



CRSP PROVIDER MEETING RECAP
Monday, July 24, 2023
11:00 a.m. – 12:00 p.m.

1. Can we receive a copy of the AOT presentation?

Yes, we will be sending this after the meeting

2. Can we receive a copy of the guidelines and protocols?

Yes. We can share. Thanks.

3. Wondering if changes have been made to the parameters to determine eligibility for CLS for children? Have some consumers who do not use CLS to address behaviors, but rather work on ADL/communication skills at home? Authorization got rejected with the following note: *Autism would not be identified as the medical condition. The medical condition would be a condition related to the member's health.*

I have responded to an email from Tamara Hagar regarding this and I am looking into this specific concern – Leigh Wayna.

4. Has the State come up with a resolution regarding those cases that are pending due to the PCP being completed before the bio? As these are not being processed currently.

The assessment must be completed before the PCP or an addendum needs to be completed.

5. For authorizations - Is there an easier way we could switch what location a service is authorized for, or authorize services by agency rather than service site? Especially for providers with multiple sites, this setup greatly increases complexity and at times the need for early terminating authorizations to request at correct sites.

I can discuss this with our IT folks to see if there are adjustments that could be made, but I'm not certain of the technical components involved.

6. Is it accurate that the Train the Trainer model cannot be used for training of direct care staff on Psychology Behavior Treatment Plans?

Any direct care worker delivering services to a member should be trained on their expectations as a Direct Care worker by the clinician and or clinical treatment team.

7. Do PSPs /YPSSs require the Training logs in MHWIN?

As of June 1st, there is now an option to complete IPOS training logs electronically in MHWIN.

8. Where do we send the training logs?

The training logs are not sent to anyone specifically once completed, they are kept as a part of the member's record.

9. Can the DWIHN Training log be revised to identify who is responsible for training the direct care staff when the Train the Trainer model is utilized?

The training log has a section to list the name(s) of the person providing the training.



Alternative Outpatient Treatment (AOT)

DETROIT WAYNE INTEGRATED
HEALTH NETWORK

800-241-4949

www.dwihn.org

Types of AOTs

- ▶ Hospitalization only (the individual is sent to inpatient only); or
- ▶ A combination of hospitalization and assisted outpatient treatment (usually 60 days inpatient/ 180 days in the community receiving mental health treatment (CMH)); or
- ▶ Assisted Outpatient Treatment without hospitalization (Community Mental Health only, no inpatient hospitalization, and is initiated by the CRSP).

AOT Provider Expectations

- ▶ The treatment team is expected to monitor the individual as closely as it is clinically indicated in the Individual Plan of Service (IPOS); at minimum once a month
- ▶ The IPOS will specifically indicate all objectives and interventions needed for a individual to maintain stability in community-based services
- ▶ The updated IPOS should reflect the individual is currently on an AOT or combination order & treatment recommendations
- ▶ The amended IPOS must be uploaded in MHWIHN within 30 days of receiving the order
- ▶ Providers are required to complete and send the WCPC 366 (Notification of completed and filed Case Management/Treatment Plan) to Wayne County Probate Court Behavioral Health Unit within 30 days confirming the individual's IPOS has been updated

Documentation

- ▶ Progress on the AOT order is assessed and documented at minimum monthly. Documentation of updates are recorded in the individuals MHWIN chart under the **Court Services Activity** section.
- ▶ Clinical rationale regarding the need for an AOT order is documented in each of the monthly reviews
- ▶ A Medication Review or office visit that takes place up to 90 days prior to the AOT expiration date will include a statement of the prescriber's clinical opinion on the need to continue the AOT order.
- ▶ Individuals on court order are asked to sign a Release of Information for Probate Court. If the individual/guardian refuses to sign, this must be documented in the chart by completing a release of information for Probate and marking it as refused to sign.

