



**CRSP PROVIDER MEETING RECAP**  
**Friday, May 5, 2023**  
**11:00 a.m. – 12:00 p.m.**

1. **Can you put in chat the contact information again? We have a new Mental Health Supervisor and would need the information.**

1915(i) SPA: Tashalee Denham- [tdenham@dwihn.org](mailto:tdenham@dwihn.org)  
Kim Hoga- [khoga1@dwihn.org](mailto:khoga1@dwihn.org)

2. **Where would we find the information regarding the BH TEDS training and Q & A?**

There is an invite that I can send directly to you in email. It should have come from Marianne Lyons just in case. I will send again as well

3. **Who can assist us with a very old BH TEDs errors? We have a couple that we have been unable to fix.**

Marianne Lyons-Adult Initiative Director is in charge of BH TEDS for DWIHN.

4. **How do I register for the BH TEDS training?**

There is a link I'm happy to send to you in an email. The original one was from Marianne Lyons. However, I will resend.

5. **Can we get this presentation for places to upload the training log as we need to inform PCE to add it to our record system?**

Yes. The presentation will be provided following the meeting.

6. **Am I correct in thinking that this is true for all "Family Training and CLS training on IPOS?"**

Yes. The Treatment Plan Training Procedure is for all direct care staff not just ABA/BT.

7. **Do you have to do BOTH electronic and upload the paper form?**

No. You can choose either form that works best for you or your system.

8. **Can we get a copy of these slides?**

Yes, we can include the slides for today

9. **Who is the best person to contact when there are insurance errors including incorrect or address changes?**

Please send the corrected information to [accesscenter@dwihn.org](mailto:accesscenter@dwihn.org). The subject title should be "Updated Information".

10. **There was a spreadsheet we were asked to complete for those who were up for Medicaid Redetermination with MI bridges access number, Mi bridges access dates, name of DHS worker, DHS contact number but we were unsure what DWIHN was going to do with the information. It would be very cumbersome to collect this information and we do not believe it is necessary to submit this to DWIHN unless DWIHN is taking some action.**

We are actually going to use that information to work with DHS workers as well as State to ensure that the Medicaid eligibility is established in a timely fashion and also in cases the Medicaid status is not accurate use of this information.

11. **I am concerned that the BHTEDS mtg yesterday was called a "training." It was not a training and left more questions than answers. CRSPs were threatened several times up to this "training" but nothing has been resolved. Like many things at DWIHN, providers were not consulted or taught how to do something new and then told they were deliberately failing regarding something they didn't know they were supposed to do. #frustrated**

Please send a detailed response in terms of your concerns so we can assist. Typically, the provider should work with their PCE team to understand the issues and errors that you are seeing. This is always a collaborative effort and we are working hard to ensure that we are in compliance, as this is not a new process or expectation.

12. **I agree with Carron. We have a due date that will be very difficult to meet as we have staff with appts already scheduled after the due date to assist consumers with this process. We're also concerned about sharing all this personal information requested.**

The question/comment needs clarification. Please reach out to Jacquee Davis at [jdavis2@dwihn.org](mailto:jdavis2@dwihn.org).

13. **Should RN/LPNs be receiving IPOS training as well for PDN and Nursing Respite services? We've received no guidance on this over the years but we hear about ABA IPOS training regularly.**

DWIHN is hosting three IPOS trainings this year. This first one was scheduled for April 5, 2023. The second training is scheduled for July 20, 2023 and the third training is scheduled for October 4, 2023. Please see the attached training memo for additional information and access to the training link. The training is open to any clinicians interested.



**Detroit Wayne  
Integrated Health Network**

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Detroit, MI 48202-2943  
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[www.dwihn.org](http://www.dwihn.org)

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

March 13, 2023

**To:** DWIHN- Clinically Responsible Service Providers (CRSP)

**From:** Marianne Lyons-Director of Adult Initiatives

**Cc;** Melissa Moody-VP of Clinical Operations, Ebony Reynolds-Clinical Officer, Leigh Wayna-Director of Utilization Management, Cassandra Phipps-Director of Childrens Initiatives, Shirley Hirsh-Director of Residential Services, Judy Davis-Director of Substance Use Disorder

**RE:** CRSP IPOS Train the Trainer Series

DW IHN is excited to announce a training initiative to support best practices on Person-Centered Planning guidelines in development of the Individualized Plan of Service, (IPOS). This training will provide instruction on the core principles of Person-Centered Planning, facilitating appropriate goals, objectives and interventions. This course will assist with developing a Train the Trainer model and allow for on-going training and skill development within your agency to be facilitated by your clinical leads.

The goal of this initiative is to train clinical leads at each organization so they can support their clinicians in understanding how to develop the IPOS based on medical necessity criteria and to reduce the amount of returned authorizations by DW IHN Utilization Management department. DW IHN does not want to delay approval of service authorizations due to IPOS's that are not written with the appropriate clinical justification for the service request. Therefore, DW IHN has collaborated with several internal departments to develop this training.

DW IHN is offering three opportunities for the Train the Trainer series scheduled on the following dates;

**April 5, 2023 at Lincoln Behavioral Services**

**July 20, 2023 at The Guidance Center**

**October 4, 2023 TBD**

All trainings are scheduled from **9:00AM-12:00PM** and participation is expected. Please add these dates to your calendar to ensure availability and participation in one or more of these trainings.

Please use the following link to register, <https://forms.office.com/g/b1KA3whd2C>

Each training session will be limited to 50 individuals max, so please register soon to guarantee your spot.

If you have questions, please contact [ereynolds@dwihn.org](mailto:ereynolds@dwihn.org), or [mlyons@dwihn.org](mailto:mlyons@dwihn.org).

