



## Outpatient Provider Meeting Q&A

Friday, October 28, 2022

Virtual Meeting

11:30am –12:30pm

1. Is this the right meeting for the OIG issue?
  - A. Please contact Compliance at [compliance@dwihn.org](mailto:compliance@dwihn.org).
  
2. Will you share the presentation to those attending?
  - A. The presentation is sent to providers with the agenda and also on the DWIHN website @ <https://www.dwihn.org/providers-crsp-op-meeting-info>
  
3. Why is it taking so long to get authorizations approved. 14 days means families go with out service for 2 plus weeks. This makes it hard on the families and therapists.....
  - A. Can you provide any specifics along with authorization numbers that are delayed and send to me in email [msingla@dwihn.org](mailto:msingla@dwihn.org) Thanks Manny
  - B. In addition to providing the information Manny requested: Per our contract language, we have 14 days to approve non-urgent, outpatient authorizations. We encourage our providers to plan ahead and begin the treatment planning process before the authorizations from the previous IPOS have run out/expired. If you are experiencing a delay beyond the 14 days, please email the [PIHPAuthorizations@dwihn.org](mailto:PIHPAuthorizations@dwihn.org) and let us know and we will prioritize your concern. Thank you.
  
4. I sent an email on Monday regarding an issue where a preliminary plan is not being recognized in MHWIN with an error reading "Date of services does not fall within the dates of the latest IPOS in MH-WIN or IPOS is missing in MH-WIN" following trying to bill anything following the prelim. PCE explained that preliminarys are not recognized as "dwihn adjudication." I emailed [pihpauthorizations@dwihn.org](mailto:pihpauthorizations@dwihn.org), should I be emailing another area to assist with the problem?
  - A. Leigh Wayne, [lwayne@dwihn.org](mailto:lwayne@dwihn.org) will look for the email you sent and talk with the Team to see if we can get it resolved for you.
  
5. Hello, will these slides be made available?
  - A. The presentation is sent to providers with the agenda and also on the DWIHN website @ <https://www.dwihn.org/providers-crsp-op-meeting-info>

6. Is there a link for the MFA training that gives direction on how to install an authenticator using only the computer?

A. Please submit that request to MHWIN help desk and the team can facilitate the instructions.

7. I don't know what department this refers to however, if a home is not 24 hours for example if the member receives 7 hours of staffing, who does the member contact if they have an altercation with their roommate since their staffing hours are complete? If staff were called to return back on shift, they are going to document their time which would be additional time. How can the provider pay staff for the extra time the staff put in for the member if they already received their staffing hours? How does that work? In addition, how does it work if the police were involved after the staffing hours were complete and the staff had to go and pick up the member from the hospital same day? Once hours are complete who is responsible for that? We don't get compensated for issues like that. Lastly, if client gets 3 hours of staffing and once staff leaves, a few hours later the member calls and tells us they locked themselves out of their home. Who is responsible for letting them back in their home? We aren't given a spare key

A. Please share these specific scenarios along with homes where this is happening to the residential email address, so that residential team can review and provide the advisory on how to account for these.

8. The new updates/permissions for Sentential/Critical events is no longer on my dashboard for MHWIN. Who can I email to get this adjusted? thank you

A. Please submit that request to MHWIN help desk.

B. Please email us as well at [mlindsey@dwihh.org](mailto:mlindsey@dwihh.org) and [sapplewhite@dwihh.org](mailto:sapplewhite@dwihh.org)  
Annual training is required for access to the critical/sentinel event module. Thanks!

9. When do you anticipate the updates in the Critical/Sentinel event policy and follow up training for CRM?

A. We are currently working on the updates to the policy and procedures surrounding critical/sentinel events related to the CRM. We will provide updated trainings as soon as things are finalized. Please look for communication from our team within the next couple of weeks. Thanks!

10. Can we get those slides to the Home Community base

A. The slides are attached.

11. Since the assessments were evaluating the setting, can it be assumed that if one person has been identified as in a non-complaint setting, then all people in that setting should be going through the same process?

A. The surveys were sent to individual members and the surveys are related to individual survey members. Some Providers had three members surveyed, some had only one. If the state reviewed the survey as being Non-Compliant they were placed on Heightened Scrutiny and placed for review. That is how some have several and some only have a few or just one. The original Non-Responsive List had 445

Members, after the "one-time" review for this status of provider, it was finalized to the present 58 we are addressing which we met and discussed. We are to report bimonthly on these 58. Hope that helps.

