

The DWIHN CCM staff may receive referrals for services via:

- E-mail
- Fax
- Phone

A referral form is available on the DWIHN website on the Integrated Health Care page.

Referrals can be faxed to 313-989-9529 or e-mailed to pihpccm@dwihn.org.

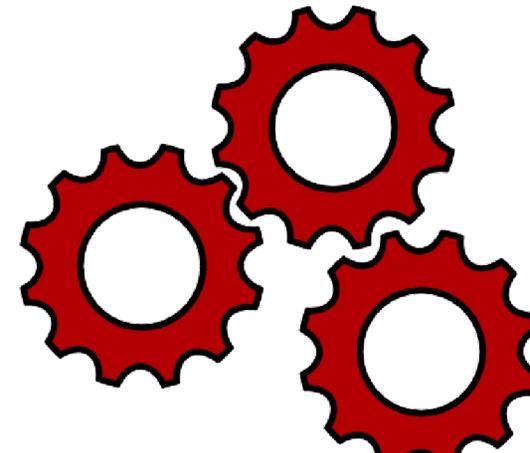
Along with the referral form please send current bio Psychosocial assessment, LOCUS/SIS assessment and any other relevant clinical documents.

Detroit Wayne Integrated Health Network

707 W. Milwaukee Street
Detroit, MI 48202
313-833-2500
www.dwihn.org

24-Hour Access Center

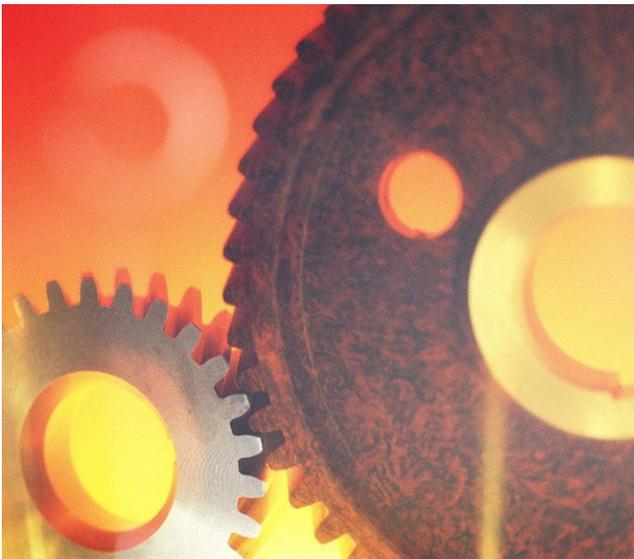
800-241-4949



What is Complex Case Management (CCM)?

CCM is a collaborative process that includes assessment, planning, facilitation, and advocacy. It explores options and services to meet a person's identified needs with the ultimate goal of promoting high quality, person friendly and cost effective outcomes.

CCM does not take the place of services already being received- it compliments them. Participation is not dependent upon the health benefit available to enrollee.



CRITERIA TO PARTICIPATE IN CCM

The DWIHN CCM program has general eligibility criteria for adults and children/youth.

ADULTS

- An active member of outpatient behavioral health services with a disability designation of SMI, DD/IDD, or SUD as evidenced by at least one visit within the quarter with a
 - DWIHN provider AND
 - Evidence of one or more gaps in services, i.e., absence of primary care or specialty medical care visits within the last 12 months, or gaps in medication refills for behavioral health and /or medical chronic conditions AND
 - One or more of the following chronic medical health conditions: hypertension, diabetes, asthma, COPD, heart disease and obesity as well as ten or more visits to the ED
 - in the last six monthsOR
 - Willingness to be an active participant in the program for at least 90 days.

CHILDREN/YOUTH

- Diagnosed with serious emotional disturbances (SED) and Autism Spectrum Disorder (ASD) seen for services at a DWIHN provider at least once in the last quarter AND
- Should range between the ages of 2-21 years of age- those enrollees in this cohort that are 18-21 are usually designated as youth with learning disabilities, court wards, I/DD, etc. - AND
- Diagnosed with chronic asthma or other medial health condition AND
- 4 or more ED visits related to medical and/or behavioral health in the last 12 months OR Gaps in service/ care - i .e., absence of primary care visit within the last six months and gaps in refilling medications AND
- Willingness of Legal Guardian & Child/Youth to be an active participant in the program for at least 90 days