We appreciate your support in this matter.

Thank you

**Board of Directors**

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Karima Bentounsi  
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# Detroit Wayne Integrated Health Network

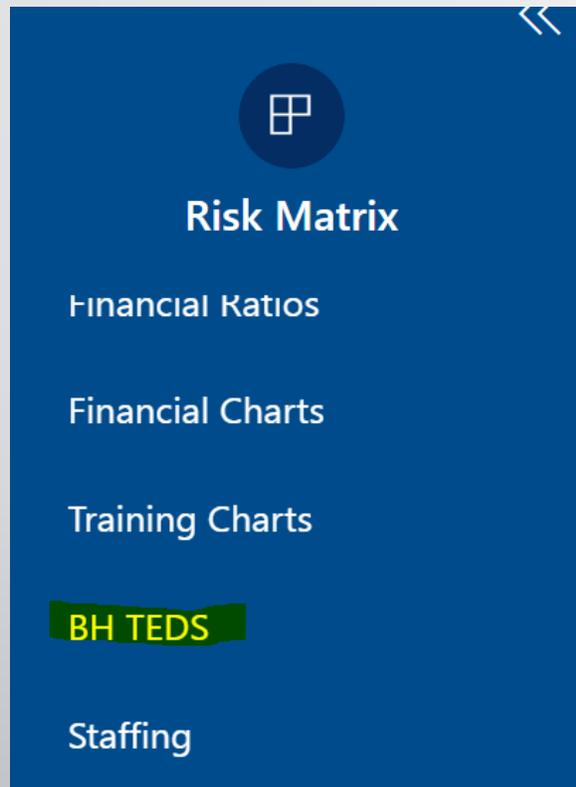
## BHTEDS TRAINING / Q&A

May 4, 2023

May 8, 2023

Presented By: Adult Initiatives and Children Initiatives

# POWER BI



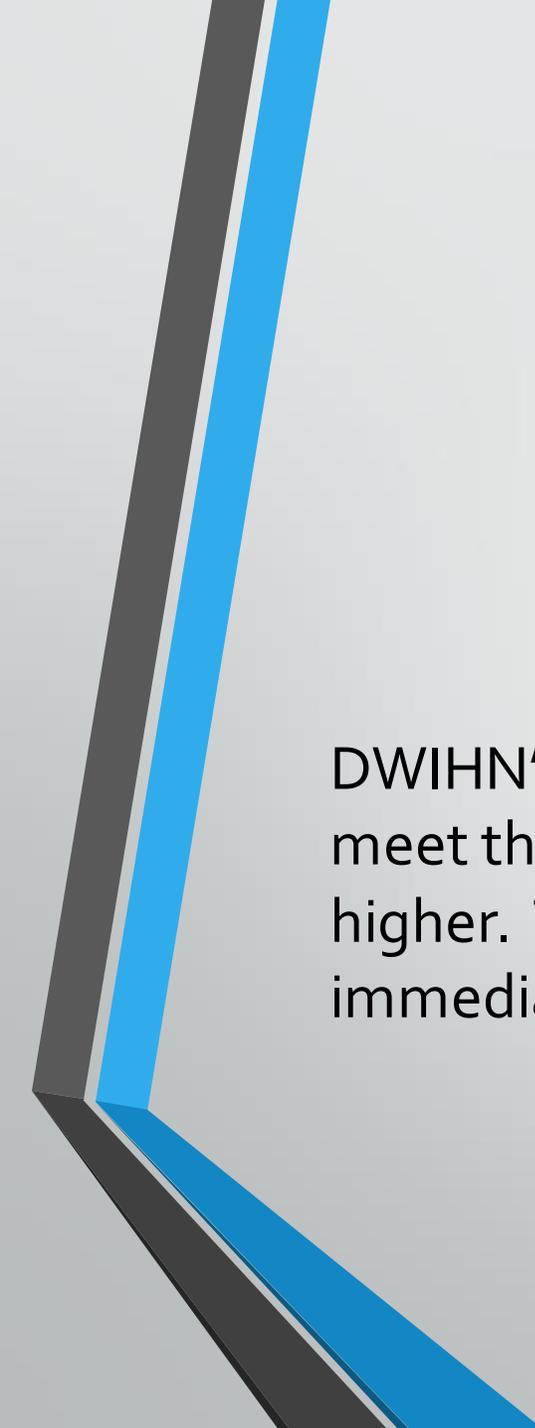
- **Access to Power BI:** Each CRSP has identified staff to have access to view Power BI Data.
- **BH Teds Goals:** 95%
- **BH Teds Data:**  
(As of 4.24.23)

Network Avg - Avg Members with Missing BH TEDS Per CRSP

**267**

Network % - % of Members with Missing BH TEDS

**14%**



# BH TEDS Compliance

DWIHN's current overall network compliance for BH TEDS is at 92 percent. To meet the standard for compliance the network is required to be 95 percent or higher. To avoid any corrective action from MDHHS we truly appreciate your immediate attention to resolving these errors

