



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 Friday, April 1, 2022 Virtual Meeting 11:30 am –12:30 pm Agenda

Zoom Link: <https://dwihn-org.zoom.us/j/92653624476>

- I. Welcome/Introductions
- II. Claims- Deabra Hardrick-Crump
 - Authorization only codes
 - Authorizations that cross the Fiscal Year
 - Premium pay
 - 5% wage increase
- III. Utilization Management
 - CLS Auth Requests- Jennifer Jennings
 - Extension Letter Training- Tasha Bridges
- IV. Integrated Healthcare Department- Ashley Bond
 - Complex Case Management (Page 2 & 3)
- V. Residential Services –Kate Mancani
 - Memo dated 12/7/2021 (Page 4, 5 & 6)
- VI. Recipient Rights
 - Recipient Rights Training (LaShanda Neely, ORR Trainer) (Pages 7 & 8)
 - Recipient Rights Monitoring (Ed Sims, ORR Monitor) (Pages 9 & 10)
- VII. Managed Care Operations- Sharon Matthews
 - Opening, closing of sites and moving members
 - Required Provider Change Notifications (Pages 11&12)
- VIII. Administrative Updates – Eric Doeh, President and CEO
- IX. Questions
- X. Adjourn

Board of Directors

Angelo Glenn, Chairperson
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Jonathan C. Kinloch

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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.

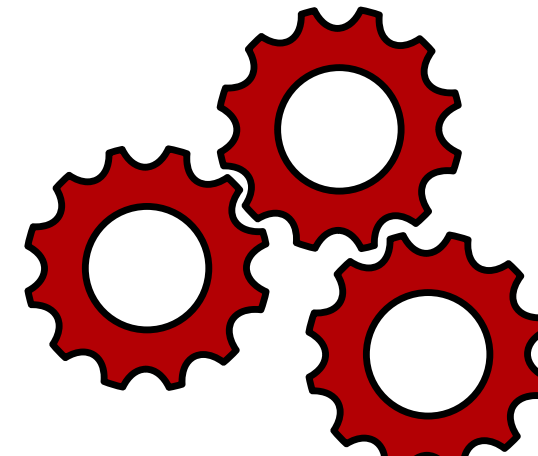
Along with the referral form please send current bio Psychosocial assessment, LOCUS/SIS assessment and any other relevant clinical documents.



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313-833-2500
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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 months OR
- Willingness to be an active participant in the program for at least 90 days.

CHILDREN/YOUTH

- Diagnosed with serious emotional disturbances (SED) and 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 AND
- 4 or more ED visits related to asthma 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 prescriptions for asthma controller medication and/or behavioral health medication AND
- Willingness of child/youth and/or parents/guardian to be active participants in the program for at least 90 days.





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In the coming New Year of 2022, clinical documentation (i.e. Treatment Plan, Residential Assessment, Behavior Treatment Plans) must be updated in Member's chart to clinically justify and medically support the requested service authorization in Residential Settings (Licensed/Unlicensed).

The Clinically Responsible Service Provider (CRSP) will need to provide supported documentation within the Treatment Plan and Residential Assessment. The Treatment Plan will need clinically appropriate goals and interventions that align and support the delivery of the service documented via the Residential Progress Notes.

DWIHN's Residential Department will continue to follow the authorization review process to determine requested service authorization approval. The following guidelines used to determine authorization review, return and/or approval for Community Living Supports (CLS) and Personal Care services.

Authorization Review Process:

- Residential Authorization Team monitor/manage the following MH-WIN Queues for residential authorizations
 - Approve Authorizations (Residential Rate Setting)
 - Approve Residential Authorizations (UM)
- Residential Authorization Team reviews incoming authorization requests by completing the following steps:
 - Residential Authorization Team will review authorizations in the order that they are received. Residential Authorization Team has up to 14 days to review for approval/return of authorizations submitted to MH-WIN by the CRSP
 - Residential Authorization Team will ensure the authorization is submitted with the correct Provider ID# based on the Member's assigned home address
 - Residential Authorization Team will check the capacity of the home to ensure the Member is properly assigned to the home
 - All vacancies must be reported in a timely manner to DWIHN's Residential Department by following the Vacancy Reporting Process
 - Residential Authorization Team will review Member's chart for the following clinical documentation:

