



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, September 27, 2023**  
**Via Zoom Link Platform**  
**9:30 a.m. – 11:30 a.m.**

- |      |  |                     |
|------|--|---------------------|
| I.   | Announcements  | A. Siebert          |
| II.  | Substance Use Disorder (SUD)   | J. Davis/G. Lindsey |
| III. | Recipient Rights   | C. Witcher          |
| IV.  | DWPHN Policies   |                     |
|      |  Michigan Mission Based Performance Indicator (Procedure) | T. Greason          |
| V.   | <b>QAPIP Effectiveness</b>   |                     |
|      | <b><i>Customer Service</i></b>   |                     |
|      | a. FY2023 ECHO Survey (Children) Preliminary Results ( <b>Tabled</b> )   | M. Keyes-Howard     |
|      | <b><i>Integrated Health</i></b>  |                     |
|      | b. Performance Improvement Projects (Update)   | A. Oliver           |
|      | ▪ AMM Antidepressant Medication Management   |                     |
|      | ▪ FUH-Follow up After Hospitalization  |                     |
|      | ▪ SSD-Diabetes Screening for People with Schizophrenia or Bipolar Disorder   |                     |
|      | ▪ HCV RNA  |                     |
|      | <b><i>Quality Improvement</i></b>  |                     |
|      | c. MMBPI (MDHHS) Benchmarks  | T. Greason          |
|      | d. Updates on Training Dates for FY 2023/2024  | C. Spight-Mackey    |
|      | e. High level overview of 3 <sup>rd</sup> Quarter CE/SE Report   | C. Spight-Mackey    |
|      | f. Documentation submission Dates  | S. Applewhite       |
|      | g. HCBS Updates  | D. Dobija           |



- BTP and IPOS Alignment
- h. IPOS Corrective Action Plans
- i. FY2023 Q1-Q2 Medicaid Claims Verification Review

VI. Adjournment



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, June 28, 2023**  
**Via Zoom Link Platform**  
**9:30 a.m. – 11:30 a.m.**  
**Note Taker: DeJa Jackson**

**1) Item: Announcements:**

- Tania shared with the group DWIHN’s website for information regarding Suicide Prevention Resources.
- Tania also shared with the group the Self Care Conference and the last day to register for the conference.

**2) Item: Substance Use Disorder (SUD) – Gregory Lindsey**

**Goal: Updates from SUD**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_\_  UM # \_\_\_\_  CR # \_\_\_\_  RR # \_\_\_\_

Discussion		
No SUD updates.		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None		



**3) Item: Recipient Rights – Chad Witcher**

**Goal: Updates from ORR**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
No current updates from ORR.		
Provider Feedback	Assigned To	Deadline
Providers Questions/ Concerns: 1. Regarding a complaint, is there is an option to appeal, or can only appeal decisions? Or if a staff member substantiated, are they able to appeal?  ORR's Reply/Answers:  1. No, staff members are not able to appeal a substantiation where they're deemed responsible for rights violation. The appeal rights that are established in the mental health code are for complainants, recipients, guardians, and parents of a minor.		
Action Items	Assigned To	Deadline
None		



**4) Item: DWIHN Policies**

**Goal: Michigan Mission Based Performance Indicator (Procedure)**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Tania Greason shared with the group the updates to the Michigan Mission Based Performance Indicator (Procedure), which includes the new benchmark set by MDHHS.</p> <p>The purpose of this policy and procedure is to ensure compliance with federal mandates and established measures in the area of access, efficiency, and outcomes. Pursuant to DWIHN's contract with the Michigan Department of Health and Human Services (MDHHS), DWIHN is responsible for ensuring that the Clinically Responsible Service Provider (CRSP), Crisis and Substance Use Disorder (SUD) Behavioral Health providers are measuring performance through the Michigan Mission Based Performance Indicator System (MMBPIS) established by MDHHS.</p> <p>Effective QI of FY2025, MDHHS has established the following Standards for Indicators</p> <ul style="list-style-type: none"> <li>• PI # 2(a),2(b),2(c) and 2(d). The percent of new Medicaid beneficiaries receiving a face-to-face meeting with a professional within fourteen (14) calendar days of non-emergency request for service (MI Adults, MI Children, DD Adults, DD Children, and Medicaid SUD*) DWIHN was within the 50<sup>th</sup> percentile for FY2022 and the Standard is set at 57.0% or above.</li> <li>• PI# 2e, The percentage of new persons during the quarter receiving a face to face for treatment or support within 14 calendar days of a non-emergency request for services for persons with SUD. DWIHN was within the 50<sup>th</sup> percentile for FY2022, the Standard is set at 68.2%.</li> <li>• PI# 3 The percent of new persons starting any needed ongoing service within fourteen (14) days of a non-emergent assessment with a professional (MI Adults, MI Children, DD Adults, DD Children, and Medicaid SUD*) DWIHN was within the 75<sup>th</sup> percentile for FY2022 and the Standard is set at 83.8%.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
The updated Procedure is in final review stages and will be available on DWIHN's website by January 2024.	Tania Greason, Quality Improvement	January 2024.