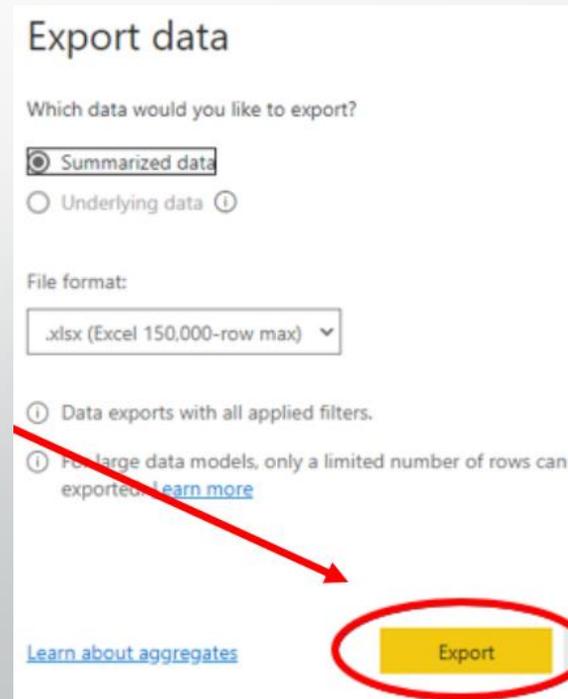
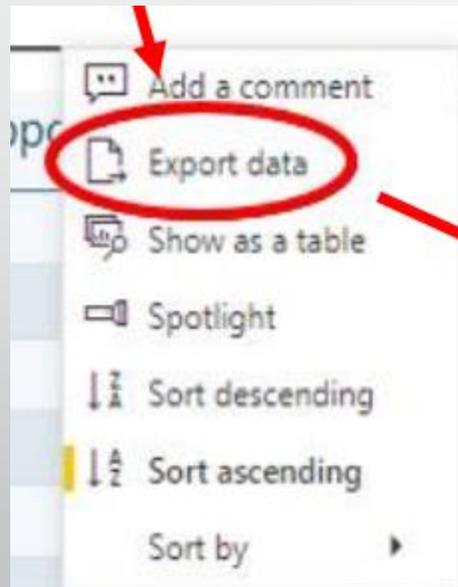
# Risk Matrix

- Login Instructions
- •
- Within the email, users will receive the below link to click
- •
- <https://app.powerbigov.us/groups/me/apps?ctid=od3b1888>

# POWER BI

- Below are snapshot examples of how to export BH Teds data to view.

Hover the cursor over the table to display the menu bar & click the three dots



# What are BH-TEDS Records?

A BH-TEDS Record is a report of the status of an individual over the course of an episode of care.

There are four types of BH-TEDS Records:

- A BH-TEDS Q-Record, which is a point-in-time record to be used for crisis-only services where no open BHTEDS episode already exists.
- A BH-TEDS Admission Record (Initial MH Start Record or M Record) is completed when the first billable (i.e., reportable) service is received from the BABH provider network.
- A BH-TEDS Update Record (MH Update Record or U Record) is completed at least annually during an episode of care, if the episode lasts at least a year.
- A BH-TEDS Discharge Record (MH Service End Record or E Record) is completed when the last billable (i.e., reportable) service is received from the BABH provider network.

## POWER BI

- Per Memo dated 5/2/2023 DWIHN discontinued providing raw BH Teds data to CRSP and CRSPs to view data via Power BI system instead.

### Definitions

**Pending:** This means the MDHHS is in process of review and it is in process. There is no action needed.

**Rejected:** This means the BHTEDS had an error. You will need to go in MHWIN where the error will be described and what needs to be corrected.

**Missing:** There has been no BHTEDS in 365 days. The BHTEDS must be completed at least annually and you will need to ensure completion.

# Missing BH TEDS

- BH-TEDS Update Records: If an episode of care lasts for more than a year, an annual BH-TEDS Update Record must be generated. BH-TEDS Update Records are required at least annually.
- MDHHS does not require the submission of mid-year BH-TEDS Update Records to reflect interim changes in the person's status. If a BH-TEDS episode is already open and the user attempts to add second BH-TEDS Admission Record instead of a BH-TEDS Update Record, a caution message will appear to ensure the user knows they are adding a second episode of care.



# DETROIT WAYNE INTEGRATED HEALTH NETWORK

Treatment Plan Training Procedure for Direct  
Support Professions (DSP)/**Behavior Technicians** (BT)



# Purpose

To ensure the appropriate training has been provided to staff who will be responsible for providing the supports and services identified in the plan.

## Examples of documents to be trained on:

- Individual Plan of Service (IPOS)
- Wraparound Plan of Care (POC)
- Crisis Plan
- Behavioral Treatment Plan (BTP)
- ABA Treatment Plan

Status	Active	PolicyStat ID	12725030
Origination	03/2021	Owner	Kimberly Hogg, Clinical Specialist IDD-C1
Last Approved	02/2023	Policy Area	CPI - Clinical Practice Improvement
Effective	02/2023		
Last Revised	02/2023		
Next Review	02/2024		

**Treatment Plan Training Procedure for Direct Support Professional (DSP)/Aide**

**PROCEDURE PURPOSE**

To ensure the appropriate training has been provided to Direct Support Professional (DSP)/Aide who will be responsible for implementing the supports and services identified in the plan. This includes training on a member's individual plan of service (IPOS), Wraparound Plan of Care (POC), and if applicable, crisis plan, behavior treatment plan (BTP), or other clinical treatment plan as authorized in the member's IPOS.

**EXPECTED OUTCOME**

The DSP/Aide providing supports and services will be trained and proficient in implementing the interventions necessary to assist the member with attaining goals and objectives outlined in the plan. DSP/Aides includes but is not limited to non-certified, non-licensed staff in a variety of settings, such as licensed and non-licensed group homes, family homes, skill building centers, and day treatment programs. Populations served includes Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/DD), SMI, Serious Emotional Disturbance (SED), and Co-Occurring Substance Use Disorder (SUD).

