Detroit Wayne Integrated Health Network

707 W. Milwaukee St. Detroit, MI 48202-2943 Phone: (313) 833-2500 <u>www.dwihn.org</u>

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

CRSP/Outpatient Provider Meeting Friday, September 29, 2023 Virtual Meeting 10:00 am –11:00 am Agenda Zoom Link: <u>https://dwihn-org.zoom.us/j/93220807823</u>

- I. Welcome/Introductions
- II. Claims Department Quinetta Allen
 - Claims Reminder (Pages 2-6)
- III. Compliance Sheree Jackson (Pages 7-16)
- IV. Children's Initiative Cassandra Phipps
 - Children's Updates (Pages17-25)
- V. Recipient Rights Department Chad Witcher
 - ORR Training
 - Monitoring & Prevention (Pages 26-29)
- VI. Quality Improvement Carla Spight- Mackey
 - Updates on Training Dates for FY 2023/2024
 - Documentation submission Dates Sinitra Applewhite
 - Performance Indicator Pl#2,3 (MDHHS) FY 2024 Benchmarks-Tania Greason
- VII. Non-Emergency Transportation- Jacqueline Davis (Page 30-33)
- VIII. Access Center Yvonne Bostic
 - Hospital Discharge Appointments
 - 7 Day and 30-Day Follow-up (Pages34-37)
 - IX. Administrative Updates Eric Doeh, President and CEO
 - X. Questions
 - XI. Adjourn

Board of Directors

Kenya Ruth, Chairperson Karima Bentounsi Angelo Glenn Dr. Cynthia Taueg, Vice Chairperson Angela Bullock Jonathan C. Kinloch Dora Brown, Treasurer Lynne F. Carter, MD Kevin McNamara William Phillips, Secretary Eva Garza Dewaelsche Bernard Parker

Eric W. Doeh, President and CEO

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Claims Department Quinnetta Allen-Robinson Claims Manager

PIHP CLAIMS Mailbox

Please be sure you are including claim/batch numbers when inquiring about claims. This causes delays is response time, and we can not assist with claims issue without this information.



Batch Number 612339

For 837 Billing assistance, you can access the instructional manual in MHWIN under the help tab or by sending request to <u>mhwin@dwihn.org</u>.



837 Institutional Companion Guide for Direct Contracts/Fee-For-Service
837 Professional Companion Guide for Direct Contracts/Fee-For-Service



PIHP Claims Mailbox

- General Fund error message "<u>GF-2 or GF-3-Service not in DWMHA</u> <u>benefit plan for this individual on this date of service</u>." This occurs when the consumers loses Medicaid coverage for a period and a General Fund Exception Authorization is needed to pay for denied dates of service. You must follow these steps.
- The consumer's Case Manager/Supports Coordinator <u>must</u> complete a General Fund Exception Request Form. This is completed via MH-WIN under 'Request for General Fund Exception" in the Authorization screen.
- Once the special GF Authorization is created the provider <u>must</u> use the new GF authorization to bill for services that fall within the GF period. The GF Authorization will bypass the edits.



Year End Closeout

All outstanding encounters and claims MUST be submitted

within MH-WIN by Thursday, November 30, 2023. All denials

and rejections (including those incurred in the month of

September) MUST also be submitted within MH-WIN by

Thursday, November 30, 2023, with exception to MI Health

Link (MHL), any submissions received after these dates will

NOT be considered for reimbursement.

Contacts

- Issues should be sent to the appropriate department.
- Authorizations <u>pihpauthorizations@dwihn.org</u> / <u>residentialauthorizations@dwihn.org</u>
- Contract issue contact your Contract Manager
- System issue <u>mhwin@dwihn.org</u>
- Finance issue tomani@dwihn.org



DETROIT WAYNE INTEGRATED HEALTH NETWORK Compliance Department Compliance Hotline: 313-833-3502 compliance@dwihn.org

WORKFORCE BACKGROUND CHECK GUIDE WHAT YOU SHOULD KNOW

This law prohibits individuals convicted of certain offenses from having regular, direct access to residents, or their records, and from providing direct services to the residents of an adult foster care facility.

