



**Detroit Wayne
Integrated Health Network**

707 W. Milwaukee St.
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www.dwihn.org

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

**Residential Provider Meeting
Friday, January 12, 2024
Virtual Meeting
11:30 am –12:30 pm
Agenda**

Zoom Link: <https://dwihn-org.zoom.us/j/92653624476>

- I. Welcome/Introductions
- II. Claims Department – Debra Schuchert
 - Claims Reminders (Page 2-6)
- III. Quality Improvement – Carla Spight-Mackey
 - CareAcademy Launch – Protocols
 - Availability of Guidance Manual/CE Training (Pages 7-13)

Behavior Treatment Plan Review Requirements - Fareeha Nadeem (Page 14)

Monitoring Trends Noted/ Area for Improvement – Danielle Dobija

 - Upcoming MDHHS Review – Upcoming requests from DWIHN for evidence of service delivery/staff qualifications (Pages 15-28)
- IV. Adult Initiatives – Brad Cucuro
 - Locus (Pages 29-38)
 - Biopsychosocial Assessment - Alison Gabridge
 - PHQ 9/A (Pages 39-46)
- V. Recipient Rights – LaShanda Neely
 - ORR Training
 - Monitoring (Pages 47-49)
- VI. MCO - Rai Williams
 - Litigation Report
 - Quarterly Contract Status Reports
- VII. Administrative Updates – Eric Doeh, President and CEO
- VIII. Questions
- IX. Adjourn

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Angelo Glenn

Dr. Cynthia Tauog, Vice Chairperson
Angela Bullock
Jonathan C. Kinloch

Dora Brown, Treasurer
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Eric W. Doeh, President and CEO





Claims Department

Quinnetta Robinson

Claims Manager

Claims Data Entry Status

- Please remember when a claim is in “claims data entry” status you the Provider have complete control over the claim. The claim can be edited and modified as it has not been submitted for claims adjudication.

Batch Date	Batch Status	# of Claims	Totals	
10/31/2023	Claim Data Entry	1	Claimed: \$4,250.00 Payable: \$0.00	View Claims in Batch Adjudication Report Take Over Batch View Batch Info Scanned/Uploaded Documents

- Please **Do Not** send inquiries through the PIHP claims mailbox if your claim is in this status. Allow our adjudicators the opportunity to perform their job. Some errors/edits will be resolved in the adjudication phase of your claims processing. There will be a clear and precise comment placed on the claim if the issue can not be resolved. This comment will identify what needs to occur to bring forth claim payment. Only when the claim has completed the adjudication process, and you disagree with the outcome or need further clarification an inquiry should be sent to PIHPclaims@dwihn.org for further claims review at a management level.

Personal Work Emails

- The PIHP claims mailbox is managed by DWIHN's claims leadership team which includes.
 - Quinnetta Robinson (Claims Manager)
 - Deabra Hardrick-Crump (Director of Claims)
 - Debra Schuchert (Claims Supervisor)
- Please send all claims inquiries via the PIHPclaims@dwihn.org mailbox to have your issue reviewed and refrain for utilizing the personal emails of the individuals listed above. Your claims issues will be addressed timelier and allows for us to better track patterns and identify the scale of claim issues.

Payment Schedules

- ▶ Payment schedules are available online on the DWIHN website for Providers to view/printout to stay abreast of when payments can be expected. It is only when an expected payment is not received within the corresponding timeframe that an inquiry should be sent to Finance Department at Tomani@dwihn.org.



Office of Fiscal Management (Finance)
Payment Processing Schedule
DWIHN-CMH Service Providers
(Residential & Outpatient)
FY2023/2024

Claims and Encounters MUST be submitted within MH-WIN by 5:00 pm.
Dates are subject to change in observance of holidays.
EFT/ACH Payments are initiated on the date preceding the payment issue date.
Note: Inpatient service providers are excluded from this payment schedule.