**PROCEDURE**

1. When a new document (IPOS, POC, Crisis Plan, Behavior Treatment Plan or other clinical document) is developed, all DSP/Aides who work directly with the member are to be trained in the member's plan of service by the supports coordinator/case manager or other qualified staff that are responsible for monitoring the IPOS, prior to providing services. Training should be completed as soon as possible to avoid / prevent delay of services.
2. If applicable, Specialty services or interventions that DSP/Aides are expected to perform will be trained on by each specialized professional within their scope of practice. Specific,

Treatment Plan Training Procedure for Direct Support Professional (DSP)/Aide, Retrieved 04/2023. Official copy at <http://dshhs.policyportal.com/policy/12725030/>. Copyright © 2023 Eastern Wayne Integrated Health Network. Page 1 of 4

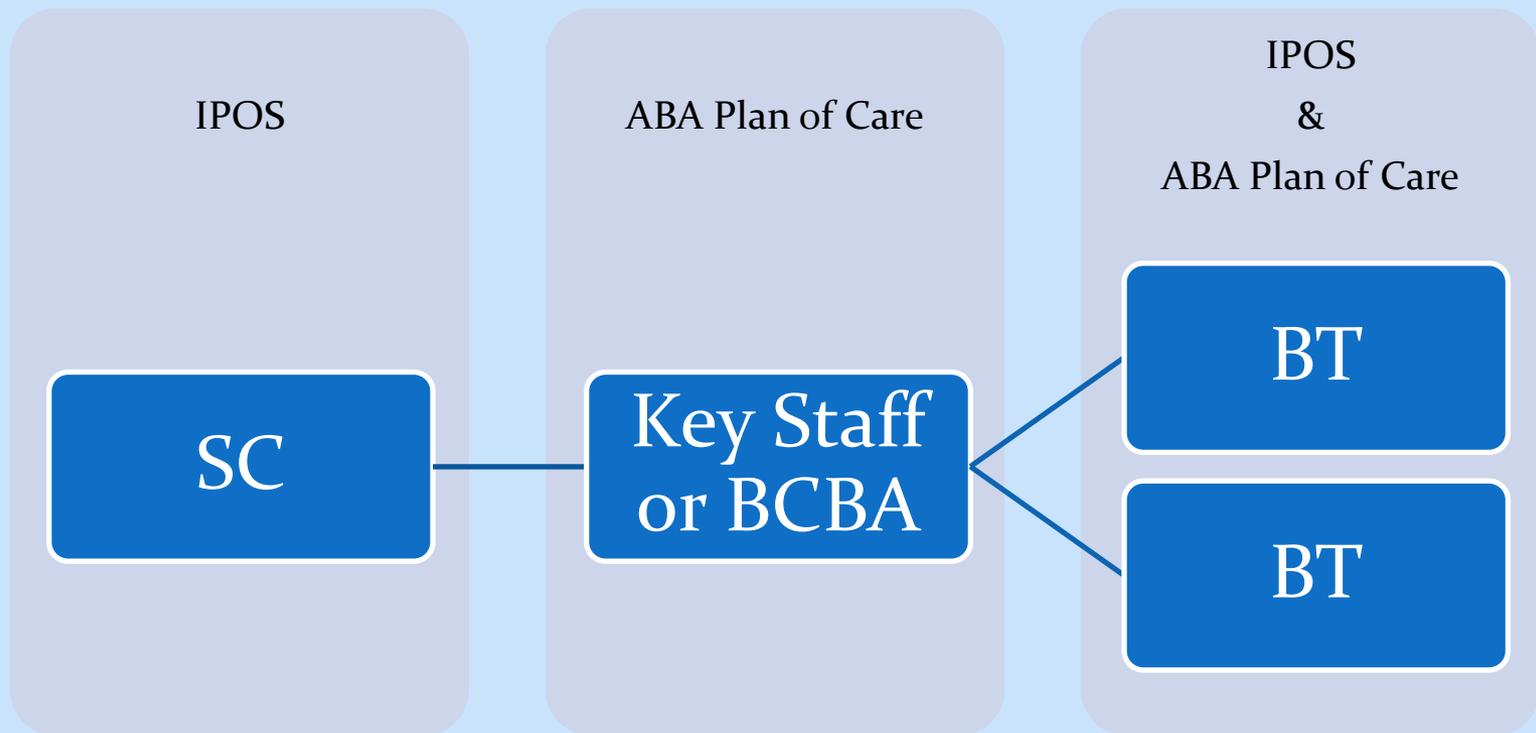


# Process

## Who should facilitate the training?

- Primary case holder/clinically responsible service provider (**specific to their scope of practice**)
- Once someone is trained, they can be considered qualified to train other staff (i.e. train the trainer)
- The training can be done via telephone, virtually, or in person

# SEQUENCE of Train the Trainer



# Process

## **What should be taught in the training?**

- Member's Preferences
- Family's Preferences
- Relevant Information
- BIP or Behavioral Concerns
- Medical & Health Information
- Educational Information
- Other Services

# Example of a Training

- **SC**
  - **Tells or “trains” KEY STAFF** (BCBA, BC, senior staff, etc.)
    - I referred Jonny for a **Swallow Study** through an Amazing Speech Therapy Center. Results indicate he will need thickener added to all liquid.
    - Jonny has frequent ear infections which makes him unstable therefore he falls a lot. Ensure he is within arms length from staff to keep him as safe as possible. All incident reports for falls need to be copied to myself, parent and PCP.
    - Also Jonny does not like the color red or anything spiderman related. These are huge triggers for him and parents asked to avoid them wearing red or spiderman stuff.
    - Other services: speech, CLS
  - **KEY STAFF**
    - **Tells or “trains” BT on IPOS**
      - When working with Jonny make sure that every drink has the thickener added to ensure he doesn't choke as it is apart of the IPOS/Plan of Care.
      - Jonny is extremely unstable due to an inner ear issues. You will also have to keep him away from sharp edges and corners. You will need to document all Incident Reports in a specific way and there is a procedure for turning them in to supervisor and family.
      - Parents ask that you do not wear the color red or any spiderman stuff as it triggers behavioral problems.
      - Jonny goes to Speech on Tuesday and Wednesday and although he only knows 3 words he is working on sentences. We will continue with PECS.
      - Jonny also has CLS staff in the evening who know how to use PECS so we will send the NEW picture icons for PECS home each day to practice.
    - **Trains BT on ABA Behavior Plan of Care**

# Process

## The training should happen when:

- When a document is developed or amended (IPOS, POC, Crisis Plan, etc.)
- Staff should be trained on specific goals related to the services they are providing
  - A reduction in ABA service hours generally includes a reduction in ABA goals.
- Staff should be trained prior to documenting their first service to the member

# Process

## How is the training documented?

- The required documentation is **DWIHN's Treatment Plan Training Log**.
- This form captures critical information needed to meet all MDHHS and DWIHN requirements.