Non-Adherence to an AOT

- ▶ If an individual is not adhering to a current AOT court order or a deferral, document within MHWIN under Court Services activity section in the Legal / Con Correspondence. Multiple attempts in engaging the individual to comply will be noted
- ▶ Outreach should take place over a reasonable amount of time, but no more than 45 days before contacting DWIHN to report non-adherence and ask for consultation or request an AOT violation AOTorders@dwihn.org
- ▶ If the individual deferred and is non-compliant, the case holder can petition the court by completing the PCM 236 (Demand for Hearing).
- ▶ Substantial deterioration of their mental status and the individual meets criteria for hospitalization, contact COPE or the closest ED & notify them that the individual is on an AOT, then notify the DWIHN by email AOTorders@dwihn.org and the Wayne County Probate Court Behavioral Health Unit via email at BHUMgr@wcpc.us to inform them of the current situation.⁵

Assisted Outpatient Treatment General Steps and Roles

This resource is a general overview of the steps and responsibilities relating to AOT orders. It is by no means a comprehensive representation of what every individual's AOT journey will look like, as each case is different depending on where that individual lives, what their history with serious mental illness is, and what community and human resources that individual has around them. This document will be updated quarterly. **Please send any feedback about this brief to cbhj@wayne.edu.**



1915iSPA

- ▶ All 1915iSPA services must be submitted and approved in the Waiver Support Application (WSA) by 9/17/23
- ▶ 1915iSPA services include:
 - ▶ Respite
 - ▶ Community Living Support (CLS)
 - ▶ Supported/Integrated Employment
 - ▶ Skill Building
 - ▶ Enhanced Pharmacy
 - ▶ Family Support & Training
 - ▶ Environmental Modifications
 - ▶ Housing Assistance
 - ▶ Financial Management Services/Fiscal Intermediary
 - ▶ Specialized Medical Equipment & Supplies
 - ▶ Vehicle Modification

Current Enrollment Status

	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Reg 6	Reg 7 DWIHN	Reg 8	Reg 9	Reg 10
PIHP Project - 2023	810	1800	2718	2744	5984	796	7508	3380	4082	2951
Enrollment 7/9/23	522	730	1730	762	1922	503	2650	2083	523	1212
% of completed enrollment	64%	41%	64%	28%	32%	63%	35%	62%	13%	41%

1915(i) SPA

What is the 1915(i) SPA?

Following CMS requirements, Michigan is transitioning all specialty behavioral health services and supports currently covered under Medicaid (b3) authority to a 1915(i)SPA State plan benefit effective October 1, 2023.

Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports B3 Waiver authorities within Federal guidelines.

Eligibility Criteria:

The 1915(i)SPA target groups include individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability.

To be eligible for 1915(i) services, an individual must meet the following needs-based criteria:

- A. Have a substantial functional limitation in 1 or more of the following areas of major life activity:
 1. Self-care
 2. Communication
 3. Learning
 4. Mobility
 5. Self-direction
 6. Capacity for independent living
 7. Economic self-sufficiency; and
- B. Without 1915(i) services the beneficiary is at risk of not increasing or maintaining sufficient level of functioning in order to achieve their individual goals of independence, recovery, productivity or community inclusion and participation.

Enrollment Process:

Each member's eligibility is evaluated annually to determine they meet the needs-based criteria for the 1915(i) benefit, which includes an array of services.

The enrollment process includes:

1. Evaluation completed by the clinical staff
2. Services requested are included in the IPOS/Addendum
3. Clinical Staff provides the evaluation information to the 1915(i) SPA Lead
4. 1915(i)SPA Lead enters the information into the Waiver Support Application (WSA)
5. DWIHN is notified that there is an application to review
6. DWIHN processes the application and sends to MDHHS for final review
7. Provider is notified directly via e-mail of application status

FAQs:

Do children under 21 need to do the evaluation for Respite?

- Yes- Children under 21 would need to be evaluated and enrolled in the benefit if there is an assessed need for respite services. The Medicaid program's benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. EPSDT provides a comprehensive array of services for children and adolescents under age 21. This service array does not include Respite.

Should 1915(i)SPA services be included in the IPOS?

- Yes- The service should be in the IPOS and can have a future start date (1-2 weeks to allow time for approval in the WSA). However, there should be no delay in services as we work through this transition from the CMH/PIHP to MDHHS approving eligibility. The service should begin, as authorized in the IPOS, even if there is a delay in MDHHS approving it. DHHS’s goal is to have them approved within 1 week of receiving it in the WSA queue.