Submitted to MH-WIN By:	Payment Issued By:
10/13/2023	10/20/2023
10/27/2023	11/3/2023
11/10/2023	11/17/2023
11/24/2023	12/1/2023
12/8/2023	12/15/2023
12/22/2023	1/5/2024

Contacts

- **Issues should be sent to the appropriate department.**
- Authorizations – pihpauthorizations@dwihn.org / residentialauthorizations@dwihn.org
- Contract issues – contact your Contract Manager
- System issues – mhwin@dwihn.org
- Finance issues - tomani@dwihn.org



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Quality Performance Improvement

Critical/Sentinel Event Updates

Death Certificate Medical Examiners/Toxicology Report

- ▶ CRSP is responsible for securing a copy of the Death Certificate and, where appropriate, ME Report.
- ▶ Death Certificates DO NOT have to be certified - they can be a copy with no seal.
- ▶ Building a relationship with various Funeral Homes that the organizations' members may use is helpful in securing a copy of the Death Certificate.
- ▶ ME Reports come from the Medical Examiner in the County where the individual passes.

ME Reports - Toxicology Reports are used to verify whether a death may be attributed to drugs.

Wayne County ME Office has at least a six-month backlog. It is acceptable to just submit a copy of the Death Certificate.

Care Academy Protocols Pilot Program - 500 Learner Slots

SEVEN CRSP PROVIDERS SELECTED

- Hegira (SUD and Behavioral Health, Crisis Intervention)
- The Guidance Center (BH, Crisis Intervention)
- Wayne Center (I/DD)
- Community Living Services (I/DD)
- Neighborhood Service Organization (Elderly & I/DD)
- Starfish (Children/Youth)
- Team Wellness (BH/SUD/ Homeless)

Care Academy Protocols

SELECTION CRITERIA

Organizations selected based on data reviews of FY2022/2023:

- Severity of injury
- Cause of Death (Overdose, Suicide)
- Incomplete plans (IPOS, Crisis, Safety, Assessments)
- Adaptive Equipment - Failure to properly use
- Choking
- Falls with injuries
- Standard of care/Scope of Service failures
- Staff lacking appropriate training (Inappropriate Physical Management leading to injury)
- Medication Errors
- ORR allegations/investigations; APS/CPS; and Police Involvement
- Suicide attempts and Self-Injurious behavior

Rating scale for compliance

Beginning FY 2023/2024 –
Root Cause Analysis will be rated:

- ▶ Standard of care met; no action needed
- ▶ Standard of care met, with room for improvement
- ▶ Standard of care not met, attributable to systems
- ▶ Standard of care not met, attributable to individual practitioner

When the Standard of Care is attributable to an individual practitioner **within the pilot group, FY 2023/2024**, that staff person will be assigned training through the CareAcademy based on severity of event.

(This ONLY applies to the seven identified CRSPs only during this pilot program). The training is time-framed and upon testing and completion a certificate is provided. **These events are considered preventable.**

Training Guide and Manual

Please use the Guidance Manual dated - January 2024

Updates are being completed and the new Manual will be uploaded to DWIHN website under the Provider tab/Quality Management

Final FY 2023/2024 Training Dates

February 8
March 14
April 11
May 9
June 13

To register for training - use the link below:

<https://app.smartsheet.com/b/form/33026fe9b0c7463fadd398bbc8f1c4d4>



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Behavior Treatment Plan Review Requirements Outpatient Providers Meeting January 12, 2024

The Behavior Treatment Plan Review process includes all the following elements as required by the Technical Requirement for Behavior Treatment Plan Review Committees (BTPRC):

- Documentation that the composition of the Committee and meeting minutes comply with the Technical Requirements (TR).
- Evaluation of committees' effectiveness occurs as specified in the TR.
- Quarterly documentation of tracking and analysis of the use of all physical management techniques and the use of intrusive/restrictive techniques by each individual receiving the intervention.
- Documentation of the Committees' analysis of the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis.
- Documentation that behavioral intervention related injuries requiring emergency medical treatment or hospitalization and death are reported to the Department via the event reporting system.
- Expedited Review Mechanism at each BTPRC.
- **Reference:** <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines/behavior-treatment-plans>

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MDHHS 1915(c) Waiver and 1915(i) State Plan Amendment (iSPA) Review

Residential Provider Meeting

1/12/2024



MDHHS 1915(c) Waiver and 1915(i) State Plan Amendment (iSPA) Review

Residential Provider Meeting

1/12/2024

Why, What, When, and Who

Why:

Ensure compliance with Habilitation Supports Waiver and the iSPA Medicaid requirements

What:

A remote review of the following:

- Clinical Case Records (CRSP providers)
- Progress Notes documenting the delivery of CLS services (Res. providers)
- Progress Notes documenting the delivery of vocational services (voc. providers)
- Qualifications of staff who provide services (all service providers)
- Interviews with members and their family / legal responsible representative

When:

March 11 - April 26, 2024

Who:

Members who receive Habilitation Supports Waiver (HSW) and the iSPA services

- 25 HSW members
- 73 iSPA members

Residential Provider Role

Next Step

If a member you support is selected for review, you will receive a notification by Friday next week (1/19/2024) from DWIHN or the member's CRSP provider.

The notification letter will include

- members who were selected for review
- detailed instructions for submitting CLS progress notes
- detailed instructions for submitting of staff qualification evidence.

MDHHS will be reviewing two consecutive weeks of progress notes that correspond to the most recent, completed 3 months of services for each member selected.*

- The notes are reviewed to ensure that services recommended (in the IPOS) are being provided.

*For the MDHHS review beginning March 11, 2024, you will need to provide two consecutive weeks of progress notes from December 1, 2023 thru the due date for submission, February 16, 2024

Residential Provider Role

MDHHS will be reviewing staff qualifications to ensure Medicaid requirements are met (i.e., clearance checks, trainings, including training on the member's IPOS)

MDHHS requires the evidence to be submitted **before** the review starts on 3/11/2024.

There will be a short amount of time from the date you are notified to the date you must submit the required documents.

Be prepared for a due date of Friday Feb. 16, 2024.

We appreciate your cooperation with this process to ensure a successful review.



Quality Residential Monitoring Trends and Technical Assistance

1/12/2024

Activity Calendars

Finding: Missing, incomplete Activity Calendars / lack of evidence regarding member's participation in activities

Technical Assistance: Activity Calendars must include activities outside of the home as well as activities in the home.

- ▶ members must have community activities available for them
- ▶ vocational programming alone is not enough
- ▶ Activity calendars are pivotal evidence to support the member's autonomy and opportunities to access the greater community.

Progress Notes documentation needs to clearly identify if the member attended or did not attend the activity.

- ▶ Member's choice in participation is evidence to support HCBS compliance

Surveillance Cameras

Finding: Surveillance cameras / video-audio monitoring devices inside the common areas of the home

Technical Assistance: Surveillance cameras (functioning or non-functioning) are not permitted in the home and must be removed.

Security cameras **outside** the home are permitted

- ▶ As found in the DWIHN Environmental Health and Safety review tool
 - ▶ Section 15: HCBS Final Rule Requirements
 - ▶ Question 4: Is the residence free of surveillance cameras?

Food / Pantry Labeling

Finding: Food labeled with date of purchase

Technical Assistance: Food in refrigerators, freezers and pantry are to be labeled with expiration dates.

- ▶ Reference for requirement: Food Service
 - ▶ http://www.michigan.gov/documents/dhs/DHS-BCAL-PUB-334_276585_7.pdf for Large Group Homes.
- ▶ As found in the DWIHN Environmental Health and Safety review tool
 - ▶ Section 2: General Appearance - Food Prep Area & Nutrition
 - ▶ Question 3: All food in the home must be labeled with dates to assist with food rotation and prevent food from expiring?

Thermometers

Finding: Missing or non-functioning thermometers in the refrigerators and freezers

Technical Assistance: Working thermometers are required in all refrigerators and freezers.

- ▶ All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below
- ▶ As found in the DWIHN Environmental Health and Safety review tool
 - ▶ Section 2: General Appearance - Food Prep Area & Nutrition
 - ▶ Question 9: Are the refrigerator and freezer each equipped with an appropriate thermometer that shows the temperature is between 32-40° F (0-4 degrees Celsius)?

R 400.14402(3)

Fire Safety Equipment Inspections

Finding: Inaccurate documentation of

- ▶ Fire extinguisher tags
- ▶ Fire Drills
- ▶ monthly checking of smoke detector batteries
- ▶ use of white out

Technical Assistance: Inspections are to occur at regularly scheduled times (i.e., monthly, etc.), and documentation is required to occur *at the time of the inspection*.