5) Item: QAPIP Effectiveness – Integrated Health

Goal: Performance Improvement Projects (Update)

Strategic Plan Pillar(s):  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

NCQA Standard(s)/Element #: QI  CC# \_\_\_\_  UM # \_\_\_\_  CR # \_\_\_\_  RR # \_\_\_\_

Discussion		
Alicia Oliver was not available to present to the workgroup. Discussion will be tabled for October 2023.		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



**5) Item: QAPIP Effectiveness – Quality Improvement**

**Goal: MMBPI (MDHHS) Benchmarks**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **Quality**  Workforce

**NCQA Standard(s)/Element #:** **QI 4** CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Tania Greason discussed the following for QI#4 Accessibility of Services as it relates to performance measurement.</p> <p>Q14: Accessibility of Services:</p> <ul style="list-style-type: none"> <li>• Quality Improvement Activity               <ul style="list-style-type: none"> <li>○ MDHHS released benchmarks for FY24:                   <ul style="list-style-type: none"> <li>▪ PI#2a- The percentage of new persons during the period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for services. <b>Benchmark set at 57%.</b></li> <li>▪ PI#2b(e)- Persons requesting a service who received treatment or support within 14 days. <b>Benchmark set at 68.2%.</b></li> <li>▪ PI#3- Percentage of new persons during the period starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. <b>Benchmark set at 83.8%.</b></li> </ul> </li> <li>• The changes to the benchmarks have been presented to IPLT for review and approved for PI Indicators 2, 2b(e) and 3 benchmarks effective Q1 FY2024</li> </ul> </li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None		



**5) Item: QAPIP Effectiveness – Quality Improvement**

**Goal: Updates on Training Dates for FY 2023/2024**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Carla Spight-Mackey shared the following updates with the workgroup:</p> <ul style="list-style-type: none"> <li>A flyer for the CE/SE training dates will be available on DWIHN’s website within the next few weeks. The QI team has also been working with a vendor to develop CE/SE training which will allow for tracking and development of Corrective Action Plans. Once approval is received for the new program, information will be shared with the provider network.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
Information for the CE/SE training program will be shared with the workgroup once approved.	QI Team (Carla Spight-Mackey)	January, 2024



**5) Item: QAPIP Effectiveness – Quality Improvement**

**Goal: Documentation submission Dates**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Sinitra Applewhite shared with the work group the following information:</p> <ul style="list-style-type: none"> <li>All documentation for Critical and Sentinel Events are due within 24 hours of your knowledge of the event. It is required that the assigned provider document immediately, if all information is not available, information can be entered as a follow-up. There are over 400 events that still need information for FY2023. For all members that are hospitalized it is required to provide the hospital discharge summary.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
Providers to input and submit all required documentation for CE/SE reports immediately. Follow-up documentation can be entered as received. Providers are to review and follow the CE/SE policy and procedures.	DWIHN Assigned Providers	Ongoing