"Direct Access" means, "... access to a patient or resident or to a patient's or resident's property, financial information, medical records, treatment information, or any other identifying information."

How to uphold compliance?

- Establish Compliance Policies and Procedures that align with contractual requirements
- Conduct background checks upon hire and annually
- Seek Legal and Expert Advice
- Regular Audits & Monitoring
- Regular Training & Education



WORKFORCE BACKGROUND CHECK GUIDE WHAT YOU SHOULD KNOW

When DWIHN identifies an overpayment, the typical course of action includes:

- Investigation and Verification: DWIHN will investigate and verify the overpayment to ensure its accuracy and legitimacy. This may involve reviewing billing records, documentation, and other relevant information.
- Notification: Once the overpayment is confirmed, DWIHN will notify the provider of the identified overpayment. This notification will outline the specific details of the overpayment, such as the amount, the services or claims involved, and the time period in question.
- Recoupment: DWIHN will establish a plan for recouping the overpaid funds. This can involve several options, such as offsetting future payments, negotiating a repayment schedule, or other agreed-upon



WORKFORCE BACKGROUND CHECK GUIDE WHAT YOU SHOULD KNOW

- Reporting: In cases where fraud, abuse, or potential misconduct is suspected, DWIHN is required to report the overpayment to relevant authorities, such as the Office of Inspector General (OIG) or other regulatory bodies, for further investigation.
- Documentation: DWIHN will maintain thorough documentation of the entire process, including the identification of the overpayment, communications with the provider, and any actions taken to address the issue. This documentation is important for record-keeping and auditing purposes.



WORKFORCE BACKGROUND CHECK GUIDE The Role of the DWIHN Compliance Department

It's essential for network providers to cooperate fully with DWIHN during this process, as failure to address identified overpayments can have legal and financial consequences. Additionally, providers should seek legal or financial advice if they have concerns about the overpayment or the recoupment process.

> The Compliance Department's responsibilities encompass the enforcement of rules, guidelines, regulations, and laws. Apart from offering non-legal business guidance to the DWIHN provider network, in accordance with the provider network manual...



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WORKFORCE BACKGROUND CHECK RESOURCES

- <u>https://www.michigan.gov/-</u> /media/Project/Websites/lara/Folder7/1-24-19_ <u>Workforce_Backgroud_Check_.pdf?rev=021d1bcb797c407</u> <u>fb1a3e75300f8e838</u>
- <u>https://www.mdch.state.mi.us/dch-</u> medicaid/manuals/MedicaidProviderManual.pdf
- http://legislature.mi.gov/doc.aspx?mcl-333-20173a
- <u>https://pstat-live-</u> media.s3.amazonaws.com/pdf_cache/policy/12361552/7f
 <u>b85553-b046-4361-81ab-</u> <u>d9ebcf1355c2/WORK%20FORCE%20AND%20PROVIDER%20BA</u>
 <u>CKGROUND%20CHECK.pdf</u>





DETROIT WAYNE INTEGRATED HEALTH NETWORK 800-241-4949 www.dwihn.org

Sanction Process

Investigation

Completed by the Corporate Compliance Department

Findings

Non-compliance with applicable federal, state, county and local laws, administrative directives, guidelines and/or policies

Sanction

- Refer to your agencies contract as it relates to any imposed restrictions because of the sanction.
- Refer to DWIHN Network Monitoring & Management Policy

Types of Sanctions

Corrective Action Plan- Non-compliance with contractual standards.

Within 30 days of review, non-compliance can be rectified by submission of required documents to validate policy and/or procedural changes that will bring the agency compliant with contractual standards.

□ **No Expansion Sanction**- The provider is denied any new referrals or authorizations for a certain time frame.

Monetary Sanction-

- No- payment- this option is used when a provider should not be paid for certain days of service even if the provider becomes compliant, (this is a non-reimbursable option)- this works more like a penalty.
- Delayed Payment- this option is used to delay payment to a provider who is non-compliant which will not let claims go through- once provider is compliant the sanction is **lifted** and the claims will go through.



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Questions?