12. Why if a site is found to be non-compliance, we only have one individual from that site that needs to transition?
  - A. The surveys were sent to individual members and the surveys are related to individual survey members. Some Providers had three members surveyed, some had only one. If the state reviewed the survey as being Non-Compliant they were placed on Heightened Scrutiny and place for review. That is how some have several and some only have a few or just one. The original Non-Responsive List had 445 Members, after the "one-time" review for this status of provider, it was finalized to the present 58 we are addressing which we met and discussed. We are to report bimonthly on these 58. Hope that helps.
13. We are losing OT and SLP therapists because it is taking 14 days to get the auth approved for new clients. We need auths for evaluations and ongoing therapy visits approved in a more timely manner.
  - A. Per our contract language, we have 14 days to approve non-urgent, outpatient authorizations. We encourage our providers to plan ahead and begin the treatment planning process before the authorizations from the previous IPOS have run out/expired. If you are experiencing a delay beyond the 14 days, please email the [PIHPAuthorizations@dwihi.org](mailto:PIHPAuthorizations@dwihi.org) and let us know and we will prioritize your concern. Thank you.
14. We have a case where one individual needs to transition and his/her siblings also live in the same setting. We are being asked why they have to transition and his/her siblings do not have to.
  - A. The Transition is based on the Member's Survey and their related Provider. It is based on the results of that Survey. And if the provider was on the Non-Responder List, those Providers only had one time to respond to that survey. I do not know those specific situations we as a PIHP are only provided the list to address hence we had the meetings with the CRSPs to address this process.
15. Who can answer questions about incorrect medical insurance info entered into MHWIn? We have a client telling us he no longer has BCBS but MHWIn shows it is still active.
  - A. Whether the other Members were surveyed by the State would be part of the answer. If they were also reviewed by survey, it will be how those individuals' survey were answered and assessed by MDHHS' HCBS Program.
16. Can someone define what "stability payments" Eric is referencing?
  - A. Different payments models have issued to the network depending upon type of setting including rate increases, stability payments . Some of these are in the works on finance end and will be issued before the end of the year.
17. We are having issues with auths being entered into MHWIn under the incorrect contracts for new clients. When they get sent back to requester, the 14 days start all over again which is now a total of 28 days from the time we were ready to start therapy services.

This in turn means we are losing staff because we cannot wait to start someone 28 days later.

A. We are actively looking at a process to prioritize authorizations that have been "returned to requester" for corrections so that these do not restart the 14 day process. I currently do not have a process flow to share, but please be assured we are aware of this concern and are working to resolve it.  
Please make sure that staff are trained to enter the authorizations under the correct contracts to avoid this issue as best as possible.

18. Who within your organization do request recipient information booklets if we need more?

A. RR booklets are provided every 4th Friday of the month by Trailer B, between 9am-12 noon. However, accommodations can be made at any time to pick them up. They contact the main number for ORR (313) 344-9099, to make the request. If they only want a small number of booklets 2-3, those can be mailed to them.

19. Our organization is still missing a grant "contract". I've contacted our contract manager and the legal department and haven't heard back. Who do I need to contact?

A. Please send email to [jwhite1@dwihn.org](mailto:jwhite1@dwihn.org)

20. I am not seeing the link for the current DWIHN Quarterly Report in the chat?

A. <https://www.dwihn.org/providers-quarterly-contract>



# HOME AND COMMUNITY BASED SERVICE TRANSITION PATHWAY PROJECT

**Detroit Wayne  
Integrated Health  
Network**

*Quality Department*

April Siebert, Director

Starlit Smith,  
Administrator

Eugene Gillespie,  
Clinical Specialist

William Sabado,  
Clinical Specialist

# HOME AND COMMUNITY BASED SERVICES FINAL RULE

- In 2014 CMS released a rule for HCBS waivers called the HCBS final rule. This rule requires that all settings who provide HCBS funded services must meet specific criteria in order to continue to receive that funding. The final date for all settings to be deemed HCBS compliant is March 17, 2023.
- Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. Source: Medicaid.gov
- The goal of the HCBS Rule is to make sure that the supports and services individuals receive, give individuals the opportunity for independent decision-making, to fully participate in community life, and to make sure their rights are respected.
- Medicaid-funded HCBS **cannot** be used for services and supports that do not meet the requirements of the HCBS Rule as these services and supports are considered *institutional or isolating*.