**5) Item: QAPIP Effectiveness – Quality Improvement**

**Goal: HCBS Updates**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Danielle Dobija discussed the following with the workgroup:</p> <ul style="list-style-type: none"> <li>○ Quality Monitoring Observations and Technical Assistance:               <ul style="list-style-type: none"> <li>○ Agenda: Documentation of HCBS Limitations, Valid IPOS at the Service Site</li> <li>○ HCBS Findings</li> <li>○ Limitations to HCBS Final Rule: How the process should flow</li> <li>○ Person Centered Planning (PCP) meeting and Individual Plan of Service (IPOS)</li> <li>○ Functional Behavior Assessment (FBA)</li> <li>○ Behavior Treatment Plan (BTP) is developed</li> <li>○ BTP is presented to the Behavioral Treatment Plan Review Committee (BTPRC) for approval.</li> <li>○ Special Consent to implement the BTP is obtained.</li> <li>○ Direct Support Professionals (DSP) must be trained on the BTP by the BTP author (Psychologist).</li> <li>○ The psychologist is responsible for monitoring and reviewing the plan with the BTPRC no less than quarterly.</li> </ul> </li> </ul> <p>Q1 &amp; Q2 FY2023 Medicaid Claims Verification Review Findings</p> <ul style="list-style-type: none"> <li>● Service providers lacked a valid copy of the member’s IPOS.</li> <li>● New this year, Corrective Action Plans were issued to some CRSP Providers due to repeat findings for service providers lacking a copy of a valid IPOS.</li> <li>● DWIHN must ensure that the service provider has a valid IPOS that specifies the service they are providing.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None		
Action Items	Assigned To	Deadline
None.		



**New Business Next Meeting: 10/25/23**

**Adjournment: 09/27/2023**



# DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

[www.dwihn.org](http://www.dwihn.org)

# QI4: Accessibility of Services



# Quality Improvement Activity

- ▶ The standard aims to ensure DWIHN is providing and maintaining appropriate access to services.
- ▶ Measurements used are MDHHS Michigan Mission Based Performance Indicators (MMBPI)
- ▶ MDHHS released benchmarks for FY24

# Quality Improvement Activity

- ▶ *PI#2a- The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service*
- ▶ *PI#2b(e)- Persons Requesting a Service who Received Treatment or Supports within 14 Days.*
- ▶ *PI#3- Percentage of new persons during the Period starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment*

# Past Goals\*

- ▶ PI#2a- 63% Goal
- ▶ PI#2b(e)- 75% Goal
- ▶ PI#3- 78% Goal
- ▶ Approved by DWIHN IPLT Committee on 5/9/23.

## New IPLT Request- MMBPIS Indicators 2, 2b(e) and 3 benchmarks effective FY24.

	50TH PERCENTILE		75TH PERCENTILE
INDICATOR 2	57.0%		62.0%
	50TH PERCENTILE		75TH PERCENTILE
INDICATOR 2b(e)	68.2%		75.3%
	50TH PERCENTILE		75TH PERCENTILE
INDICATOR 3	72.9%		83.8%

- Highlighted percentages are DWIHN's FY2024 benchmarks set by MDHHS

# QUESTIONS??



# Quality Monitoring Observations and Technical Assistance

9/27/2023

# Agenda

- Documentation of HCBS Limitations
- Valid IPOS at the Service Site

# HCBS Findings

- ▶ Restrictive interventions are being implemented without evidence of BTPRC\* approval.
- ▶ Restrictive interventions are in the IPOS but there is no Behavior Treatment Plan supporting the interventions in the IPOS.
  - ▶ Or there is no BTP on site.
- ▶ Restrictive interventions are being implemented without evidence that the Direct Support Professionals received the required training.

▶ \*BTPRC = Behavior Treatment Plan Review Committee

# Limitations to HCBS Final Rule

## How the process should flow

### 1. Person Centered Planning (PCP) meeting and the Individual Plan of Service (IPOS)

- A medical or behavioral need is identified
  - Medical need is addresses by a medical professional and or a specialist such as a physical therapist or an occupational therapist; a medical order is made such as a special diet or special equipment such as a helmet or bedrails.
  - Behavioral need is addressed by a psychologist or behaviorist.