Do we need to do a 1915(i) SPA application if a member receives the service that is included in another Waiver Service they are approved for?

- No. If the service is already included under another waiver program that the member is currently enrolled they do not have to do a 1915(i) SPA application/enrollment.

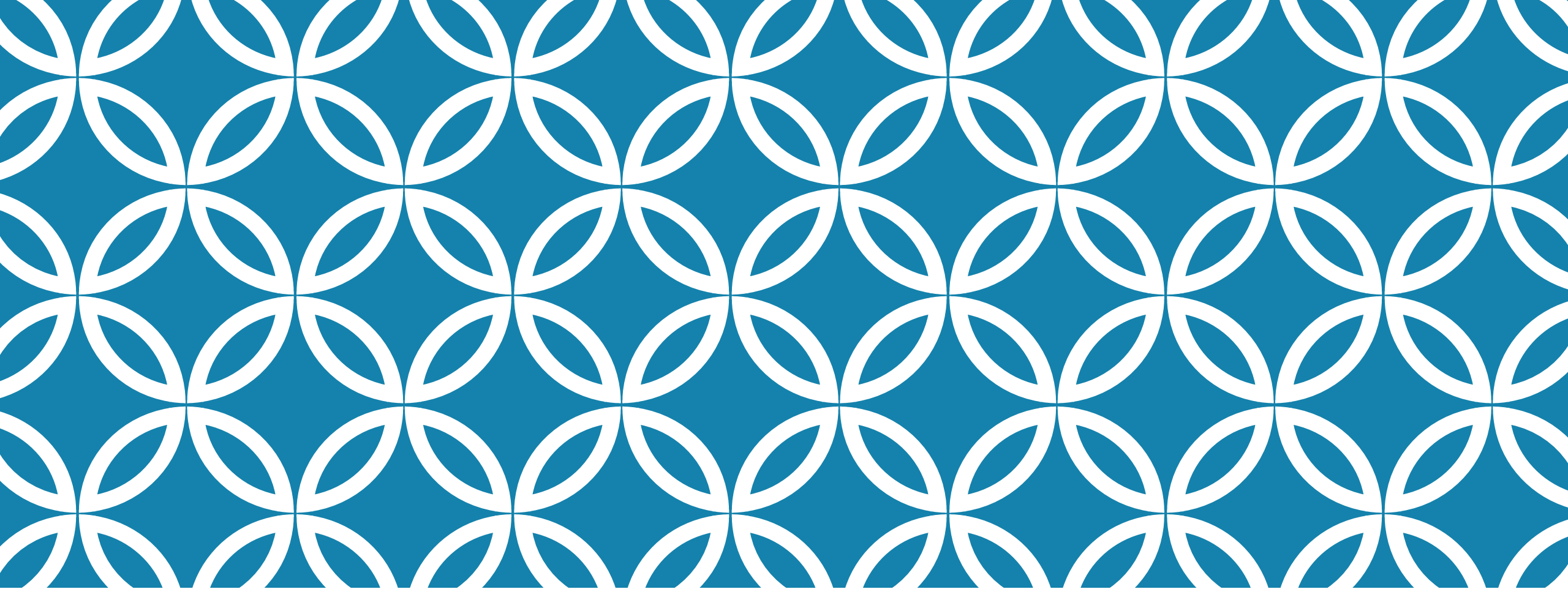
Services provided:

1915(i)SPA Services	CCBHC	Behavioral Health Covered EPSDT	Children's Waiver 1915C	SED Waiver 1915C	Habilitation Supports Waiver 1915C	1915(i)SPA
Community Living Supports		X	X	X	X	X
Enhanced Pharmacy					X	X
Environmental Modifications			X		X	X
Family Support & Training	X	X	X	X	X	X
Financial Management Services (FMS)/Fiscal Intermediary			X	X	X	X
Housing Assistance						X
Respite	X		X	X	X	X
Skill Building	X	X			**	X
Specialized Medical Equipment & Supplies (Assistive Tech)			X		X	X
Supported/Integrated Employment	X	X			X	X
Vehicle Modification (Assistive Tech)			*		*	X
* = This service may be covered under Specialized Medical Equipment & Supplies. Please refer to the code chart for further details. ** = Skill Building (H2014) is not an HSW covered service; however Out-of-home non-voc (H2014WZ) is an HSW covered service. Please refer to code chart for further details. X = This service is a covered service.						

