



## **Residential Provider Meeting Q&A**

**Friday, December 16, 2022**

### **Virtual Meeting**

**11:30am –12:30pm**

1. is there a timeline for the crsp to contact providers regarding HCBS?
  - A. The CRSP should be working with the Member and the Guardians if there is one. The CRSPs are meeting with the Members in the home many times and are speaking with home staff. If there are any questions about CRSPs communication, please reach out to me at [wsabado@dwihn.org](mailto:wsabado@dwihn.org)
2. Mr. Sabado- we have resident/consumers who do not want to leave our home, what do we do in this instance?
  - A. The Members who do not want to leave can stay but their Guardians and supports need to understand that MDHHS will not continue to provide HCBS supports and services. Providers should reach out to that particular Member's Support Coordinator and make sure the Members are getting the information that they are choosing not to further receive HCBS Services and it will effect the providers as well. If you wish to get further support please reach out me at [ws@dwihn.org](mailto:ws@dwihn.org). Thank you all for your support for our Members!
3. will you put the link in the Q and A
  - A. One can reach out to me at [wsaabdo@dwihn.org](mailto:wsaabdo@dwihn.org) regarding HCBS Questions. <https://www.dwihn.org/members-quality-HCBS>
4. Where can we get new Receptient Rights Booklets and Poster>
  - A. the RR booklets are provided every 4th Friday of the month by Trailer B, between 9am-12 noon. However, accomodations can be made at anytime 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.
5. How long does it take for new rates to be put in mh-win once new level of cares have been completed? We had LOC 's done in October but new rates are not reflected on mh-win.
  - A. Can you please provide Shirley Hirsch the consumer #'s-she will have staff review and respond, today.

6. mr- sabado-when will our home be reassessed for compliance? We will lose half of our resident membership which equates to half of our operating cost and if they remain in the home this will have an adverse impact on our daily operation

A. MDHHS has provided notice that they are not planning to reassess Providers for HCBS Compliance until June of 2023. If there is any way for DWIHN to expedite that review for reassessment the Provider Network will be notified. If you need guidance on HCBS Readiness, please reach out to Quality, or you can contact me at [wsabado@dwihn.org](mailto:wsabado@dwihn.org).

7. Credentialing- I called medversant (they stated all our paperwork was submitted to dwihn) and I emailed credentialing but haven't heard anything

A. Ms. Terry, please forward Rai Williams the email. She will look into it.

8. If you are currently credentialed, when should a provider, received the - renewal application? So if the credentialing ends in March approximately when should a provider receive a notice to go through re-credentialing process?

A. Medversant will send out 1 notification at 6 months, 1 at 5 months and once a week during the 4th month to ensure recredentialing happens timely. Please send an email to [pihpcredentialing@dwihn.org](mailto:pihpcredentialing@dwihn.org) if you have not received that notification.

9. What if a provider has repeatedly notified DWHIN about errors in the Provider Information and no change occurs? Our notificaitons go back over two years. Still no change.

A. Please send an email to Sharon Matthews-[smatthews@dwihn.org](mailto:smatthews@dwihn.org).

10. I was contacted by Medversant in July 2022, and was told that my application was complete and that it was sent back over to Detroit Wayne. But I never received a letter from Detroit Wayne.

A. Please send an email to [pihpcredentialing@dwihn.org](mailto:pihpcredentialing@dwihn.org) for status update. If we have a copy of your letter, we can forward it to you.

11. When will the premium pay be built into the per diem rates? Instead of being paid months afterwards? Nothing in the state of michigan boiler plate budget lanaguage requires this. It is difficult to budget and manage the funds in this way.

A. The premium (hazard) pay will not be factored into the per diem rates. The premium (hazard) pay amounts are distributed to the network after these amounts have been remitted to DWIHN from the State of Michigan.

12. It is our understanding that June White left DWIHN. Who is taking June White place? Will this result in any re-organization?

A. Sharon Matthews is the Interim Director.

13. Heard that Manny Singla is no longer the Chief Information Officer - and is now the COO. Is someone taking Manny former position?

