

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

Clinically Responsible Service Providers (CRSP) **Virtual Meeting** Monday, August 9, 2021 1:00 p.m. -2:15 p.m.

Agenda

- I. Welcome/Introductions – Tiffany Devon
- II. Authorizations and Residential Updates – Shirley Hirsch/Kathryn Mancani
- III. Children's Initiative Updates – Cassandra Phipps/Ebony Reynolds
 - Children's Provider Capacity Form
- IV. Crisis Services Updates – Jacquelyn Davis
 - Upcoming Changes to the Crisis Module in MH-WIN
 - Assisted Outpatient Treatment (AOT) Orders
- V. Customer Service Updates – Michele Vasconcellos
 - Disenrollment Roll-out Notification
- VI. IT Equipment / Infrastructure Updates – Manny Singla
 - Risk Matrix
- VII. Office of Recipient Rights Updates – Edward Sims
 - **ORR** Monitoring
- VIII. Quality Improvement Updates – April Siebert
 - Case Manager/Support Coordination Quarterly Meetings
 - Lunch and Learn Trainings
 - IX. Self-Directing Services Updates – Lucinda Brown
 - X. Training Compliance Updates – Andrea Smith
 - XI. Administrative Updates – Eric Doeh, Interim President and CEO
- XII. Questions and Adjournment

Board of Directors





DWIHN SD Referral Checklist

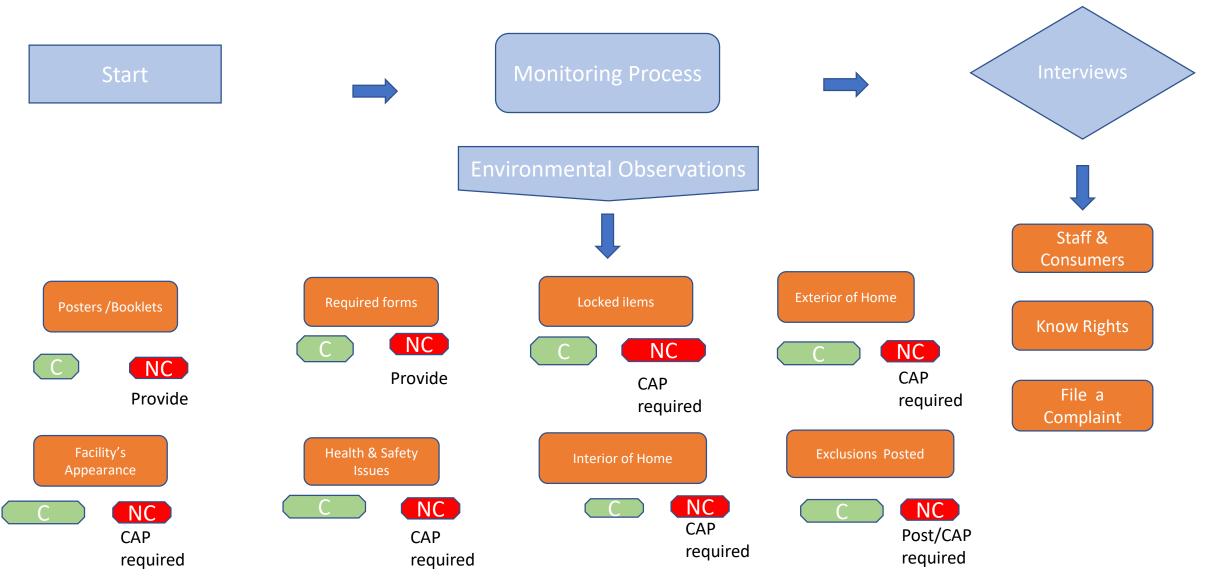
All training must be completed as a pre-condition for employment based on date of hire then updated annually unless stated otherwise.

Date:				
Support Coordi	nator:		CRSP:	
Fiscal Managen	nent Service <u>:</u>			
DWIHN Member:		Member ID:	Telephone #:	
Legal Represen	tative Name:	Em	nail Address:	
		Type of Staffing	Supports	
Provider Agenc	y:		Contact number:	
Direct Hire Staf	f Name:	DI	I Date of Birth:	
DH Address:		City:	Zip Code:	
DH Phone Number:		DH Email Address:		
<u>Date</u>	Background Checks/Ir Criminal Record Check (Pri Office of Inspector General Michigan Driver's License (A Trainings (Required at times First Aid/ Exp. Date:	(Monthly) Annually) e of hire*)	,	**)
	CPR/ Exp. Date:Universal Precautions/Blood_ New Hire Recipient RightsAnnual Recipient Rights Tra	(2 years- LIVE- In pe dborne Pathogens/Infection Attend a face-to-face train	erson training) n Control (2 Years) ing or Virtual (One time	• •
Required if N	ledication is put in your p Initial DCH Approved Medica Medication Administration C	ation Administration Trainir	ng (One time only)	ng)
Verification in N	IHWIN _Backup plan verified in MHWI _Inservice of IPOS in MHWIN	IN		
(after making a co.	nditional/contingent offer of employ	•	, ,	,
i verity that the	e above information is accu	urate and available in the	employee's record fi	les.
Financial Mana	gement Service Representat	tive Signature:		Date:
Submitted to DW	/IHN Representative's Signature	9:		Date:

^{*}At time of hire means prior to performing service.