Corrections need to have a single line strike through initialed by the person making the correction.

Carbon Monoxide Detectors

Finding: Missing carbon monoxide detectors in sleeping areas

Technical Assistance: carbon monoxide detectors must be in sleeping areas

- ▶ As found in the DWIHN Environmental Health and Safety review tool
 - ▶ Section 12: Safety and Contingency Plan- Fire Detection
 - ▶ Question 5: Are there smoke and carbon monoxide detectors between the sleeping area(s) and rest of home?

Self Closing Fire Door

Finding: Lack of a Self Closing Fire Door

Technical Assistance: Homes must have an automatic self-closing fire door

- ▶ Fire doors should not be left propped open
- ▶ Self Closing Fire Doors are a DWIHN Environmental Safety Policy
- ▶ As found in the DWIHN Environmental Health and Safety review tool
 - ▶ Section 9: Safety and Contingency Plan - Evacuation Plans
 - ▶ Question 11: Are all fire doors equipped with an automatic self-closing device and positive-latching hardware?

Emergency Number in Vehicle

Finding: Provider vehicles have no emergency phone number readily available in case of emergency.

Technical Assistance: Provider homes with vehicles should place emergency phone number on dashboard for emergency purposes:

- ▶ If staff is incapacitated
- ▶ Assists new staff in case of emergency while in community
- ▶ Helps law enforcement/search or rescue workers
- ▶ If the vehicle is lost or stolen and is relocated/found
- ▶ Creates an environment of safety and awareness for both staff and members



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LOCUS

Brad Cucuro, Clinical Specialist, DWIHN

Gentle Reminders

- ▶ When to complete the LOCUS
- ▶ Importance of LOCUS
- ▶ Policy
- ▶ Questions

Importance of LOCUS

- ▶ The LOCUS assists in determining the appropriate level of care for a member. There is a significant trend in relation to recidivistic members and outdated LOCUS scores.
- ▶ Per policy: “The LOCUS helps clinicians assess the service needs of individuals seeking behavioral health care by determining the best level of care related to the intensity of service needs, level of care placement, and continuity of care. The LOCUS provides a framework for evaluating clinical outcomes as well as the impact of treatment.”

When to complete the LOCUS

- ▶ When a member turns 18 years of age
- ▶ A minimum of annually (typically done during biopsychosocial)
- ▶ Whenever a major life event occurs (hospitalization, incarceration, etc.)
- ▶ A major change occurs in a member's functioning
- ▶ 10 days prior to discharge

It can be done as a separate document after completing service reviews or after hospitalizations but is to be done during the biopsychosocial.

*A biopsychosocial can be signed without the LOCUS being completed which appears to be why it is not being completed a minimum of annually.

Policy

LOCUS: Level of Care Utilization System Protocol

PROCEDURE PURPOSE

To provide guidelines for the completion and utilization of the Level of Care Utilization System (LOCUS) in assessments and treatment planning, assuring services are delivered as appropriate to the needs of adults referred for services delivered through DWIHN provider networks. A LOCUS assessment is a level of care tool to help determine the resource intensity needs of individuals who receive adult behavioral health services.

Policy Continued

EXPECTED OUTCOME

The LOCUS will be incorporated into the initial assessment process and all treatment planning for all individuals 18 and older seeking supports and services for behavioral health challenges. Required subsequent ratings are conducted throughout the course of treatment when medically necessary and at discharge. The LOCUS helps clinicians assess the service needs of individuals seeking behavioral health care by determining the best level of care related to the intensity of service needs, level of care placement, and continuity of care. The LOCUS provides a framework for evaluating clinical outcomes as well as the impact of treatment.

Link to LOCUS PDF and Link to DWIHN Policy

- ▶ <https://www.cchealth.org/home/showpublisheddocument/8257/638263423691330000>
- ▶ <https://dwmha.policystat.com/policy/13906199/#autoid-4paw4>

THANK YOU!

Brad Cucuro, Clinical Specialist, DWIHN

bcucuro@dwihn.org

Questions?



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Detroit Wayne Integrated Healthcare Network

Behavioral Health Screening Programs

January 12, 2024

Alison Gabridge LMSW CAADC
Manager-Adult Initiatives



Required Assessments for All Members

Integrated Biopsychosocial Assessment
And
Patient Health Questionnaire-9 (PHQ-9 or PHQ-A)



Why??