All training documents must be maintained in the member's MHWIN record.

\*\*\* There are two locations where these records should be saved. \*\*\*\*



Home Logout Help

You have work ToDo

You have documents to sign

- ADTs
- Access Center
- Assessments
- Auditing
- Authorizations
- Calendar
- Claim Management (AP)
- Complex Case Management
- Consumers
- Contract Management
- Court Orders
- Crisis Screenings
- Critical / Sentinel Event
- Customer Services
- Death Report
- Due Process
- E-Forms
- Finance
- IPOS - Plans of Service** >>> ✕
- Incident Reporting
- MDHHS Capitation Data
- MI Health Link

[View and Develop Individual Plans of Service \(IPOS\)](#)  
View all IPOS related records and documents for a selected consumer. [+ myPage](#)

[IECMHC Discharge Summaries](#)  
Work with Consumer IECMHC Discharge Summaries [+ myPage](#)

[Treatment Plan Training Log](#)  
Work with Consumer Treatment Plan Training Logs [+ myPage](#)

Health and Safety Warning

Crisis Warning

Adverse Reactions/Allergies

Name: Doe, John Fake

Member ID: 00000011

Status: MH: Open SUD: Open

DECEASED, CRISIS PLAN



Date of Birth: 08/12/1975  
 Date of Death: 01/25/2022  
 Address: Homeless, 8000 E. Jefferson, Detroit, MI 48214  
 SSN: 999999998  
 Gender: Male  
 Home Phone: 773-8521

Current Assignments	
DWIHN CMH	Eff: 12/07/2018
Designation:	SMI Primary: SMI
BH CRSP:	All Well-Being Services d/b/a AWBS - Main Office
SUD CRSP:	Team Mental Health Services, Inc - Main Office
ACT Team:	Development Centers (Omega ACT)
COFR:	Macomb CMH (Inbound)
Current LOC	
Level Five: Specialized Residential (09/20/2022)	

- Chart Documents
- Diagnosis
- Health Information
- Eligibility/Insurance
- Program Assignments
- Consumer Calendar
- ADT Events
- Provider Link
- HFHS CCD Exchange

Affiliate / PIHP: \*Any

Search

Showing 1 of 1 Training Log

Date	Affiliate / PIHP	Location	Training Category	IPOS Header	Status	
11/03/2022		Other	IPOS/POC;	IPOS Eff: 10/01/2022 Exp: 9/30/2022	SIGNED BY Lindon Munro	<div data-bbox="1439 978 1767 1035" style="border: 2px solid blue; padding: 2px;"> <a href="#">Add IPOS Training Log</a> </div> <a href="#">View Print Document History</a>

1 Attachment

Monday, April 24, 2023 9:25 AM Eastern Time

PCE Care Management 9.4 Copyright © 1999, 2023 PCE Systems Inc. All rights reserved.

Rachel A Barnhart

TIME-OUT IN: 59 Minutes, 45 Seconds

# Treatment Plan Training Log

## Electronic is located in MHWIN:

**DWIHN Treatment Plan Training Log**

**DWIHN Treatment Plan Training Log**  
This form is to serve as a Training Record. It is essential that this form be completed each time a plan is developed or revised and retained in the member's record.

Today's Date    
[Use Current Date](#)

Today's Location  

Check if virtual training

**Training Category**

<input type="checkbox"/> IPOS/POC	<input type="text"/> 	<input type="checkbox"/> Physical Therapy Plan	<input type="text"/> 
<input type="checkbox"/> Plan Amendment	<input type="text"/> 	<input type="checkbox"/> Speech Therapy Plan	<input type="text"/> 
<input type="checkbox"/> ABA Applied Behavioral Analysis (Autism Benefit)	<input type="text"/> 	<input type="checkbox"/> Supported Employment Plan	<input type="text"/> 
<input type="checkbox"/> Behavior Assessment/Support Plan	<input type="text"/> 	<input type="checkbox"/> Occupational Therapy Plan	<input type="text"/> 
<input type="checkbox"/> Crisis Plan	<input type="text"/> 	<input type="checkbox"/> Vocational Plan	<input type="text"/> 
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/> 		

Date of Document selected above:  
 

**Staff being trained**

Name	Title	Date
------	-------	------

**Staff providing Training**

Name	Title	Date
------	-------	------

 Add Staff

 Add Staff

# Training Log

## How to upload the training in MHWIN (for case mangers/clinically responsible service provider):

1. Go to the member's chart in MHWIN
2. Under "clinical services" choose "Individual Plans of Service (IPOS)"
3. Under **each IPOS year** at the bottom of the page (under authorizations), there is a tab referred to as "Training Logs".
4. Click "Training Logs"
5. To the right of that is a hyperlink labeled, "Add IPOS Training Log", click this.
6. Fill out the electronic form as applicable.