Next Steps:

- Based on the number of eligible members, DWIHN should have processed approximately 3,000 evaluations to date (currently at 10% of that number)
- Evaluations and IPOS and/or Addendums need to be completed to enroll members in this service array and should be completed as soon as possible.
- All members in the DWIHN system of care that are eligible and receiving 1915(i)SPA services need to be enrolled in the WSA by 9/17/2023.

- DWIHN and provider 1915(i) SPA Leads are meeting with MDHHS on 2/13/2023 at 9am to receive further technical assistance for our County.
- DWIHN will be offering additional training to providers as requested.



AUTHORIZATION EARLY TERMINATIONS



COMMUNICATION IS KEY!

When requesting authorizations – check to be sure there are not already authorizations in place for the services you are requesting.

- **PRIOR TO EARLY TERMINATING AUTHORIZATIONS:** Contact the service provider to inform them of the date the authorization will end.
- Coordinate with the provider to ensure that services stop on or prior to the date of expiration (can continue if new/ongoing auth is being entered)
- Coordinate with the provider to ensure that the services that have already been provided have been billed for, as they will not be able to bill after the expiration date of the authorization.

COMMUNICATION IS KEY!

Document the contact with the provider informing them of the early termination and their response/acknowledgement of the communication.

- **If unable to reach the provider or unable to receive a response, please contact your contract manager and the contract manager assigned to the provider for assistance:**
- <https://dwihn.org/providers-mco-contractors-outpatient-providers.pdf>
- <https://dwihn.org/providers-mco-contractors-residential-providers.pdf>

PROCEED WITH EARLY TERMINATION:

Once communication with provider has been completed,

Early Terminate any un-needed authorizations, or begin the new authorizations after the expiration date of the previous ones.

- Memo from August 2022 regarding how to Early Terminate authorizations so that leftover units are not adding to current requests and causing delays in approvals.
 - <https://www.dwihn.org/resources/upload/4991/UM%20Provider%20Memo%20-%20Early%20Termination%20Authorization%20Issues.pdf>

Questions?



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Recurring Themes in Investigations

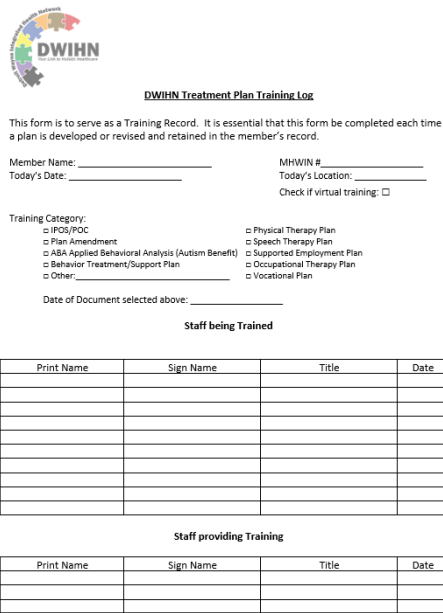
DWIHN Compliance Department

Criminal Background Checks

- Preclusion/exclusion from providing services to DWIHN members
- Workforce and Provider Background Check Policy
 - Michigan Workforce Background Check Legal Guide
- DWIHN cannot provide guidance on who to hire

IPOS Training

- “Train the Trainer” Model
 - SC → Indirect Staff → DSP/Aide
- June 1st upload electronically
- CRSP is responsible to ensure providers are trained on the IPOS



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.

Member Name: _____ MHWIN #: _____
Today's Date: _____ Today's Location: _____
Check if virtual training:

Training Category:
 IPOS/POC Physical Therapy Plan
 Plan Amendment Speech Therapy Plan
 ABA Applied Behavioral Analysis (Autism Benefit) Supported Employment Plan
 Behavior Treatment/Support Plan Occupational Therapy Plan
 Other: _____ Vocational Plan

Date of Document selected above: _____

Staff being Trained

Print Name	Sign Name	Title	Date

Staff providing Training

Print Name	Sign Name	Title	Date