# HOME AND COMMUNITY BASED SERVICES MICHIGAN STATEWIDE TRANSITION PLAN

- HCBS Participant Assessments and HCBS Provider Assessments aka **Surveys** were developed and implemented by the Michigan Department of Health and Human Services. These surveys were developed to correlate the participant experience assessment to provider compliance assessment.
- The purpose of these surveys is to *gauge the individuals perspective of how closely the setting where they receive services meets HCBS expectations around privacy, access to the larger community as desired, freedom of movement in their home and the community at large as well as the degree to which they feel they have choice around the services they receive.* The participant survey has been used to validate provider responses and MDHHS is currently exploring other ways in which this information can be used to inform training and technical assistance going forward. MDHHS BHDDA (Behavioral Health and Developmental Disability Administration) had contracted with TBD Solutions to develop a web based application that can be utilized to track survey responses based on de-identified data to determine if participants and providers evidence an improved response to questions related to the core components of the HCBS rule when follow up assessments are administered, and if we can make determinations regarding improvement in the quality of HCBS services.
- “MDHHS, . . . , surveyed settings that were initially *non-responsive* to previous survey activities designed to assess a setting’s compliance with HCBS requirements. As a result of those recent MDHHS reviews, a number of settings were found to *require heightened scrutiny status*. Due to previously identified time constraints, MDHHS will not complete a heightened scrutiny review process on those settings and the identified waiver participants for whom the survey was completed must be transitioned from HCBS or to HCBS compliant settings.”

# HOME AND COMMUNITY BASED SERVICES MICHIGAN STATEWIDE TRANSITION PLAN

- “On May 9, 2017, in recognition of the reform efforts underway across the country, CMS issued guidance extending the timeframe for states to demonstrate compliance with the settings requirements to March 17, 2022. This extension permitted states and providers an additional three years to demonstrate true community integration of individuals receiving Medicaid HCBS. In light of impacts discussed above from COVID-19, and to ensure the continued delivery of quality Medicaid HCBS to beneficiaries, CMS will allow states an additional year, through March 17, 2023, to complete implementation of activities required to demonstrate compliance with the settings criteria.”
- “Settings which have failed to successfully exit Heightened Scrutiny status are not compliant with HCBS requirements and will be required to initiate transition activities for individuals who received HCBS at or through the setting. Those settings and associated PIHPs/CMHSPs will need to initiate and report those transition activities to MDHHS. All transition activities must be completed no later than March 1, 2023.”



# HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

## Michigan Department of Health and Human Services Timeline:

- Habilitation Support Waiver Provider Self-Assessment(Sample): Start Date: **4/1/2015**; End Date: **1/31/2017**
- Managed Specialty Services and Supports Waiver Program Section 1915(b)(3) Provider Self-Assessment (Sample): Start Date: **3/1/2017**; End Date **9/3/2018**
- Habilitation Support Waiver Enrollees Online Survey: Start Date: **4/1/2015**; End Date: **5/30/2015** (Link was sent to Supports Coordinator)
- Managed Specialty Services and Supports Waiver Program Section 1915(b)(3) Enrollees Survey: Start Date: **7/1/2017**; End Date **9/30/2018** (Link was sent to Supports Coordinator)
- Habilitation Supports Waiver: Assess Settings on a Statewide Basis: Onsite **4/1/2016** to **3/31/2017** (*In-Vivo*)
- Managed Specialty Services and Supports Waiver Program Section 1915(b)(3): Assess Settings on a Statewide Basis: Onsite: **3/1/2017** to **9/30/2018** (*In-Vivo*)
- All available data was analyzed **3/1/2017** to **3/19/2019**
- All Waivers: MDHHS Develops List of all settings based upon current compliance status: **3/1/2017** to **3/17/2019**

# HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

Michigan Department of Health and Human Services Survey Results:

**Habilitation Waiver Survey:**

Results of the HSW Assessment Process

Residential Settings: **12** Compliant

Non-Residential Settings: **32** Compliant

*Do not comply but could come into compliance:*

HSW Residential: **744 Settings**; 744 were remediated and are compliant with HCBS

HSW Non-Residential: **125 setting**; 125 were remediated and are complaint with HCBS

**HSW setting reviewed for Heightened Scrutiny:**

Residential **268** Settings

Non-Residential **7** Settings

*Settings that are on the Heightened Scrutiny review list have had the portions of their surveys not related to HS questions validated and/or remediated and follow the rule.*

# HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

## **Non-Responsive Settings Notification and Guidance**

### ***MDHHS Response***

“Settings that were determined to require Heightened Scrutiny (HS) or did not complete a survey for the identified HCBS participants during the nonresponsive settings survey process are determined not to be home and community based. No exceptions can be made to this decision.”