A. Jamal Aljahmi is the current Chief Information Officer

# New Hire Recipient Rights Training

- ❑ **Education and Training**-The MHC Mandates that all staff including agency & contract agency staff, Rights Committee & Appeals Committee members be trained & updated annually in rights protection.
- ❑ **MHWIN 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 of the staff member. **To Maintain Compliance**- Register your staff for NHRRT training during the **onboarding/orientation** process.
- ❑ NHRRT classes are currently provided on Tuesday-Thursday of each week from at 10am-12pm. **Evening classes** are currently offered once per month on the third Thursday of the month from 4pm-6pm. Please check MHWIN for available training dates.
- ❑ If your staff does not receive the email by **8:30 am for morning classes (2:30 pm for evening classes)**, please ensure the email address is correct in MHWIN and have your staff check their spam folder, prior to contacting us. Otherwise, please contact us via email at [orr.training@dwihn.org](mailto:orr.training@dwihn.org) no later than **9:30 am for morning classes (3pm for evening classes)** for assistance prior to training.
- ❑ 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 OBSERVED OTHERWISE NOT ENGAGED DURING THE TRAINING, they will be removed from the training
- ❑ The ORR Trainers are available to assist Providers with any training-related questions.
- ❑ Review the DWIHN website and/or MHWIN newsflash for updates regarding NHRRT.

# OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

## Responsibilities:

- ▶ ORR is mandated to conduct site reviews for DWIHN Provider locations, at least 1x/fiscal year (annually)  
(Fiscal Year-10/01/22-09/30/2023)
- ▶ Reviews reports from accrediting bodies-QA, Risk Management, as it pertains to Rights
- ▶ Reviews Provider contracts for Rights language

## Site Review Process:

- ▶ ORR Reviewer conducts the Site Visit at the location (in person)
- ▶ Covid Questionnaire completed when scheduling site visit appt-If +exposure, an alternative to onsite review will be arranged
- ▶ New Hire Recipient Rights Training (NHRRT) must be completed w/in 30 days of hire for new employees
- ▶ ORR Reviewer will request evidence of NHRRT for all staff hired since the previous FY's site review
- ▶ Annual RR training evidence will also be requested, if NHRRT is more than 1 year old
- ▶ A walk-through of facility (interior & exterior) will be conducted by the ORR Reviewer, to determine any health or safety violations

- ▶ ORR Reviewer will check for required postings-Rights, Abuse & Neglect, Grievance, MMHC, Whistleblowers Act, contraband items
- ▶ Interviews with Staff & Persons receiving service will be conducted, to determine knowledge on how to file a RR complaint
- ▶ ORR Reviewer will request where confidential information is stored
- ▶ If a violation is found during the site visit, a Corrective Action Plan will be required-the Provider has 10-business days from the date of the site visit, to submit the CAP response

## Important Reminders:

- ▶ Staff records and Provider contact information should be updated, as necessary in MHWIN
- ▶ Provider best practice is to schedule new employees for NHRRT, during the onboarding process

# DWIHN-ORR Prevents Rights Violations

## Prevention in the Mental Health Code

- ▶ Remedial action for substantiated complaints, including timely fixing of the violation and preventing a recurrence.
- ▶ Policy and Procedure Review with recommendations to address Recipient Rights related matters.
- ▶ Address concerns identified in Monitoring, Complaint Investigation activities
- ▶ Ensure information and explanations regarding Rights of recipients provided to Recipients, staff and other stakeholders are practical and effective.

## Prevention Unit Primary Responsibilities

- ▶ Serve as main contact for prevention initiatives for DWIHN Providers
- ▶ Provide leadership for developing and implementing prevention-related training initiatives in coordination with DWIHN ORR Training Unit for DWIHN Providers
- ▶ Ensure all trainings and recommendations **related to remedial action for Recipient Rights violations** are in adherence to the Michigan Mental Health Code and MDHHS Administrative Rules.
- ▶ Assess all substantiated complaint investigations for prevention opportunities
- ▶ Present **recognition and commendations** for major improvements **and outstanding performance in recipient rights protection** by DWIHN Providers that have had no Rights Protection incidents **and/or demonstrate outstanding performance in a particular instance or situation.**