0 Training Logs		0 Attachments		0 Documents	
Date	Location	Training Category	Status	<a href="#">Add IPOS Training Log</a>	
Zero Training Logs Found					

# Process

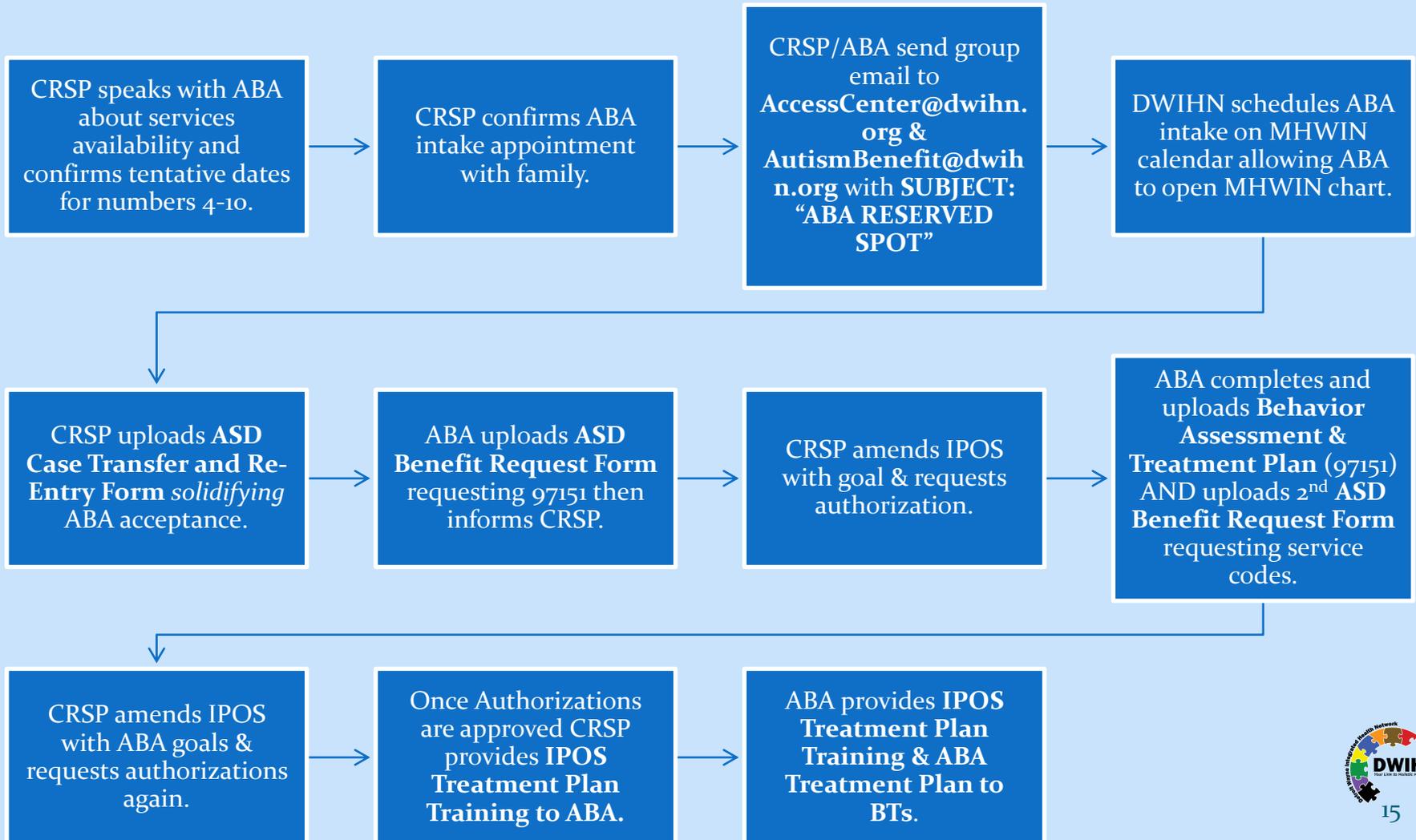
## Who is responsible for the training?

- The primary case holder/clinically responsible service provider is responsible to ensure the BCBA or Key Staff person is officially trained on the IPOS (**specific to their scope of practice**).
- Once someone is trained, they can be considered qualified to train other staff specific to their scope of practice as well as the pertinent information within the IPOS.

# Sequential steps that must occur prior to Treatment Plan Training with a BCBA/Key Staff person?

1. CRSP speaks with ABA about services availability and confirms tentative dates for numbers 4-10.
2. CRSP confirms ABA intake appointment with family.
3. CRSP/ABA send group email to [AccessCenter@dwihn.org](mailto:AccessCenter@dwihn.org) & [AutismBenefit@dwihn.org](mailto:AutismBenefit@dwihn.org) with **SUBJECT: "ABA RESERVED SPOT"**
4. DWIHN schedules ABA intake on MHWIN calendar allowing ABA to open MHWIN chart.
5. CRSP uploads **ASD Case Transfer and Re-Entry Form** *solidifying* ABA acceptance.
6. ABA uploads **ASD Benefit Request Form** requesting 97151 then informs CRSP.
7. CRSP amends IPOS with goal & requests authorization.
8. ABA completes and uploads **Behavior Assessment & Treatment Plan** (97151) AND uploads 2<sup>nd</sup> **ASD Benefit Request Form** requesting service codes.
9. CRSP amends IPOS with ABA goals & requests authorizations again.
10. Once Authorizations are approved CRSP provides **IPOS Treatment Plan Training to ABA.**
11. ABA provides **IPOS Treatment Plan Training & ABA Treatment Plan to BTs.**

# Sequential steps that must occur prior to Treatment Plan Training with a BCBA/Key Staff person?



# Coordination is Key to Successful Service Delivery

**If either provider is unable to connect with the other, elevate communication both internally and externally.**

**Clearly document efforts to coordinate Treatment Plan Training.**

**Elevate ineffective coordination by reaching out to DWIHN PNM and ASD Program Administrator within 2 weeks of first unsuccessful response.**

**Do not delay service delivery**



Rachel Barnhart, MS, LLP, LBA, BCBA  
ASD Program Administrator  
[rbarnhart@dwihn.org](mailto:rbarnhart@dwihn.org)



The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a high-contrast space for the text.