- Detroit Wayne Integrated Health Network (DWIHN) is committed to excellence in behavioral health service delivery. DWIHN strives not only to meet but also to surpass standards set forth by the National Council for Quality Assurance (NCQA) for Managed Behavioral Health Organizations (MBHO). NCQA is an accrediting organization intended to assist behavioral health organizations in achieving the highest level of performance possible, reducing member risk for untoward health outcomes, and creating an environment of continuous improvement.
- To best serve our members with the provision of appropriate behavioral health and substance use services, and to continue to exceed quality standards, DWIHN is dedicated to advancing wellness and taking action to reduce negative effects of mental illness and substance use disorders through the promotion of early screening and assessment.
- Towards this effort and dedication, DWIHN has implemented two screening programs, one for coexisting mental health and substance use disorders using the **Bio-psychosocial Assessment**



Biopsychosocial Assessment Cont...

- Required for all members served by DWHIN/providers
- At Intake and repeated annually for duration of services

Annnndddd....the PHQ-9 (PHQ-A)

- A second screening program, for screening for depression in adults, the Patient Health Questionnaire-9 (PHQ-A).
- Required for all members served by DWIHN/providers
- At intake, annually, and repeated every 90 days if score is <10



How??

These two screening measures are based on scientific evidence, best practice, and industry standards. DWIHN will review scientific evidence and update these programs every two years, or more often, where appropriate if new evidence becomes available in between scheduled reviews. The selection of screening measures, identification of population screened, recommended frequency of the screenings, and overall program design has been a collaborative effort between DWIHN and its Network Providers, consisting of practitioners and provider stakeholders.



Link to provider manual on DWHIN Website

https://www.dwhin.org/provider_manual





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ORR New Hire Recipient Rights Training

Updates:

- ❑ *ORR Triennial assessment-01/2024
- ❑ *ORR Trg. info located on the DWIHN website (dwihn.org) and in MHWIN, as well as the FAQ's form has been updated. See under: "Provider tab/ORR training info"
- ❑ *Current NHRRT availability-continues to be about **2 weeks out**; 2 mos. open trgs. at any given time
- ❑ *Register staff for NHRRT during the **onboarding/orientation** process.
- ❑ *NHRRT-available seats: (same) **50/class=600/mo.**
- ❑ *If staff marked "Incomplete" for NHRRT, must contact Trainers at orr.training@dwihn.org to reschedule.
- ❑ *NHRRT vs. ARRT-NHRRT: Virtual ZOOM new staff; ARRT: DWC website (1year after NHRRT training date, and annually thereafter)
- ❑ If Providers need to **cancel/reschedule** their staff for NHRRT, notify ORR Trainers at orr.training@dwihn.org.
- ❑ 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: orr.training@dwihn.org no later than **½ hour prior** to the class start time.
- ❑ *NHRRT is held via the Zoom App-participants need a **strong Wi-Fi signal** to participate and be familiar w/chat feature.
- ❑ Participants **must** be present **online**, with working cameras, and remain **visible** and available to communicate with us **throughout** the course.
- ❑ If your staff are **OBSERVED DRIVING OR OTHERWISE NOT ENGAGED DURING THE TRAINING**, they will be removed from the training and will need to be rescheduled.
- ❑ *NHRRT must be completed **w/in 30 doh** for new staff.
- ❑ *ORR Trainers: Lashanda Neely, Michael Olver, Joyce Wells

OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

Updates:

- ▶ *ORR Monitoring- MDHHS Triennial Assessment-01/2024; to assess compliance
- ▶ *New Contracts/Address change-Vendors pls. include notification to ORR Monitoring Mgr. @ spride@dwihn.org
- ▶ *Providers please assure your agency's staff adhere to the MMHC requirements 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, RR booklets, confidential items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights awareness and complaint filing

- ▶ *Any violation(s) found requires a Corrective Action Plan. Provider has 10-business days 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
- ▶ *New ORR Monitoring Staff
- ▶ *Questions re: ORR Monitoring: esims1@dwihn.org or spride@dwihn.org