DETROIT WAYNE INTEGRATED HEALTH NETWORK

CHILDREN'S INITIATIVE DEPARTMENT

CRSP Meeting 9.29.23



Topics:

- DWIHN / CRSP Upcoming Trainings
- Service Utilization Guidelines
- Children Crisis Flyer
- Children Behavioral Services Expansion Request for Proposal (RFP)

DWIHN / CRSP IPOS Train the Trainer

□ The next training opportunity will be held October 4, 2023 @ 9:00am - 12:00pm

The Guidance Center

13111 Allen Rd Bld # 2, Southgate, MI 48195

***Registration Link: https://forms.office.com/g/b1KA3whd2C

- Register by October 2, 2023
- Refer to memo for additional information



DWIHN / CRSP Crisis Plan Train the Trainer

□ The next training opportunity will be held November 2, 2023 @ 9:00am - 11:00am

The Guidance Center

13111 Allen Rd Bld # 2, Southgate, MI 48195

***Registration Link: <u>https://forms.office.com/g/aZmUPBZ1GC</u>

- Register by October 10/31, 2023
- Refer to memo for additional information

Service Utilization Guidelines

The Service Utilization Guidelines have been updated for Community Living Supports (CLS), Respite, Speech Therapy, Occupational Therapy, and Physical Therapy.

Refer to Service Utilization Guidelines Master List

https://www.dwihn.org/providers_um_sugs



SERVICE UTILIZATION GUIDELINE UPDATES

Community Living Supports (CLS) - H2015: Update the Service Utilization Guidelines (SUG) for Children Services for children and youth with Severe Emotional Disturbances (SED) and Intellectual Developmental Disability (I/DD) designations receiving Community Living Supports (CLS) services.

SED Outpatient	Current SUG	New SUG
Age 0 to 6	CLS Assessment Tool	Requires Clinical Justification
Age 7 to 21	CLS Assessment Tool	40 units per week (10 hours per week) 480 units per Quarter
Authorization	12 month Authorization	12 month Authorization
SED Home Based	Current SUG	New SUG
Age 0 to 6	CLS Assessment Tool	Requires Clinical Justification
Age 7 to 21	CLS Assessment Tool	60 units per week (15 hours per week) 720 units per Quarter
Authorization	12 month Authorization	12month Authorization
IDD	Current SUG	New SUG
Age 0 to 6	Prior Authorization Required	Requires Clinical Justification
Age 7 to 17	Prior Authorization Required	80 units per week (20 hours per week) 960 units per Quarter
Authorization	Prior Authorization Required	12 month Authorization



SERVICE UTILIZATION GUIDELINE UPDATES

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Speech Therapy / Occupational Therapy / Physical Therapy

The MDHHS 1915(c) Waiver audit tool indicates: P.2.8: Services requiring physician signed prescription follow Medicaid Provider Manual requirements. (Evidence: Physician-signed prescriptions for OT, PT, and PDN services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed)

As a result, DWIHN Utilization Management will require:

• Evidence of a prescription specifically for the Evaluation to be completed for OT, PT and PDN Services.

o This should include the Physician name, address, phone number, NPI number and what type of evaluation they are prescribing/recommending.

• Evidence of a prescription specifically for the Treatment Services for SLT, OT, PT and PDN that are to be provided after the evaluation is completed.

o This should include the Physician name, address, phone number, NPI number and the amount, scope and duration of the services being prescribed.



Speech Therapy / Occupational Therapy / Physical Therapy (Continued)

This may require the completion of an initial IPOS and authorization request for the OT, PT or PDN Evaluation to occur, with a follow up IPOS Addendum added when it is known what services will subsequently be requested. For SLT an authorization for the evaluation can be requested without a prescription, but authorization for services will need to be requested via an addendum once the prescription is received.

- *Refer to attached memo for more information*
- If you have additional questions please contact Leigh Wayna, at <u>LWayna@dwihn.org</u>



Effective 9/30/23 The Children Center will discontinue delivering walk in crisis services for children. https://www.dwihn.org/crisis-services



Children Behavioral Health Services Expansion RFP

https://www.dwihn.org/purchasing_procurement

DETROIT WAYNE INTEGRATED HEALTH NETWORK

REQUEST FOR PROPOSALS FOR CHILDREN BEHAVIORIAL HEALTH EXPANSION

CONTROL #2023-008 ADDENDUM NO. #3

ADDENDUM ISSUE DATE: TUESDAY, SEPTEMBER 19, 2023

This Addendum is being issued prior to the acceptance of Proposals to allow for the following changes, additions, clarifications, and/or answers to questions:

MODIFICATIONS AND ADDITIONS:

CHANGE the Proposal Deadline from September 15, 2023, at 3:00 PM local time to October 19, 2023, at 3:00 pm local time.

