



DWIHN CRSP MEETING RECAP

MONDAY, SEPTEMBER 13, 2021 – 11:00 P.M. TO 12:00 P.M.

1. Follow up after Hospitalization Measure and Policies/Procedure

When a person is discharged from the psychiatric hospitalization, it's important that they are in contact with the mental health clinician to address why they are hospitalized and then what needs to be put into place to reduce barriers. Also, we need to make sure that they have their medications.

Within that first two weeks of being discharged from an inpatient hospitalization, a lot of things can happen as there can be a lot of confusion. So, we really need them to follow up as to why they need those medications and what are the side effects. Sometimes the medications described are not taking effect yet, because some medications take up to a month to work.

We need to make sure they understand and have all that education and make sure there's no side effects from those medications that were prescribed to them during the hospital stay. This is also a requirement from the state that we are making sure we are following up with care.

Within seven days they have to be seen after discharge. This is one of our performance indicators. The second indicator that we are tracking is the 30-day follow up with the psychiatrists and practitioners. We are tracking both of those indicators.

2. Customer Service Performance Monitoring Inpatient

Customer Services is going through the finalization of DWIHN's Annual Customer Service Standards Audit for this past fiscal year. All of the CRSPs audits should be completed by the end of the month.

By early October, the CRSP Providers should have their final results in terms of their compliance report scores and if there is a need for a plan of correction. We sincerely appreciate that with COVID and the need to conduct the audits remotely, the majority of CRSPs were timely with their evidence submissions for the standards.

The majority of our CRSPs have met the customer service standards and compliance by following the audit tool that was provided in advance. The areas that were found to have some concerns were those CRSPs that wanted to respond with a narrative report, instead of the evidence. This is not what we're looking for. The specific evidence that we are looking for has been provided in the audit tool.



We are asking for your policies and procedures we're not looking for you to reproduce DWIHN's policies and procedures. We want you to incorporate those into your policies and procedures.

We want to make sure that you have all the applicable attachments also when we ask for your evidence. Whenever we have changes that are occurring, which is quite frequently in terms of new standards that have been developed by MDHHS, HASG or NCQA mandates. We'll make sure that you're made aware of these changes and they will be reflected in your new audit tool for the upcoming review.

We will address the specifics with our next customer service provider meeting. And again, we thank you for your cooperation and partnering with us as we strive to continuously maintain customer service compliance.

3. Quality Improvement Performance Indicator 2a

We want to talk about the importance of the Michigan Mission Based Performance Indicator MVP performance indicator 2a. The Performance indicator 2a is a percentage of new persons during the quarter receiving and completed bio psychosocial assessment within 14 calendar days of a non-emergency request for service.

This indicator as of last fiscal year in quarter three, changed and we can no longer exclude folks that do not show up for their intake appointments. Also the clock starts now, from the time when the member makes that initial request to the time that the integrated bio psychosocial is completed.

With that being said, for quarters two and three of this fiscal year our compliance scores went down. In quarter two we were at an overall compliance score of 37%. For quarter three, we are at an overall compliance score of about 47%. This number is really low and we've been working with providers to get this compliance score up.

The other PIHPs in our region are averaging about 67% to 68% with this compliance score. We have been working with providers and with PCE, to get this score up at a higher percentage.

Provider's drill down data was sent to each of them and plans of correction were requested and received. An analysis was completed and we know that most providers issues are staffing and what the availability of additional slots. We're working in collaboration, but we have to make sure that we're adhering to the standard. So, from the time that their intake appointment is received their biopsychosocial must be completed and



signed within 14-days. It doesn't start from when you get the referral, it starts from the time the initial request for inpatient or non-emergent request for services.

If you have any questions regarding your data each provider has the ability to look at their data in MHWIN. If you do not have that ability, or if you're not signed up for that, please reach out to Tania Greason (tgreason@dwihn.org) and/or Justin Zeller (jjzeller@dwihn.org).

You can look at this data ahead of time, know where you're at and begin to develop your plans. This indicator is very important, it shows how our members are able to access services. Again, please begin to look at your report and see where you are with that information.

4. Residential Services

- **COVID Updates**

Currently, we have no one in our COVID facilities that has tested positive. This is our third month where no one has tested positive for COVID. At five of our COVID facilities, we are maintaining three of those facilities in particular in case anyone needs quarantine services.

Regarding the vaccination process, we are making sure that our direct care workers and our members have received or have the opportunity to receive vaccinations. Recently, we partnered with the city of Detroit and the public health department. They have been coming to the facilities providing vaccination information, answering questions, passing out pamphlets and offering vaccinations to the direct care workers and members that are willing to be vaccinated.

Going forward we would like to extend this to the Western Wayne area as well. There are discussions as to how that process will work in Western Wayne. We're hoping for similar collaborations as we move forward in terms of making sure that everyone has at least the information they need and their questions answered regarding the vaccine.