**Prior to hire means after making a conditional/contingent offer of employment to the candidate and prior to the candidate providing services to the Person.

DWIHN ORR-MONITORING FLOW CHART



Note: Reviews must be conducted annually, <u>30 days before or after</u> last FY's review. If a CAP is required, the Vendor has <u>10 business days</u> to submit the CAP response.

Vendor/Provider CRSP Meeting Monitoring Agenda

Presenter: Edward Sims, ORR RRI

Monday, August 09, 2021

ORR annual site review process:

Site reviews are currently being conducted "virtually," via MS Teams apps. The ORR Reviewer will contact the Vendor to schedule a convenient date/time to conduct the site review visit. <u>FY21 ends on 09/30/21</u>. Please respond <u>promptly</u> to ORR's request to schedule the annual site review visit. ORR has a set amount of days to conduct the site reviews. The RRIs have expressed difficulty with Providers/Vendors responding to their requests. Please <u>update</u> your contact information if there are any changes. The Reviewer may request photos and other documents be submitted, prior to the date of the review.

Questions/what to look for during site review:

- -See Monitoring Flow Chart
- -Where certain documents are located in the facility-posters, Rights booklet, MHC etc?
- -If there are any restrictions/limitations for any recipient? If yes, included in IPOS?
- -Do recipients/staff know how to file a complaint?
- -Where is confidential information stored & is it locked/password-protected?
- -Are there any health or safety violations?
- -Are there any contraband items posted?
- -Any new staff hired since the last SR?
- -If yes, did the staff attended NHRRT within 30 days of their hire date?
- -Is the staff's NHRRT 2 years old or older? If yes, requires ARRT evidence also
- <u>Corrective Action Plan</u>-If required, Vendors have <u>ten</u> business days to submit CAP response:
 - a. NHRRT face-to-face required within 30-days of hire MMHC mandate (Mike will detail, just mention)-if no, **non-compliant** for that FY
 - b. Annual RR Training via Detroit Wayne Connect
 - c. MHWIN Update-Banner (training)
 - d. (Staff information-record current-ORR Trainer)
 - e. Environmental walk-through (Virtual-photos, viewed via MS Teams App)
 - f. Repeat non-compliance? Submit to Contract Manager
 - g. Email Address/Contact Information (update for Vendors/Providers)
 - h. Site review documents & signature page #4 of site review tool requestwill be emailed and received via USPS mail to Vendors
- Provide contact information re: questions for monitoring (email/phone number)
 Edward Sims-<u>esims1@dwihn.org,or 313-433-2845-work cell</u>
 Schakerra Pride-<u>spride@dwihn.org,or 313 498-4769-work cell</u>



CHECKLIST FOR SELF-DIRECTING SERVICES

LISTS OF RESPONSIBILITIES

The responsibilities listed are to be completed by responsible parties. NOTE: Some items are happening at the same time that other entities are completing their responsibilities.

☐ The member/Legal Representative is given information regarding Self-Directing Services and Self-Determination at every Pre-plan meeting and documented. <i>Verification is documented during the pre-planning process</i> (Support Coordinator). ☐ The Support Coordinator documents the member's choice to Self-direct in the Progress Note or at the pre-plan.
□ The member/Legal Representative is offered a choice of Financial Management Service Agency (FMS) (formerly called Fiscal Intermediary Services) and selects a FMS. ~Money Minders Plus, LLC (Currently only works with Community Living Services, Inc.), Phil Pappalardo, 734-522-0080 (Garden City), email; PhilP@mmpbiz.com . ~Personal Accounting Services (PAS), Patti Sielaff, 734-729-3100 (Taylor), email; enrollment@1-pas.com . ~GT Independence (also known as Guardiantrac), Tammy Friesen, 269-221-1753 (Wayne), email; Tfriesen@gtindependence.com . ~The ARC of Northwest Wayne County, Gretchen Sanewsky, 313-532-7915 (Redford), email; gsanewsky@thearcnw.org .
☐ The member/Legal Representative selects the method of staffing supports desired: Direct Hire Staff and/or Staffing Agent.
~If Direct Hire is selected, the Support Coordinator gives the potential employee the required trainings for them to begin to complete:
 Face-to-face for new hires-Recipient Rights training First Aid Bloodborne Pathogens
☐ The Support Coordinator completes a referral using the DWIHN Hiring Checklist and emails it to the selected FMS and Selfdetermination@dwihn.org .
☐ The Support Coordinator completes a backup plan with the member/Legal Representative (uploads the document into MHWIN using IPOS as the document type).
☐ The Support Coordinator facilitates the Individual Plan of Service (IPOS) or an Addendum to the IPOS to identify and authorize the services which will be self-directed no more than 3 business days after the selection of a FMS. All authorized services (typically CLS- H2X15 or Respite- T1005) must have the FMS as the provider. All authorizations must be approved prior to starting any Self-directed Agreements.
☐The IPOS is updated with goals that support the authorizations and are in the member's own words (or the person that speaks on behalf of the member).
☐The IPOS is updated with objectives that are written in the S.M.A.R.T. format.