# MEDICAID RE-ENROLLMENTS AND GENERAL FUND

New and existing members, inclusive of adults with serious mental illness (SMI), children with serious emotional disturbances (SED), children and adults with intellectual and developmental disabilities (IDD) and members with co-occurring disorders who are deemed eligible through DWIHN's Access Center and have no form of insurance, appear in MHWIN with “General Fund” as the *payor source*.

However, that designation alone does not qualify the Member for actual General Fund coverage of services. The *General Fund Exception* process is the method designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway.

# EXPECTATIONS:

- ▶ DWIHN expects the Member/responsible family members/guardian to inform the provider immediately when there is a change in or a lapse of insurance coverage, the reasons and efforts that have been made towards remedying the insurance situation.
- ▶ DWIHN expects providers to then:
  - ▶ Make reasonable efforts to systematically verify each Member's insurance status by electronically viewing "Eligibility/Insurance" in the Member's MHWIN chart.
  - ▶ Pursue correction of discrepancies between insurance eligibility and the designated payor source in MHWIN.
  - ▶ **Advise the responsible party of their responsibility to acquire and maintain active health insurance through MDHHS, by complying with the initial and renewal application process.**
  - ▶ Additionally, Providers Must Include insurance in the "Supports for Well-Being and Safety" section of the IPOS.

# EXPECTATIONS:

For a Member to be considered for General Fund Exception to cover the cost of services, the CRSP must follow these steps:

1. Confirm the insurance status through looking up Insurance/Eligibility in MHWIN.
2. Include insurance acquisition/reinstatement in the “Goals” section of the new IPOS or the existing IPOS that is being amended to include an insurance reinstatement plan.
3. Electronically complete and submit the authorization request in MHWIN. The start and stop dates are to be for no more than a 90-day authorization period and are to be in accordance with the IPOS and the Service Utilization Guidelines (SUG).

# EXPECTATIONS:

- ▶ DWIHN expects insurance acquisition/reinstatement within the allotted 90-day General Fund period.
- ▶ If this is not achieved and another General Fund Exception request is needed, the provider must submit the repeat request in MHWIN with an explanation of the status of the application for insurance and/or explanation of mitigating factors, in the “Provider Note” section.
- ▶ Failure to do so will result in “Return to Requester” with required information/actions cited in the “Authorizing Agent Note” section of the authorization request.

# SUBSEQUENT REQUESTS:

- ▶ Please note that if approved for General Fund Exception Authorization, the period of authorization is 90 days.
- ▶ A second 90 day authorization may be approved if all required actions have been completed. Required actions may include a request for evidence of MDHHS application/disposition, consultation with the CRSP regarding barriers and remedial action plans, etc.
- ▶ A third 90 day authorization will not be approved unless significant extenuating circumstances and clinical needs indicate a necessity for this.

# SUBSEQUENT REQUESTS:

- ▶ It will be imperative for the provider to support the member in obtaining the appropriate healthcare benefits to maintain the needed services.
- ▶ If barriers are noted such as a guardian or parent who has not completed the necessary steps for healthcare enrollment, the provider will be expected to address those barriers through the necessary channels (up to and including Protective Services involvement due to medical neglect).

Questions?



# AUTHORIZATION TIMEFRAMES

URGENT VERSUS NON-URGENT AUTHORIZATIONS

# Explanation

- ▶ As Detroit Wayne Integrated Health Network continues to improve our service delivery to our members and our stakeholders, we will begin a new process with regard to authorization requests.
- ▶ When requesting authorizations for outpatient services, a requester will be able to select the **urgency level** of the request.
  - ▶ Urgent
  - ▶ Non-Urgent

# DEFINITIONS – URGENT PRE-SERVICE REQUEST

## ▶ AN URGENT REQUEST IS

- ▶ A request for coverage of care or services where **absent a disposition within 72 hours**, application of the time frame for making routine or non-life-threatening care determinations could **seriously jeopardize the life, health or safety of the enrollee/member or others**, due to the enrollee/member's psychological state or, in the opinion of the practitioner, would subject the enrollee/member to adverse health consequences without the care or treatment.

## ▶ AN URGENT REQUEST IS NOT

- ▶ A way to get authorizations approved quickly due to late completion of the IPOS process.
- ▶ A way to get authorizations approved quickly due to running out of units on the previous authorization.
- ▶ A way to get authorizations approved quickly due to staff changes at the agency that require caseload assignment changes.



# DEFINITIONS – NON-URGENT PRE-SERVICE REQUEST

## ▶ A NON-URGENT REQUEST IS

- ▶ A request for care or services for which application of the time periods for decision making does not jeopardize the life or health of the enrollee/member, or the enrollee/member's ability to regain maximum function, and would not subject the member to severe pain.

## ▶ A NON-URGENT REQUEST

- ▶ Will not be ignored or neglected in favor of urgent authorizations
- ▶ Will be authorized within the 14 day timeframe as has been practice prior to this change.