We're at the third phase of COVID and we are making sure that we have verification cards for those members that received the vaccination loaded into our system to make sure we have good reporting.

- **IPOS Reports**

The CRSP Providers will receive their third IPOS report today. The report is to be reviewed and have the most accurate information. The following information



should be reported to Shirley Hirsch (shirsch@dwihn.org) if someone is on the report that has transfer or should not be on the report or is no longer in service. We are sending out the weekly grids until the end of December so we can have good numbers to ensure we are on target with submitting timely IPOSs.

We are expecting the IPOS to be entered into our system 30 to 60 days prior to the expiration date. In this way it moves smoothly. It helps you in terms of providing the service and with the outcome of having the authorizations within the system in a timely manner.

- **Authorization Refresher Trainings**

The authorization refresher trainings restarted in August and they are scheduled the first Thursday of the month. One was held on September 2nd and the next one is schedule on October 7th. The morning training is scheduled at 11:00 am for the IDD CRSP providers and the afternoon training is scheduled at 2:00pm for the AMI CRSP providers. If someone cannot attend the morning session they are welcome to come to the afternoon session.

The training is for those that input authorizations and new staff that are going to be trained to put in authorizations. The training refreshers will continue until the end of the year and probably into 2022.

5. Information Technology Updates

- **FY 2022 Modifier/Code Changes from MDHHS:**

PCE has been working and providing daily updates over the last four weeks and a lot of work has been done from our internal department with Jeff White as the lead person. Most of the setup is complete, barring a couple of small contracts.

All the changes in MHWIN have been completed, currently, PCE is working with project managers from your individual systems. To create those authorizations as we speak, so that project can happen behind the scenes in terms of all those authorizations prior to October 1st.

We have done everything that's needed to happen on our end and PCE. Now your individual project managers from PCE are working to make the subsequent changes in your systems. That's where I think a lot of ownership comes back to CRSP Providers to do a follow up and also to do some level of testing as those changes are happening.

This is a big change. I think the sooner we catch it, we will be able to address it without any impact on the authorization, and from claims billing against those authorizations. So, please follow up with your project managers. As the system is



ready on MHWIN side to start accepting those authorizations and PCE is going to create those on your behalf as they work with your project managers.

- **Risk Matrix Invites Pending:**

A Risk Matrix meeting was held last week, however, a lot of the providers indicated that they did not receive the invite or either it was caught in their spam. This issue has been addressed and now providers have confirmed they are now able to see their Risk Matrix and will start using it.

We will share the training guide as it will be rolled out today or tomorrow. It gives you training in terms of how to navigate through Risk Matrix, especially some of the advanced features that have been implemented.

- **HIPAA and PHI Emails:**

This is a slightly sensitive subject from DWIHN's standpoint we're not trying to manage your business in terms of whom you contract with and how you manage emails. But when PHI starts to travel from MHWIN into those emails it becomes all of our business.

After reviewing a list there were a lot of personal accounts of AOL, Hotmail, Yahoo and Gmail. Most of the providers have business services and maybe its been taken care already. But, if these personal accounts and those of your staff is receiving PHI information, that's a problem. Mr. Singla recommended the CRSP providers attend to this matter with assistance from their IT leadership. They can also reach out to him via email if they have any questions or assistance, msingla@dwihn.org.

6. Administrative Updates

Many small group meetings were held regarding finance and value based payments that have been going on with a number of books of business including some children's services. DWIHN CFO Stacie Durant and her staff will continue to communicate those with the network and additional information will be coming out in the coming weeks. Also, there has been some structural changes with some rates and it was communicated to the network, including SUD as well. We will continue to make those adjustments accordingly.

With regards to some of the challenges that folks are facing regarding stability payments, we are cognizant of that and have been addressing those and will continue to do so.

From a communication standpoint, there have been some emails shared with Mr. Doeh, by folks who are having some challenges, sometimes with communications. We've been working on improving that and some processes and procedures are being developed.



Mr. Doeh is always concerned about the authorizations. Whenever there's a challenging situation where authorizations are not in whether it's been some glitches on our side or on your side, these are things that slow up the processes. Meetings with the residential providers, the CRSPs and our team will continue to happen and we will definitely get that matter resolved.

Regarding FY22 budget, Mr. Doeh had a conversation with Yolanda Turner our General Counsel, to make sure the contracts are going out as soon as possible to meet the fiscal year deadline.

Mr. Doeh discussed, what the risk matrix will mean for our organization as we move forward. All of these things that has been discussed regarding "value based". The value of that is going to be attributable to the risk matrix. This will give providers an opportunity, to see how they rank in terms of services that they're providing similar to those who are providing those same services. Also, the idea is to build incentives as a part of that risk matrix. As we move through this phase of the pilot you will see the benefit that it offers.