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Clinical Documentation	Licensed Settings	Unlicensed Settings
Primary Designation	X	X
BH CRSP	X	X
SIS Assessment (IDD only)	X	X
LOCUS (AMI Only)	X	X
Medicaid Eligibility/Insurance	X	X
HAB Waiver (IDD only)	X	X
Home Help		X
Behavior Treatment Plans	X	X
Biopsychosocial	X	X
Residential Progress Notes	X	X
Treatment Plan	X	X
Residential Assessment	X	X
Medical Necessity Documentation*	X	X

Definition of Medical Necessity:

Determination that a specific is medically (clinically) appropriate, necessary to meet needs, consistent with the person’s diagnosis, symptomatology and functional impairment, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of service shall be documented in the individual plan of services.

(Source: Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports, Date: July 1, 2021)

Authorization Returned to Requester: If an authorization is Returned to Requester, the requester should review the Authorizing Agent Provider Note with details of why authorization was returned and steps to take to correct errors.

- **Reasons authorizations are Returned to Requester:**
 - Treatment Plan expired/not in MHWIN
 - Incorrect Contract Designation
 - Incorrect CPT Code Requested
 - Incorrect Provider ID Requested
 - Additional Clinical Information is needed
 - Duplicate Authorization Request
 - Clinical Alignment of Documentation is incorrect.
 - Member transfers without DWHIN approval
 - Residential Assessment needs review by DWIHN

- If an authorization is Returned to Requester, the requester must resubmit the authorization for review within 48-72hr of authorization being returned, a new 14-day timeframe starts once authorization is updated and returned for DWIHN review/approval.

The process described below is to improve communication with CRSP organization and the Residential team based upon feedback received from the providers in effectively resolving any pending authorizations that lacked documentation, or any other reason for it to be returned back to the requestor. If an authorization is returned to the CRSP on two separate occasions without resolution the following process will be initiated:

Authorization Case Conference

1. DWIHN Residential receives authorization in queue for review/approval.
2. Authorization is “Returned to Requester” for changes/justification/updates
3. CRSP Returns authorization again to DWIHN Residential queue for review/approval
4. Authorization is “Returned to Requester” for changes/justification/updates
 - a. **An email notification will be sent from DWIHN Residential Services to Support Coordinator/Case Manager. Making sure to “CC” CRSP Supervisor, Clinical Director, CEO to set up a case Conference meeting.**
5. Meeting will be held via telephone call or TEAMS call, whatever is the preference of Support Coordinator/Case Manager
6. Case Conference Meeting will be held
7. After Case Conference a follow up email will be completed by DWIHN Residential Auth Team highlighting the discussion held and any action steps that will be taken.

Authorization Approval: If the authorization request has all the sufficient documentation to clinically justify and medically support request the Residential Authorization Team will approve the authorization for the requested service period.

New Hire Recipient Rights Training

- ❑ Trainings are currently open for Registration in MHWIN 2 months in advance.
- ❑ There are 9 to 11 trainings held each month.
- ❑ **Staff Record**-Ensure the record is completely filled in, especially the provider name and location as well as the date of hire and the email address.
- ❑ The email address in the staff record should be that of the participant. This will ensure that they receive the correct training documents.
- ❑ Participants must be present online, with working cameras, and remain visible and available to communicate with us throughout the course.
- ❑ If your staff are seen driving during the training, laying down/asleep or otherwise occupied, they will be removed from the training.
- ❑ **Course Completion**-Staff must participate in the virtual- live training using the Zoom app AND pass the quiz with a score of **80%** or greater. For the morning trainings, the deadline to return the quiz is 3:00 p.m. the day of class and 9:00 p.m. for the evening class. Incomplete or late exams will not be accepted.
- ❑ **Evening classes** are offered once per month on the second Monday, from 4:00 p.m.- 6:00 p.m. Please check MHWIN for available training dates.