CHANGE the Question Acceptance Deadline from August 30, 2023, at 2:00 pm local time to October 2, 2023, at 2:00 pm local time.





DETROIT WAYNE INTEGRATED HEALTH NETWORK 800-241-4949 www.dwihn.org

ORR New Hire Recipient Rights Training

Updates:

- *ORR Training dept-MDHHS Triennial Assessment date change (to assess compliance w/RR training requirements).
- NHRRT-seats available <u>increased</u> to accommodate increase # of attendees.
- *Rating for "no shows" expanded
- *New ORR Trainer-Joyce Wells
- *Register staff for NHRRT during the onboarding/orientation process.
- *NH vs. ARRT-currently updated ARRT on DWC-IR's
- If Providers need to cancel/reschedule their staff, notify ORR Trainers at <u>orr.training@dwihn.org</u>. Please do not mark the person as cancelled in MHWIN.
- NHRRT conducted Mon-Wed each week from 10am-12pm. Evening NHRRT-2nd Tuesday of the month from 4pm-6pm. Check MHWIN for available training dates.

- If your staff experiences any issues with NHRRT, you may contact us via email at: <u>orr.training@dwihn.org</u> no later than <u>½ hour prior</u> to the class start time.
- Participants <u>must</u> be present <u>online</u>, with working <u>cameras</u>, and remain <u>visible</u> and available to communicate with us <u>throughout</u> the course.
- *NHRRT is held via the Zoom App, therefore <u>participants need a strong Wi-Fi signal</u> to participate. Participants be aware of Wi-Fi strength <u>prior</u> to training, may need to request use of employer's office computer/laptop, be familiar w/chat feature.
- *If your staff are <u>OBSERVED DRIVING OR OTHERWISE</u> <u>NOT ENGAGED DURING THE TRAINING</u>, they will be removed from the training and will need to be rescheduled. Ex: engaged in working, etc.
- □ NHRRT must be completed <u>w/in 30 doh</u> for new staff.
- Please go on the DWIHN website and/or review MHWIN newsflash for updates re: NHRRT.

OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

Updates:

- *ORR Monitoring dept.-continues to prepare for MDHHS Triennial Assessment-01/29/24-02/01/24; to assess monitoring compliance
- *10/01/23 begins new FY for ORR Monitoring
- *Providers please adhere to the requirement of the MMHC mandate re: NHRRT

Site Review Process:

- *ORR Site Visit conducted onsite (in person). Covid 19 Questionnaire-If +exposure, an alternative site review will be arranged
- *Review new staff hired since the previous site review-NHRRT must be completed w/i 30 doh
- ORR accepts NHRRT obtained from *different* counties w/ evidence provided/verification
- ORR Reviewer looks for: required postings, confidential items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights

- *Any violation(s) found requires a <u>Corrective</u> <u>Action Plan. Provider</u> has <u>10-business days</u> from the date of the site visit to remedy violation
- *End of site review visit, Site Rep required to sign & date page #4 of site review tool

Important Reminders:

 Provider contact info and staff records should be kept current, as required in MHWIN

ORR Prevents Rights Violations

Prevention Unit Primary Responsibilities

- No Updates-for meeting held on 09/29/23
- Develop and implement prevention-related training initiatives & provide input with updating specific DWC trgs, ex: Irs
- Review Policies and Procedures & provide recommendations to address Recipient Rightsrelated matters
- Review substantiated complaint investigations and address concerns identified for prevention opportunities
- Ensure remedial action trainings & recommendations related to RR violations are in adherence to the Michigan Mental Health Code and MDHHS Administrative Rules.
- *Goal is to decrease the number of complaints by ensuring providers and staff are equipped with the required training & knowledge of RR policies & procedures, to assist in preventing/decreasing # of RR violations