Mr. Doeh has been saying for some time now that all roads lead to CCBHC. As we look at what's happening in Lansing as far as these redesigns, we have to really take advantage of all of what is offered in terms of these integration programs. As we talk about CCBHC, OHH, BHH they are all forms of integration. Rest assured that Detroit Wayne is moving in that direction. A number of our providers as you know have that designation as CCBHC and we will continue to work to make sure that we can provide both behavioral health services and physical health services with our partners as we move forward.

7. Provider Submitted Questions "We want to hear from you"

1. Review of How to Petition for Guardianship (forms and process has changed) and how the guardianship information will be imported to the Legal Services section in MHWIN.

- In regarding the guardianship process, due to COVID everything is virtual. Go to the website www.wcpc.us to see how to apply for guardianship both emergency and non-emergency filings. This has been a challenge, especially for our senior population or those who are technology challenged. There is an easy process to follow, and if some assistance is needed, they can contact Sojourner Jones at sjones1@dwihn.org or call her at 313.585.4775.
- There is still a filing fee component that goes along with this; the fee can be sent in either electronically or via the mail, the Court will notify them within seven days regarding where they are with the process.
- Most of the petitions for guardianships unfortunately come from when those persons are inpatient or hospitalized. If they are not, they still can apply via the



website, submit the form send the payment in and the courts have seven days to return.

- A couple of things about guardianship, effective April 1 of 2019, Wayne County gave guardians the ability to make both medical and mental decisions for those consumers that are up under them. So please make sure if the person has a guardian and if it's after April 1st of 2019; that guardian can make decisions in terms of the consumer refuse medication if the consumer is non-compliant you need to inform the Guardian, because they have that ability as well.
 - In terms of it being uploaded in MHWIN, a copy of the guardianship letter can be uploaded in the green legal section of MHWIN. If it's not there, then it also can be uploaded in the documents section under court documents.
 - Make sure you ask your consumers if they have a guardian. We want to make sure every time you encounter them you ask them that question. There is a section within MHWIN under demographics where the guardianship information can be inputted in terms of the name of the Guardian, address, telephone number, etc.
 - For those persons who may have had a guardian, and the guardianship paperwork is expired. Due to COVID the probate court has extended some of those guardianships if they need to renew guardianship. They can pay the fee, send it into probate court, and they will extend the guardianships. Again for any additional information, please contact Sojourner Jones at sjones1@dwihn.org or call her at 313.585.4775.
- 2. 10/1/2021 CPT Code Changes especially use of H0031, tracking of performance indicators 2 & 3 with changes to H0031, plan for telehealth in 2022.**
- A memo communication will be sent out regarding details of the H0031 CPT code changes.
- 3. CRSP Change-What prompts this change? Is this change happening in real time in MHWIN? Is the CRSP in which the Consumer is being moved from, notified of the CRSP change? I think these items will impact our score on the upcoming scorecard.**
- CRSP changes occurs in multiple ways:
 - The primary way is the Individual Plan of Service (IPOS)
 - If a member moves, they are due a new IPOS or their anniversary is coming up it will update the IPOS automatically from the system standpoint.
 - If a member would like to change their CRSP provider, they can call with or without the guardian or the provider. A form will need to be completed and submitted as a part of their consent to make the switch.



- There was an error that used to happen, where an outpatient provider that is providing services was able to upload the IPOS and mark themselves as the CRSP in the MHWIN system. PCE is removing that process. We're going to have those instances dealt with them having to fill the form and submit to the Access Center and they will then coordinate that the switch over of that CRSP in a more manual fashion.

4. The Access Center sometimes puts appt's on the calendar well into the 14 day requirement. Has there been any work surrounding the time that access sends the referral to the CRSP?

- Tania and I discussed two different measures today. Tania discussed the performance measurement that the CRSP must follow up with an individual within 14 days of discharge. The second one is follow up after discharge with a Mental Health Practitioner within 30 days of discharge.
- I want to add that State monitors Performance Indicator 4 which is that the individual is seen for follow-up care after a hospital discharge, with a professional (not exclusively psychiatrists), within 7 days and that is very important as well. I want to clarify that Tania mentioned intake which is Indicator 2a and not discharge.
- Attached is the link for Psychiatric inpatient hospitalization <https://www.dwhn.org/policies-medical-psychiatric-inpatient-hospitalization.pdf>

5. Performance Indicator

Yes, MHWIN has been updated where you can have your own custom reporting based upon Member level information, where you have those dates in terms of the first engagement of the individual and how you can track that where you can have your processes inserted, so that you can comply to that 14 day and attend to that consumer as soon as possible . So yes, there is a report, and please reach out to either IT using help desk email.

6. Vaccination Card

We receive a state sheet of everybody who is vaccinated, Manny Singla will follow up to see if that sheet has all the pertinent information, whereby we can avoid having that requirement of the card being scan and sent. Once he has the information, a notice will be disseminated based on the upon the outcome. He will also speak with the residential team.