## UPON RECEIPT OF AN URGENT REQUEST

- ▶ DWIHN Utilization Management (UM) Department will review the authorization request within 72 hours and will determine if the definition of urgency is met.
  - ▶ **If yes:** A disposition will be provided within 72 hours of our receipt of the request
  - ▶ **If no:** The UM Department will document this determination in the “Authorizing Agent Notes” section and the authorization request will be processed via the Non-Urgent Pre-Service request process
  - ▶ DWIHN Utilization Management will no longer utilize “resubmission” dates as the “Request Date”. The **original request date will be the date used for the above-mentioned timeframes.**

*\*\*No Formal Notification Of This Determination Will be Sent, however providers are encouraged to continue to check their authorization requests for follow up\*\**

## UPON RECEIPT OF A NON-URGENT REQUEST

- ▶ DWIHN Utilization Management (UM) Department will review the authorization request and provide disposition within 14 Calendar Days
- ▶ DWIHN Utilization Management will no longer utilize “resubmission” dates as the “Request Date”. The **original request date will be the date used for the above-mentioned timeframes.**



***ALERT!!! IMPORTANT!!!***

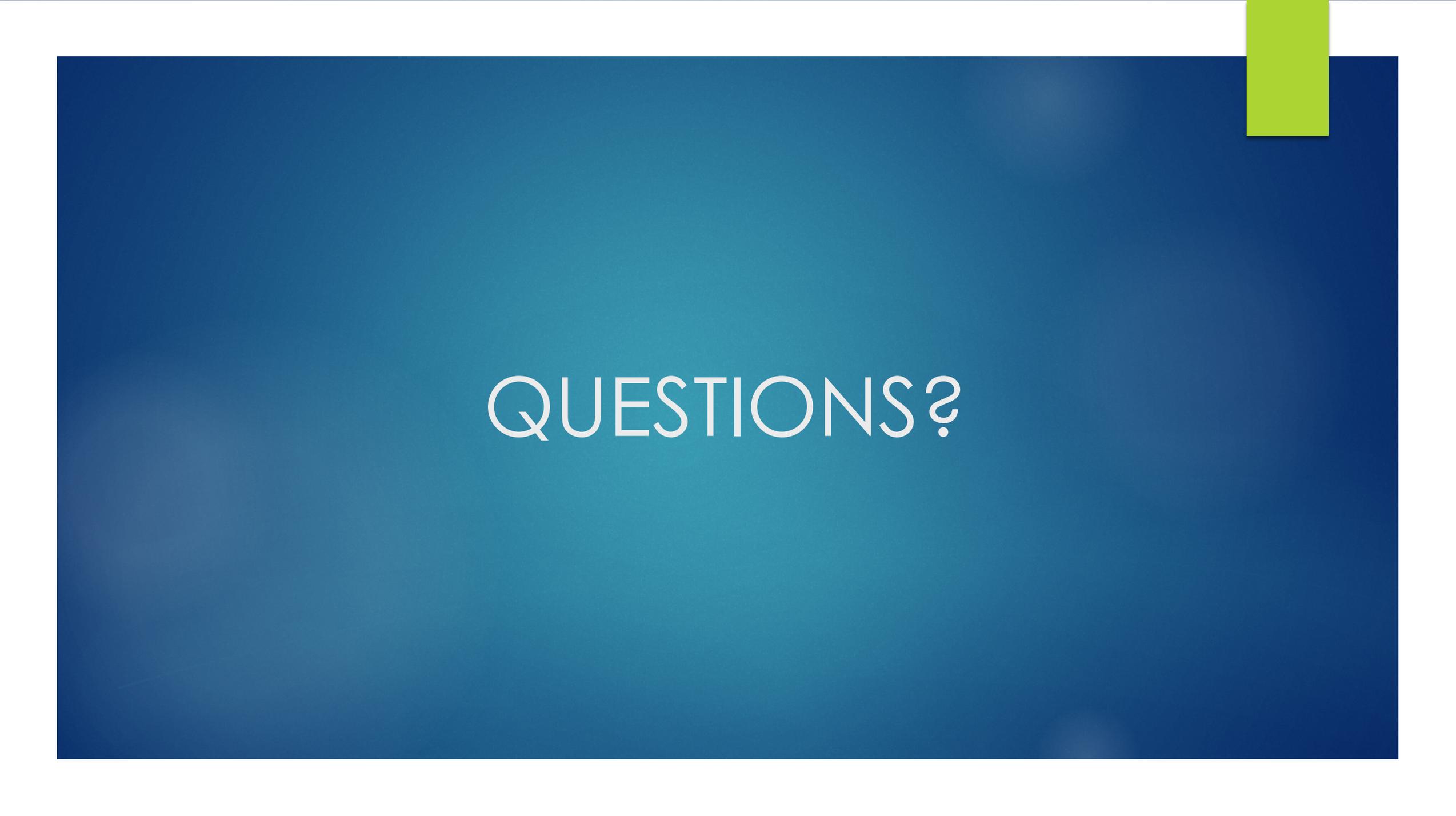
## This will require diligence upon the part of the requester.

Should an **Urgent Pre-Service** authorization request need to be returned to the requester for a correction or for additional information, that correction/additional information will need to be returned to us within **24 hours** or the authorization may be subject to disposition being rendered on the available request/information which **could result in denial of the requested authorization if the appropriate clinical information is not present.**

Should a **Non-urgent Pre-Service** authorization request need to be returned to the requester for a correction or for additional information, that correction/additional information will need to be returned to us within **72 hours** or the authorization may be subject to disposition being rendered on the available request/information which **could result in denial of the requested authorization if the appropriate clinical information is not present.**



While we are hopeful that this will provide a conduit for truly urgent service requests to be processed in a more efficient manner, please be reminded that the “urgent” request option should only be utilized in situations where absent a disposition in 72 hours, the member’s life, health or safety would be adversely impacted.



QUESTIONS?