CHECKLIST FOR SELF-DIRECTING SERVICES

<u>LISTS OF RESPONSIBILITIES</u>

know how to support the member in achieving the goal (job description) and must include the amount, scope, and duration of services.
☐ The Support Coordinator enters a single/separate authorization for T2025 with the correct modifier 1x/month is entered for the selected FMS service.
 T2025 x7- Member has the FMS as a representative payee for entitlements or has a direct hire for CLS and/or Respite services. T2025 x6- Member has a direct hire with respite which totals less than 491 units/123 hours per IPOS year (formerly called Family/Friend Respite). T2025 x4- Member uses an Independent Supports Coordinator (with no other self-directed service), Support Broker, or only has vocational services. T2025 x3- Member has a staffing agency.
□ DWIHN will approve authorizations submitted by the CRSP. Typically, authorizations take no more than 2 business days but if additional information is needed, authorizations will be returned and the SC has 2 business days to make adjustments. DWIHN has a total of 14 business days of receiving the request from the CRSP to make a final decision. If denied, the <i>Due Process</i> steps will be followed.
☐ DWIHN will host a virtual SD Welcome Meeting with the member/Legal Representative.
☐ DWIHN will welcome members and answer any SD questions.
☐ DWIHN will review and sign the Self-Directed Service Agreement which outlines the roles and responsibilities of DWIHN and the member/Legal Representative.
☐ If applicable, DWIHN will review and initiate the Purchase of Service Agreements which outlines the roles and responsibilities of the Provider Agency and the member/Legal Representative.
☐The FMS initiates the Employment Agreement with the member/Legal Representative and the direct hire.
□The FMS will forward the completed DWIHN Direct Hire Checklist and the signed Employment Agreement to DWIHN (Selfdetermination@dwihn.org).
☐ The FMS sends DWIHN a copy of the Employment Agreement with the member/Legal Representative's signature.
□DWIHN signs the Medicaid Provider Agreement portion of the document within 3 business days and returns a copy of the signed agreements to the FMS and CRSP.
\square DWIHN tracks and uploads completed agreements and corresponding documents to MHWIN with IPOS as the document type.
\square DWIHN will initiate the budget through MHWIN based on the authorizations in the IPOS and forwards the budget to the CRSP representative for signatures. The budget will include Units of service X Standardized Rate of service = Dollars approved.
☐ The Support Coordinator will have the member/Legal Representative review and sign the budget.



CHECKLIST FOR SELF-DIRECTING SERVICES

LISTS OF RESPONSIBILITIES

\square The Support Coordinator ensures budget related documents (external signature pages) are uploaded in MHWIN.
☐ The Support Coordinator will in-service the member/Legal Representative and service provider on the IPOS or Addendum and the back-up plan. (obtain signature for validation)
□Verification of in-service has been uploaded into the scanned documents in MHWIN (using IPOS as the document type).
☐ An Employer of Record meeting is held with the FMS, member/Legal Representative, employee(s), and the SC/SCM to ensure all direct hire employment paperwork is completed and training requirements are met.
☐ The CRSP forwards copies of <i>all</i> signed agreements (SD and PSA/Employment Agreements) and the budget to the member and/or their Legal Representative.
PRIMARY ONGOING RESPONSIBILITIES
☐ The Support Coordinator will provide verbal reminders to the employer/employee that training must be maintained as part of coordination to prevent staff's ineligibility to be paid using Medicaid dollars.
☐ The Support Coordinator will monitor and document the member's progress monthly toward achieving the goals set in the IPOS.
☐ DWIHN will offer continual education on goal development, budget processes, and Self-Direction.
☐ The FMS will ensure the Employer of Record has verified all services provided and ensure submission of timesheets in a timely manner (paper or electronic submissions). ☐ The FMS will confirm that staff that are paid with Medicaid funds have not allowed trainings to expire.
☐ The FMS is responsible for monthly payment for authorized services.
☐ The FMS will provide the monthly budget status report and monitoring of staff training to the member/Legal Representative.
□The FMS will notify the CRSP and DWIHN of active members that have not received staffing supports longer than 3 months.

TERMINATION OF A SD ARRANGEMENT

- ~ The SC must document the conversation of a member/Legal Representative desiring to no longer self-direct services. To afford the SD Team an opportunity to address any system gaps; an Addendum to the IPOS must include barriers to continuing the current arrangement (reason for the change), attempts to resolve any barriers, and the effective date. SC will provide the documented discussion, early terminate the FMS service if needed, and email the FMS and selfdetermination@dwihn.org.
- ~The Supports Coordinator will complete an Addendum to the IPOS. *Existing authorizations (including Fiscal)* will be terminated and new authorizations will be approved if applicable.
- ~The Supports Coordinator/Case manager will in-service the new service providers, if applicable, on the IPOS.