New Hire Recipient Rights Training

- ❑ For the month of February there were 489 participants registered, 265 completed and **224 no shows and incompletes**.
- ❑ Please contact ORR Trainers ASAP to remove a registered participant once you become aware that they are unable to attend NHRRT, to ensure scheduling availability.
- ❑ **To Maintain Compliance-** Register your staff for NHRRT training during the onboarding process.
- ❑ To unregister a participant, assistance with certificate verification or for any questions regarding training, email us at **orr.training@dwihn.org**.
- ❑ Review the DWIHN website and/or the MHWIN newsflash for updates regarding NHRRT.
- ❑ ORR Trainers remain available at **orr.training@dwihn.org** to partner with Providers and ensure compliance with regulatory standards and DWIHN policies related to ORR Training requirements.

Provider Meeting

Presenter: Edward Sims, ORR RRI-Monitoring

Friday, April 01, 2022

- ORR annual site review process:
- ORR site reviews continue to be conducted “virtually,” via MS Teams or Zoom App
- ORR Reviewer will contact the Vendor to schedule a convenient date & time to conduct the site review visit-please respond promptly to request
- ORR Reviewer may request photos and other documents to be submitted, prior to the review date-postings, MMHC, policies

Questions/What the ORR Reviewer will look for during site review:

- Where certain documents are located in the facility-posters, Rights booklet, MHC, Policies
- If any members have restrictions or limitations on use of the phone, mail, visiting hours. If yes, included in IPOS
- Do Members & Staff know how to file a complaint
- Where confidential information is stored-Is it locked/password-protected
- Are there any health or safety violations observed by the Reviewer interior-exterior of the home-trip hazards, loose railings, broken steps, unlocked meds etc.
- Are contraband items posted-weapons, drugs, alcohol etc
- Were there any new staff hired since the last SR-if yes, require evidence for active staff only
- If yes, did new staff attend NHRRT within 30 days of their hire date
- If a licensed facility (AFC) provide the expiration date of license

Corrective Action Plan-If applicable, Vendors have **ten** business days to submit the CAP response:

