



CRSP/Outpatient Provider Meeting Q&A
Friday, January 12, 2024
Virtual Meeting
10:00am –11:00am

1. The two-week hiatus you mentioned resulted in significant financial strain for our team, as we were left without the expected income during that period. While I understand the company's closure during that time, it's essential to highlight that our reliance on a biweekly payment structure makes timely disbursement crucial. Despite receiving your memo about the temporary closure, the direct deposit system should have allowed for uninterrupted payments. Regrettably, the delayed payroll forced me to tap into my personal savings to meet our staff's financial obligations. This situation not only poses a considerable inconvenience but also jeopardizes our team's morale and commitment to the organization.
It's disheartening to experience such challenges, and I must convey the dissatisfaction among our staff, some of whom have expressed the intention to resign due to this issue. Timely payment is fundamental to our team's stability and motivation. I implore you to review the payroll procedures to ensure that such disruptions are avoided in the future. Employees rightfully expect their hard-earned wages on time, and the current delays are both unprofessional and detrimental to the overall work environment.
A. Good morning, Can you please send me email with details to this issue. Manny Singla msingla@dwihn.org.
2. We just started getting (i)SPAs bounced back from MDHHS stating that the IBPS is not "an accepted assessment for child IDD beneficiaries" and that psychological testing reports are not "accepted assessments for adult IDD beneficiaries". These were accepted before. A memo might be helpful if this was recently changed or just started being reinforced. Thank you.
A. I have not received any information on this being a recent change and this should be an acceptable assessment. We will follow-up with MDHHS and circle back.
3. How do we indicate if it is an urgent auth request?
A. there is a radial button within the auth request that you can click. If you are requesting an urgent auth it MUST be because the member's life or health are in imminent danger. 99% of outpatient auths will not be considered urgent. I have a document with more info/instructions, so feel free to email me at lwayna@dwihn.org and I can send that to you.
4. Please review the requirements for the CALOCUS for the SED populations as well please.
A. LOCUS is for members in Adult Services. For members in Children Services up to age 21st birthday the CAFAS is required.

- Q. So that I fully understand and confirming, the CAFAS/PECFAS is the only assessment currently required for SED members, and the CALOCUS is not required.
A. That is correct.
5. LOCUS is still only for individuals with MI, not DD, correct?
A. That is correct.
6. Is the LOCUS used with I/DD? Your policy says all individuals 18 and older but traditionally this was only on the SMI side as the SIS was used on the I/DD side?
A. Not where DD is primary.
7. Can you talk a little about the ORR Triennial Assessment? I don't think I'm familiar with that.
A. The triennial assessment for the Office of Recipient Rights includes assuring compliance with all ORR responsibilities, such as complaint investigations, site reviews, training for staff etc. It is a total 3 FY review of DWIHN ORR's system.
8. Would our contract manager be notifying ORR when there is a new location impaneled or is the Provider responsible for letting ORR know?
A. ORR is requesting the Providers inform ORR when a new contract is approved for a new location, as this notification occurs sooner and provides the exact location, not just the Parent company.
9. If we have confirmation of death do, we still have to send a 10 Day letter notice of service termination?
A. As long as you are still the responsible CRSP - please follow protocols for closing a record. Quality does not send 10-day letters.
10. If we cannot secure a death certificate will an obituary suffice?
A. The obituary suffices for primary notification; however, we still must have a death certificate for official cause of death.
11. When we try to order them online, it says we are required to be either next of kin or a person with a legal right. What should we do in this case?
A. Unless you can get a copy from the funeral home. You will need to go to Vital Records for Detroit deaths, and other municipality through their vital records department.
12. Funeral homes have been able to provide a death certificate however the cause of death is listed as pending. I am thinking the timeframe for obtaining death certificates with official cause of death will need to be extended.
A. We will accept that pending death certificate because it is signed by someone with license to add that information.
13. When does this Care Academy start and who was this communicated to at NSO?
A. It is not yet fully communicated. We are still compiling internal protocols with NSO. There will be a meeting scheduled with the CRSPs identified to discuss the process. It will require very little management from the CRSP as Quality Performance

Improvement and CareAcademy will be electronically completing the necessary data inputs from the CE review process.

14. Can the training be available system wide and not just to those who are associated to an incident.
 - A. I am not sure if you mean the Critical/Sentinel Event training? The CE/SE training is open to the entire network; however, only CRSP staff enter into the system.

15. In the LOCUS Policy - <https://dwmha.policystat.com/policy/11109193/latest/> the link to the LOCUS in #11 doesn't work.
 - A. The active link is included in the PowerPoint.
 - B. https://dwmha.policystat.com/doc_attachment/view/38991575/Mzg5OTE1NzU:1rOJuM:Z2ZLUTg7IBzVmFDNEB1KTI6wH4oQkq5cNG3lyBU_8Rk/LOCUS.pdf.pdf.
 - C. <https://www.cchealth.org/home/showpublisheddocument/8257/638263423691330000>.

16. Will the CRSP be responsible for submitting the CLS/Respite notes or will DWIHN be working with the CLS/Respite provider to get those notes?
 - A. DWIHN will be making efforts to coordinate directly with service providers. However, DWIHN may request CRSP providers assist with the collection of evidence for providers with barriers to submitting evidence electronically.

17. Will you be sending out the reports presented today. Did not receive with any invite.
 - A. Please send me your email so that I may ensure you are added to the email distribution list. rwilliams@dwihn.org

18. Why are Hospital Discharge appointments given to a non-CRSP CMH? Recently, 2 clients of (MiSide / SWCS) were given a Hospital Discharge appointment with another CRSP.
 - A. Follow-up appointments should always be scheduled with the assigned CRSP unless there has been a request for CRSP change. Please provide the member ID# for those members to ybostic@dwihn.org so that I can review to see if an error occurred.