OUTPATIENT/CRSP MEETING September 29, 2023

Non-Emergency Transportation

- DWIHN has contracted with 2 vendors to provide nonemergency transportation to remove transportation barriers. Services can be used for the following:
 - Appointments for Outpatient Services
 - Post-Discharge Hospital Appointments
 - Physician Appointments
- The Providers are:



- God's Speed Transportation: They have vans (including one handicapped accessible) and cars. Hours of operation are Monday-Friday 7 a.m. to 5 p.m. and closed on holidays. Calls need to be made at least 48 hours in advance to God Speed Transportation at (313) 231 - 0829.
- Mariners Inn: They have vans, no handicapped accessible vans. Hours of operation are Monday - Friday 7 a.m. to 5 p.m., including holidays. Calls to arrange transportation must be made 48 hours in advance to PRIMARY Contact for the Non-Emergency Transportation Contract - Thomas



Non-Emergency Transportation

- Services will be provided to individuals enrolled with DWIHN.
- Referrals can be made by the DWIHN Access Center, CMH Providers, Hospitals, or individuals can call themselves.
- Referrals made by the DWIHN Access Center will be for Intake and Hospital Discharge appointments.
- Transportation will be offered for CRSP that do not provide the services and/or can be used as back-up when services are not available at a CRSP.







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Non-Emergency Transportation

- Transportation must be reserved within 48 hours and will occur between 8am to 5pm. CRSP must assist with arranging for transportation after the intake, follow-up call reminders with initial appointment and any future appointments to ensure transportation is not a barrier.
- Non-Emergency Transportation services has been added to the myDWIHN app. Users can click on the "Help Around Me" link. They will see links for God's Speed and Mariner's Inn and have the ability to call while in the app.

Services are now available!









DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center CRSP Outpatient/Residential Provider Meeting 9.29.23

800-241-4949 www.dwihn.org

Hospital Discharge Appointments

- Below is a screenshot from the DWIHN Psychiatric Inpatient Policy, page 6, #8 a-e
 - 8. Coordination of Care and Discharge Planning

- a. Coordination of care and discharge planning begins upon admission.
- b. It is expected that the hospitals will contact the outpatient treatment provider for coordination of care. It is expected that the Clinically Responsible Service Provider provide the inpatient treatment team with relevant assessments, medical information (such as prescribed medications, allergies, comorbid conditions) and crisis plans to facilitate inpatient treatment planning.
- c. The clinically responsible service provider shall be an active part of the plan development, coordinating with the inpatient team as soon as possible, no later than 72 hours from the admission.
- d. The discharge planning will be integrated and holistic, including coordination with appropriate systems of care (such as primary care and medical specialists, residential services, schools, etc.)
- e. Follow-up appointments should be provided at the time of discharge, including scheduling an appointment with the outpatient behavioral health provider within seven days of discharge from an inpatient hospital and an appointment with a Mental Health Practitioner within 30 days of discharge.



Hospital Discharge Appointments

- The CRSP is expected to provide hospital discharge appointment availability on the MHWIN Hospital Discharge appointment calendar.
 - The initial appointment is to take place within 7 days of discharge
 - For an existing / active members can meet with a case manager and do not require a 1-2 hour appointment slot as this is just a follow up.
 - New members will need an appointment slot to accommodate a full intake
 - For both new and existing members, their must be a follow up appointment with a mental health practitioner within 30 days of the inpatient hospital discharge



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CRSP Change Requests

- CRSP change requests are for existing/active members seeking to transfer services from one CRSP to another
 - The member must be in agreement with the CRSP change request and will be contacted by DWIHN Access Call Center to verify this request
 - The new CRSP must be contracted to provide services within the member's assigned designation
 - ▶ The new CRSP must have capacity to accept the member
 - The member does not have to be transferred to a new CRSP or change designation if the current CRSP does not offer a particular service. An addendum can be added to the treatment plan.
 - Example: member with I/DD designation and primary DD diagnosis needs psychiatric medication management.
 - A verbal consent must be accompanied by the name and contact information of the member and the name and contact information of the staff person completing and submitting the form. Also include the name of the submitting provider.