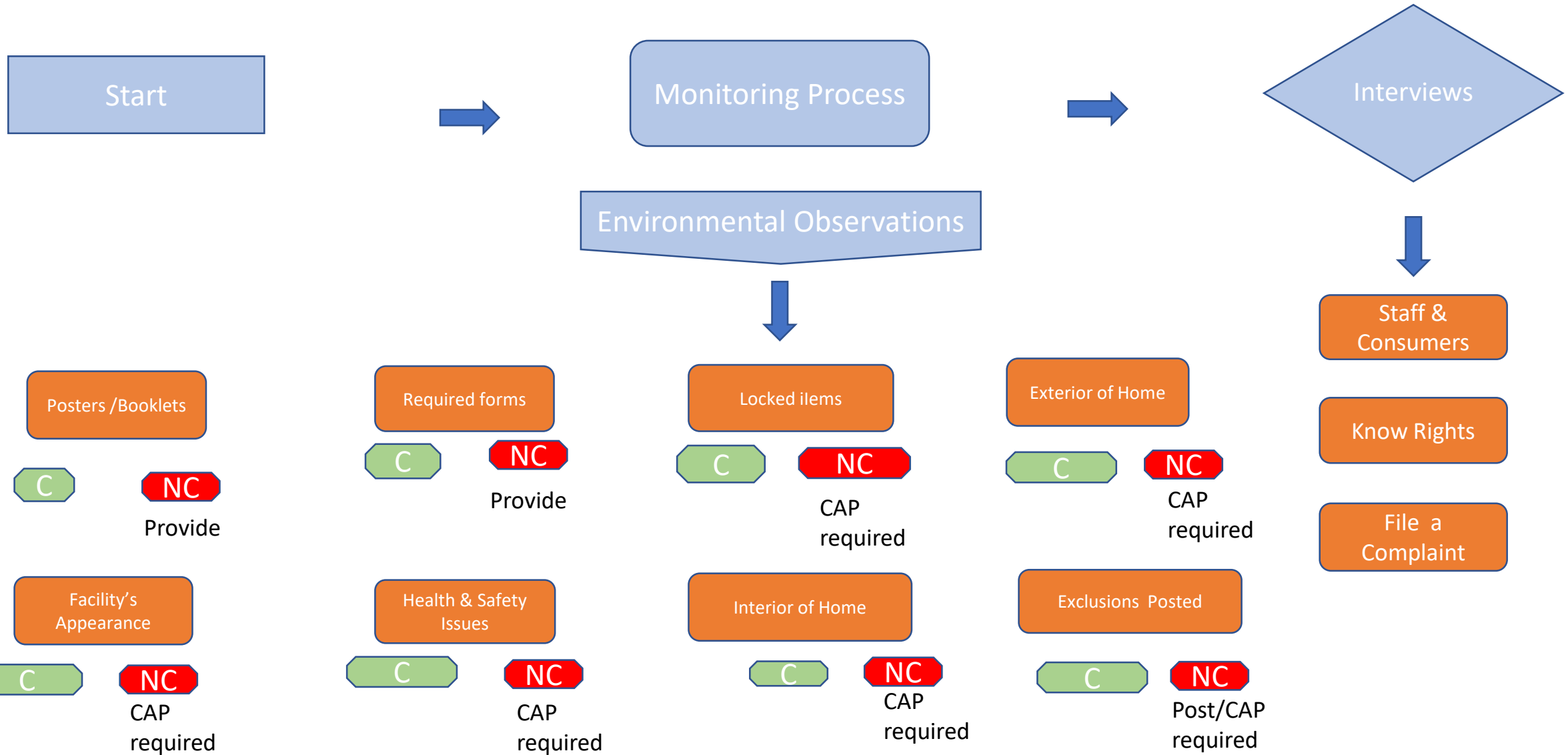
- a. NHRRT face-to-face required within 30-days of hire-MMHC mandate-If no, **Non-compliant** for that FY
- b. Annual RR Training via Detroit Wayne Connect-due every year after NHRRT is attended
- c. Staff Record-contact information should be kept current
- d. Virtual environmental walk-through-Reviewer observes interior & exterior of AFC, via Zoom or MS Teams App
- e. Repeat non-compliance-Notification sent to Contract Manager
- f. Provider/Vendor contact information should be kept current
- g. Vendor will receive copies of site review documents via email & USPS
- h. ORR requires the Site Rep’s signature on page #4 of the site review tool

Contact Info-Monitoring:

Edward Sims, ORR RRI-esims1@dwiwn.org, or 313-433-2845-work cell

Schakerra Pride, ORR Manager-spride@dwiwn.org, or 313 498-4769-work cell

DWIHN ORR-MONITORING FLOW CHART



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



DWIHN Provider Responsibilities

Detroit Wayne Integrated Health Network (DWIHN) Contracted Providers are required to notify DWIHN of changes to information regarding their organization. This requirement is identified in the provider contract and in DWIHN policy.

Providers must notify DWIHN of any changes listed below within 3 days of the date Provider acquires knowledge:

- Change(s) in Ownership - Transfer, sell, assignment or delegation to an entity other than the Service Provider, of ownership or administrative services

Providers must notify DWIHN of any changes listed below at least 30 calendar days prior to the effective date of change:

- Provider Name
- Provider Office Hours
- Provider Telephone Number
- No longer accepting new patients
- Provider Affiliation Change (i.e. Merger)
- Addition or deletion of service(s)
- Addition/change in program location (new or existing)
- Sanctions, suspensions or termination of credential practitioner staff members of your organization
- Provider Closure (sites or locations)
- Requirement-Update Staff Records in MHWIN

Only in emergency situation, where member's health and safety are at risk, the provider must notify DWIHN immediately.

Members must receive a notice of the relevant change at least 30 calendar days prior to effective date of change.

How to notify DWIHN of changes:

Providers must notify DWIHN Provider Network Support Specialist of impending changes by emailing pihpprovidernetwork@dwihn.org within 48 business hours of deciding to change or knowledge of a change needed. Verbal updates and changes must be followed up by written notification.

Email all relevant information regarding the change to the following email address pihpprovidernetwork@dwihn.org.

****It is imperative that you adhere to these responsibilities listed above as they are directly linked to the providers' performance report card matrix for contract renewal. ****