## DETROIT WAYNE INTEGRATED HEALTH NETWORK RESIDENTIAL BULLETIN

---

**TO:** RESIDENTIAL HOME PROVIDERS  
CLINICALLY RESPONSIBLE SERVICE PROVIDERS

**FROM:** SHIRLEY HIRSCH, LMSW  
DIRECTOR, RESIDENTIAL SERVICES

**SUBJECT:** RESIDENTIAL HOLIDAY HOURS

**CC:** KATE MANCANI LMSW AND HARRIET SIDDIQUI LMSW, UNIT MANAGERS

---

### **Residential Unit Holiday Hours:**

12/27/2022: 9:00 AM – 2:00 PM

12/28/2022: 9:00 AM – 2:00 PM

12/29/2022: 9:00 AM– 2:00 PM

**Unit Managers and/or Residential Director will be available during the holiday season by phone and/or email:**

Shirley Hirsch: [shirsch@dwihn.org](mailto:shirsch@dwihn.org); 313-694-8505

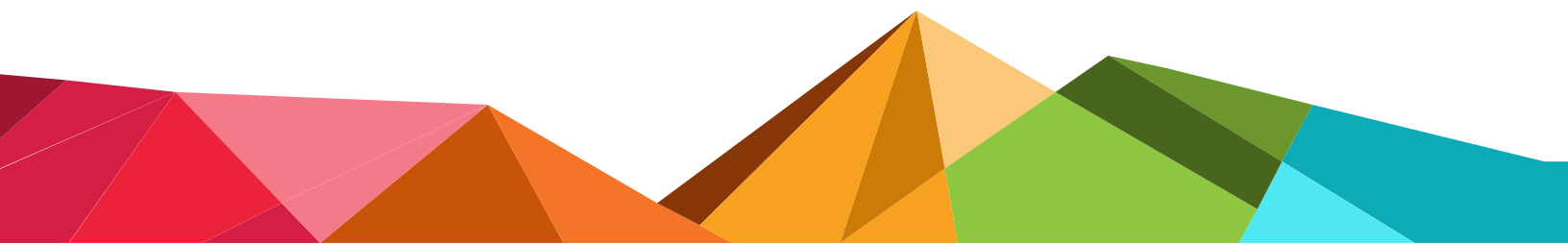
Kate Mancani: [kmancani@dwihn.org](mailto:kmancani@dwihn.org); #313-670-0529

Harriet Siddiqui: [hsiddiqui@dwihn.org](mailto:hsiddiqui@dwihn.org); #248-251-3443

### **Residential Referral Email and Fax#**

[residentialreferral@dwihn.org](mailto:residentialreferral@dwihn.org); Fax#: 313-989-9525

Have a happy and safe holiday season!





## PROVIDER INFORMATION CHANGE FORM

(Providers must notify DWIHN of any changes listed below at least **thirty (30)** calendar days prior to effective date change per the provider contract and in DWIHN Policy.)

|                   |  |
|-------------------|--|
| Organization Name |  |
| Assigned PNM Name |  |

Please complete areas with requested changes ONLY.

| Provider Administrative Office |  | Change Status   | Effective Date |
|--------------------------------|--|---|----------------|
| Address                        |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Phone #:                       |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Fax #:                         |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Email:                         |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Website:                       |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Hours/Days:                    |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Other:                         |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |

| Program/Home Name: |  | Change Status   | Effective Date |
|--------------------|--|---|----------------|
| Address:           |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Phone #:           |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Fax #:             |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Hours/Days         |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Other:             |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |

| Program/Home Name: |  |   | Effective Date |
|--------------------|--|---|----------------|
| Address:           |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Phone #:           |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Fax #:             |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Hours/Days         |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Other:             |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |

| Program/Home Name: |  |   | Effective Date |
|--------------------|--|---|----------------|
| Address:           |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Phone #:           |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Fax #:             |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Hours/Days         |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |
| Other:             |  | New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/> |                |

| Additional Provider Information: |          |        | Add | Delete | Effective Date |
|----------------------------------|----------|--------|-----|--------|----------------|
| CEO/President/<br>Ex. Director   | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| CEO/President/<br>Ex. Director   | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| Billing<br>Manager               | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| Billing<br>Manager               | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| CCO                              | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| CCO                              | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| CFO                              | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| CFO                              | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| Quality                          | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| Quality                          | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| Other                            | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |
| Other                            | Name:    |        |     |        |                |
|                                  | Phone #: | Email: |     |        |                |

Non-English languages spoken by staff at your organization including American Sign Language: \_\_\_\_\_

By Signing below, I verify that the information above is accurate.

|           |  |       |  |
|-----------|--|-------|--|
| Signature |  |       |  |
| Title     |  | Date: |  |

**To be completed by DWIHN staff:**

Date Received (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

MCO Staff Reviewer (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

Input Electronic Records by Staff (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

Email completed form to: Your assigned PNM (Provider Network Manager) and [pihpprovidernetwork@dwihn.org](mailto:pihpprovidernetwork@dwihn.org)