

Quality Operations Technical Assistance Workgroup Meeting Agenda Wednesday, August 28, 2024 Via Zoom Link Platform 9:30 a.m. – 11:30 a.m.

Ι.	Annou	ncements	
•	Staff A	nnouncements	A. Siebert
	4	Laura Boros	
	4	Brianna Nelson	
II.	Substa	nce Use Disorder (SUD)	J. Davis/G. Lindsey
III.	Recipie	ent Rights	C. Witcher
IV.	DWIHN	I Policies	
	4	Crisis Access o Intensive Crisis Stabilization	D. West
	4	Quality Improvement <ul> <li>Reporting of Member CE, SE, and Death Policy</li> </ul> Clinical Practice Improvement	C. Spight-Mackey
		<ul> <li>IPOS Individual Plan of Service/Person-Centered Plan</li> <li>Children Services</li> </ul>	A. Gabridge
	4	<ul> <li>Children's Home and Community-Based Waiver</li> <li>Utilization Management</li> <li>Benefit Policy</li> </ul>	L. Gogliotti M. Hampton
V.	QAPIP	Effectiveness	M. Hampton
		Quality Improvement	
	a) b) c)	MDHHS HSW (1915 C) Waiver Updates Revisions to the Standardized IPOS CE/SE Updates • Train the Trainer • Care Academy • Fall Risk (MDHHS) Remediation Requirement	D. Dobija D. Dobija C. Spight-Mackey

VI. Adjournment



Quality Operations Technical Assistance Workgroup Meeting Agenda Wednesday, August 28, 2024 Via Zoom Link Platform 9:30 a.m. – 11:30 a.m. Note Taker: DeJa Jackson

#### 1) Item: Announcements:

- Laura Boros and Brianna Nelson were welcomed to the Quality Improvement team.
- The expansion of services to individuals with mild to moderate mental health diagnoses, regardless of residency. Our current services from the 707 W. Milwaukee location, adult outpatient services for individuals 18 years and older include: intake assessments, treatment planning, therapy, and psychiatric evaluations. DWIHN is working towards certification to extend services to children soon.
- Training for the Michigan Assessment Tool replacing the current tools is ongoing. Participants interested in attending these trainings should contact Cassandra Phipps, Director of Children Initiatives, <u>CPhipps@dwihn.org</u>.
- Conflict-Free Assessment and Planning; currently in discussion on new requirements from the state to ensure service planning activities for HCBS is independent from the delivery of HCBS services. The deadline was initially set for October 1<sup>st</sup>, but the deadline has now been extended.
- Marlena Hampton has been promoted Interim Director for Utilization Management, Stacy Sharp has been promoted to Clinical Officer, Laura Boros is now with Quality assisting with our Behavior Treatment Program, and Brianna Nelson is our new Clinical Specialist Performance Monitor in Quality.



2) Item: Substance Use Disorder (SUD) – G.Lindsey/ Judy Davis

#### 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		
Gregory Lindsey, Treatment Services Administrator SUD, shared the following SUD updates with the		
workgroup:		
<ul> <li>The new contract season has started, and providers are reminded to submit their budget documents for FY2025.</li> </ul>		
<ul> <li>Overdose Awareness Day will be observed on August 30<sup>th</sup> at Clark Park, featuring testimonials and training.</li> </ul>		
• The 25 <sup>th</sup> Annual SUD Conference will be held on September 16-17, focusing on data analytics,		
trauma treatment, and overdose prevention strategies.		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None required.		



#### 3) Item: Recipient Rights – Chad Witcher Goal: Updates from ORR

NCQA Standard(s)/Element #:	QI 🗌 (	CC# 🗆	UM #	□CR #	_ 🗆 RR #

Discussion		
Chad Witcher, Prevention Manager ORR, shared the following ORR updates:		
• MDHHS ORR, issued a guidance noting that incident reports are no longer considered by the department to be peer review work product or quality improvement work product and no longer confidential, however, DWIHN will continue to treat IRR's as confidential.		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
None required.		



