



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Residential Provider Meeting Q&A Friday, October 15, 2021 Virtual Meeting 11:30am –12:30pm

1. Where is this code chart located?
 - a. https://dwihn.org/providers_billing
2. I just signed up for Assuricare, how will DWIHN learn to integrate with this system smoothly? Will everyone be switching over to Assuricare eventually, if so, do you know when? Thank you.
 - a. Presently we are going to be sending authorizations through the EVV platform.
It's by provider choice and not a mandate
3. We received information on "Rapid Response Staffing". When we spoke to Ms. Postema about using this resource, she indicated that some modifications to the Recipient Rights Training had been made so Adult Foster Care Homes would be able to take advantage of the program. Are you aware of this? And what steps do we need to take to use the program.
 - a. Yes, Director Postema, stated only participants of the Rapid Response Staffing program can take the online Recipient Rights training instead of taking the face-to-face training. All online Recipient Rights training records must be kept and presented to the Recipient Rights department when requested. The state started the Rapid Response Staffing program, and anyone interested in the program must reach out to the state.
4. The I/DD CRSP case managers have very different ways of doing the assessment, you may want to check on this.

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

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

Dora Brown, Treasurer
Michelle Jawad

Dr. Cynthia Tauег, Secretary
Jonathan C. Kinloch

Eric W. Doeh, President and CEO



- a. The Residential Unit has been meeting with the IDD CRSP Providers individually to participate in the Clinical Alignment or Documentation Trainings.
5. Can we have written instructions on how to monitor social media for mentions of members? I would like a better understanding of what you are asking for here.
 - a. Monitoring social media can occur if staff know or suspect their assigned member is mentioned on TV or Radio by checking if the member has a page – CAUTION: Staff should not become friends with the member on social media as this could be considered crossing professional boundaries.
6. Assuricare has given us the impression that doing business with them is mandatory. I have not read that anywhere from DWIHN, how can I learn more about this?
 - a. That is not the case. We will issue a letter to that effect shortly. It's by your choice if you want to implement an EVV.
7. Do we report if a member has a social media site as well? Are we to monitor those that have social media accounts? If so, is it consider a rights violation?
 - a. RESPONSE: You do not have to report a Recipient if they have a social media page. No need to monitor unless it has been requested by a guardian or the IPOS, which must be clearly written in the plan. If you are monitoring their social media page ...the question would be why are you monitoring it? As Recipients have the right to have social media outlets, however you cannot ask for their passwords. If there is something that may cause harm to the Recipient, it is recommended that the staff advise the therapist and implement a plan in the IPOS.
 - b. There is no requirement to monitor a member's social media page. Often FB friends share/repost "Missing Persons" - if you receive that type of notice and it is your member – contact emergency contact person to verify if your member is actually or still missing then report in accordance with the media procedures and then enter a report through the Critical/Sentinel Event module in MH-WIN.
8. What about insurance for workers as one of the incentives?
 - a. Please offer some clarity for this question. Insurance incentives for whom?
9. I have had two this week. Both were done completely differently. One IDD/CRSP had us do CLS hours on only things the person could do themselves or needed assistance with. The other calculated the CLS hours on what staff had to do for them or assist them with.

- a. If you could email the Residential Service department at residentialreferral@dwi hn.org with your concerns so we could take a look we would appreciate it.
10. For those individuals in DD Residential that REQUIRE 24 hour supports, the DWIHN staff and CRSP staff put in additional auths that brought them up to 672 units (24) hours a day. However, these were only authorized through 11-30-21. What happens after 11-30? Should the SC be re-inputting these auths effective 12-1 through the end of the plan date? If something is not done, these members will be left short on authorizations. This needs to be addressed ASAP
- a. Please reach out to Residential department with specific cases. But in general, the auths will need to be issued based upon medical necessity established and through the assessment per the already established process.
11. Oakland County is giving out an additional DCW increase. Along with the hazard pay being rolled in and now Oakland Counties additional staff wage increase. Oakland County will be paying DCW's \$15.00/hour. How can we compete here in Wayne County? Our staffing crisis will only worsen if we lose staff to Oakland County. I have sat in Finance meetings and it seems that DWIHN is flush. We need your help now.
- a. DWIHN is continuously looking into ways in which we can financially support our network
12. Are there any updates about COVID hazard pay? It ended on 9/30/21 and the governor's proposal did mention that it would be a permanent \$2.35 pay increase for all DCW? When should we expect to hear more about this?
- a. DWIHN will be looking to disburse the wage increase for period ending 9/30/21 in the upcoming weeks.
13. Surrounding counties are funding DCW increases above and beyond \$2.35 an hour, e.g., OCHN \$1.00 an hour. As a Wayne County provider, I have already begun to lose employees to work for a higher wage. Will DWIHN at least consider such actions?
- a. DWIHN is continuously looking into ways in which we can financially support our network.
14. Oakland County just received funding to start their DCW at \$15.00, I don't understand how we are in the same state, but Wayne County always seems to be lagging behind in

resources compared to other counties. We are losing our staff to other counties because of the difference in pay rate.

- a. DWIHN is continuously looking into ways in which we can financially support our network.