“HCBS participants, settings impacted and PIHPs will be notified by MDHHS on or before Friday, September 9, 2022. Prepaid Inpatient Health Plans (PIHP) leads will institute transition planning for those individuals whose setting is found not to be home and community based. The transition process must be completed no later than March 1, 2023.”

# HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

- Due to Advocacy by the PIHP Leads, MDHHS provided a “one-time” opportunity for the Non-Responsive Providers to respond to surveys regarding the HCBS Services provided to their Members.
- 445 Members were identified as working with “non-responsive” providers for Wayne County (Region 7).
- 58 Members were identified as being in setting as “non-compliant” and were placed on the “Heightened Scrutiny” List. These Members required “Transition Planning”.
- *There are no further processes to remediate the final 58.*

**Michigan's Statewide Transition Plan for Home and Community-Based Services**

**Other Components of the Statewide Transition Plan  
Table of Settings to be Assessed**

Waiver	Type of Setting	Residential or Non-Residential	Number of Individuals	Number of Settings	Lead Agency	Survey Organization	Final Compliance Date
Habilitation Supports Waiver	Group Home, Private Residence owned by the PHIP, CMHSP, or the contracted setting	Residential	4142*	<b>1236</b> this number reflects a consolidation of 5 surveys under previously unidentified settings Updated 12.2020	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	09/17/2021
Habilitation Supports Waiver	Out of Home Non-Vocational Habilitation, Prevocational Service, or Supported Employment	Non-Residential	3218*	<b>195</b> as of 12/1/2020	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	09/17/2021
Managed Specialty Services and Supports Waiver Program - §1915(b)(3)	Settings for beneficiaries aged 21 and over who are receiving CLS in provider owned or controlled settings, Supported Employment, and Skill Building	Residential and Non-Residential	14489*	<b>2459*</b>	Behavioral Health and Developmental Disabilities Administration	Prepaid Inpatient Health Plans	09/17/2021
MI Choice Waiver	Adult Foster Care	Residential	3693** This number reflects the number of Individuals living in Adult Foster Care	657** This number reflects the number of settings that are AFC. Many of our settings include AFC, HFC, Assisted	Medical Services Administration	MI Choice Waiver Agency	09/17/2021

# HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

Based on Michigan's Statewide Transition Plan for Home and Community Based Services

## **Statewide**

Total Individuals (Members ) Surveyed:

**21,849**

## **Wayne County**

Estimated Number of Individuals Surveyed Based on Follow-up Projects for HCBS Transition:

**3100 (Conservative Number for HAB and Section 1915(b)(3))**

*\*This number is derived from the number of surveys correlated to the service providers who were allowed remediation on the Non-Compliant and Heightened Scrutiny Lists.*

# HOME AND COMMUNITY BASED SERVICES TRANSITION PLANNING FOR INITIAL NON- RESPONSIVE PROVIDERS

Based on Michigan's Statewide Transition Plan for Home  
and Community Based Services

Non-Responsive Provider Identified Members for Initial  
Transitions:

**58**

One (1) Deceased; One (1) Duplication: **-2**

**56** Current Members that require Transition Planning with Bi-  
Monthly Reporting to MDHHS.

# DWIHN HOME AND COMMUNITY BASED SERVICES RESPONSE AND TASKS

## Detroit Wayne Integrated Health Network Transition Response Plan

1. Coordinate and Provide Consultation for the CRSPs, Members, their Community Supports and Provider Network who are identified in this wave of home or setting transition (Submit Bi-Monthly Reports to MDHHS Refer to DWIHN Response and Process to HCBS Transition Final 9-23-2022.docx)
2. Develop a coordinated plan to reintroduce the Home and Community Based Services Best Practices to the Network