# Limitations to HCBS Final Rule

## How the process should flow

### 1. Person Centered Planning (PCP) meeting and the Individual Plan of Service (IPOS)

- A behavioral need is identified

### 2. Functional Behavior Assessment (FBA)

- ▶ Provides insight into the function of a behavior, rather than just focusing on the target behavior
- ▶ Identifies positive behaviors supports tried but unsuccessful
- ▶ Need Physical Health exam to rule out medical factors

# Limitations to HCBS Final Rule

## How the process should flow

3. Behavior Treatment Plan (BTP) is developed
4. BTP is presented to the Behavioral Treatment Plan Review Committee (BTPRC) for approval. If approved,

# Limitations to HCBS Final Rule

## How the process should flow

### 5. **Special Consent** to implement the BTP is obtained

- ▶ The IPOS is amended to reflect the HCBS limitations
- ▶ Note: The general consent to the written IPOS and/or supports is NOT sufficient to authorize implementation of such a behavior treatment intervention.

# Limitations to HCBS Final Rule

## How the process should flow

6. Direct Support Professionals (DSP) must be trained on the BTP by the BTP author (psychologist).

- ▶ The train-the-trainer approach can NOT be used for BTP training
- ▶ Virtual training is permitted
- ▶ DSPs must have a copy of the BTP they are being trained on

# Limitations to HCBS Final Rule

## How the process should flow

6. Direct Support Professionals (DSP) must be trained on the BTP by the BTP author (psychologist). Cont.

- ▶ The training should include a method for documenting data collect
- ▶ Any changes to the BTP interventions requires new training.

7. The psychologist is responsible for monitoring and reviewing the plan with the BTPRC quarterly

# HCBS Final Rule

## Documenting Limitations

- ▶ **The restrictive or intrusive interventions in an IPOS should match what is in the BTP (and vice versa).**
- ▶ The restrictive or intrusive interventions in an IPOS must have a current supporting BTP (no more than 12 months old).
- ▶ Copies of Behavior Treatment Plans and Individual Plans of Service need to be at the service site.

# All HCBS Questions

Contact the Quality Residential/HCBS Team:

[HCBSInforPIHP@dwihn.org](mailto:HCBSInforPIHP@dwihn.org)

# Q1 & Q2 FY2023 Medicaid Claims Verification Review Findings

Service providers lacked a valid copy of the member's IPOS.

Valid IPOS = IPOS that was consented to by the member / legal representative.

- ▶ Evidence of verbal consent must meet statutory requirements.
  - ▶ Michigan Mental Health Code – it is witnessed and documented by an individual other than the individual providing services

# Q1 & Q2 FY2023 Medicaid Claims Verification Review Findings

New this year, Corrective Action Plans were issued to some CRSP Providers due to repeat findings of service providers lacking a copy of a valid IPOS.

The goal of this CAP is to ensure service providers are in receipt of a valid copy of the member's IPOS. Therefore, ensuring the accuracy and quality care being provided to the members receiving services.

# Q1 & Q2 FY2023 Medicaid Claims Verification Review Requirements

DWIHN must ensure that the service provider has a current valid IPOS that specifies the service they are providing.

- the DWIHN reviewer does not request the IPOS from the CRSP; it is requested from the service provider.
- DWIHN also addresses the lack of a “viewable” signature page / consent with the service provider when there is a lack of evidence of attempts to obtain signature pages.

# MCV Questions

Contact the Danielle Dobija:

[ddobija@dwihn.org](mailto:ddobija@dwihn.org)

# Critical/Sentinel Event Reporting Module Training

## FY 2023/2024 Training

### SECOND (2<sup>nd</sup>) THURSDAY TEAMS WEBINAR

9:00 a.m. – Noon

October 12

November 9

December 14

January 11

February 8

March 14

April 11

May 9

June 13

**Registration closes one (1) week prior to the webinar**

**PARTICIPANTS WILL NOT BE ADMITTED AFTER 9:10 A.M.**  
**Participants camera MUST REMAIN ON for ENTIRE training**

This training prepares and updates participants for the electronic submission of the Critical & Sentinel Events into the MHWIN Critical/Sentinel Event Module.

CRSP's may register a maximum of 10 staff per training. Additional training may be available based on the workload of the trainers (Request to Carla Spight Mackey, Sinitra Applewhite, or Micah Lindsey).

**Registration is required. Managers/Supervisors must register staff** by clicking on the link below and completing ALL of the information requested.

Email address MUST BE the organization email NOT personal emails.

**Space is Limited to the 1<sup>st</sup> 75 participants. Wait lists will be established.**

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