#### 4) Item: DWIHN Policies Goal: Crisis Access: Intensive Crisis Stabilization

NCQA Standard(s)/Element #: QI 🗆 CC# 🗆 UM # 🗆 CR # 🗆 RR #		
Discussion		
Daniel West, Director of Clinical Services shared the following updates with the workgroup:		
Intensive Crisis Stabilization (ICS) Policy:		
The purpose of this policy is to delineate and describe the functions and oversight of DWIHN, the		
<ul> <li>Providers and/or their subcontractors, to implement intensive crisis stabilization services.</li> <li>Provides short-term alternatives to inpatient psychiatric services in the community.</li> </ul>		
<ul> <li>ICS services are available through Cope for adults and New Oakland Family Centers for children.</li> </ul>		
<ul> <li>The program offers structured treatment and support services in the least restrictive environment, typically for up to 28 days, focusing on preventing future crisis.</li> </ul>		
<ul> <li>Feedback was received from stakeholders that the ICS service does not provide crisis screenings or return-to-school letters for children in crisis, which is correct, ICS services are not intended to</li> </ul>		
be crisis assessment options for children in the community in those circumstances.		
Provider Feedback	Assigned To	Deadline
Question: When will this policy be available?		
Answer: Once the policy gets approved from required staff the policy will be made available on DWIHN's internet "Policy Stat"		
Action Items	Assigned To	Deadline
None required.		



#### 4) Item: DWIHN Policies

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#### Goal: Quality Improvement: Reporting of Member CE, SE, and Death Policy

NCQA Standard(s)/Element #: QI 🗆 CC# 🗆 UM # 🗆 CR # 🗆 RR #		
Discussion		
Carla Spight-Mackey, QI Clinical Specialist shared the following updates with the workgroup:		
Reporting of Member Critical and Sentinel Events and Death Policy:		
The purpose of this policy is to ensure that standards and procedures are established and applied for identification, reporting and investigation of member deaths, critical incidents, critical events and clinical peer review of sentinel events as required by the Michigan Department of Health and Human Services (MDHHS) Contract for Specialty Services and Supports, Michigan Department of Behavioral Health and Developmental Disabilities Administration Medicaid Managed Specialty Services and Support Program Waiver, for the purpose of improving the quality of care, monitoring of risk, and to deliver accurate reporting.		
<ul> <li>Requirement for providers to complete Root Cause Analysis (RCA) for all sentinel events within <u>15</u> days:</li> <li>Sentinel events include suicide, deaths, serious challenging behaviors, and arrests, an RCA must be initiated within two business days of the event's occurrence.</li> </ul>		
Provider Feedback	Assigned To	Deadline
Question: How can providers advocate for a more realistic timeframe?		
Answer: DWIHN has been in discussions with MDHHS on this issue. Some flexibility may eventually be granted. This requirement is important as DWIHN is under contractual requirement to report within the 30 day timeframe, the 15 day requirement from the providers will allow DWIHN to follow-up and request additional information as needed.		
Action Items	Assigned To	Deadline
None required.		



#### 4) Item: DWIHN Policies Goal: IPOS Individual Plan of Service/Person-Centered Plan

NCQA Standard(s)/Element #: QI 🗆 CC# 🗆 UM # 🗆 CR # 🗆 RR #		
Discussion		
Alison Gabridge, Manager of Clinical Practice Improvement, shared the following updates:		
IPOS Individual Plan of Service/Person-Centered Plan is to provide direction to the Integrated Care		
Organizations (ICOs) and Network and Out of Network providers in the provision and monitoring of Individual Plans of Service developed through a Person-Centered Process, that meet the requirements of the Michigan Department of Health and Human Services (MDHHS), Michigan Mental Health Code, and DWIHN. Updates to the IPOS Policy:		
<ul> <li>Changes include requiring explanations when the preplan and IPOS are completed on the same day and updating the question about members' choice of providers.</li> <li>New options were added to address legal representatives involvement in decisions about living</li> </ul>		
arrangements, roommates, food access, and participation in community activities.		
Provider Feedback	Assigned To	Deadline
No provider feedback was provided.		
Action Items	Assigned To	Deadline
None required.		



#### 4) Item: DWIHN Policies

#### Goal: Children's Home and Community-Based Waiver

NCQA Standard(s)/Element #: QI 🗆 CC# 🗆 UM # 🗆 CR # 🗆 RR #		
Discussion		
Luke Gogliotti, Clinical Specialist Children's Initiatives, shared the following updates with the workgroup:		
It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that a comprehensive array of services and supports that promote recovery, self-determination, community integration and participation, optimum independence, productivity and family resiliency will be provided to eligible individuals and their families through the Children's' Home and Community Based Services Waiver Program (CWP).		
<ul> <li>Changes to the Children's Home and Community-Based Waiver policy:</li> <li>Timing for pre-screen updates (required every six months) and the age out process for children in the waiver program.</li> <li>Children do not age out of the waiver on their 18<sup>th</sup> birthday, will age out at the end of the month of their birthday.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback was provided.		
Action Items	Assigned To	Deadline
None required.		



NCQA Standard(s)/Element #: QI 🗆 CC# 🗆 UM # 🗆 CR # 🗆 RR #		
Discussion		
Marlena Hampton, Interim Director of UM, shared the following updates:		
It shall be the policy of the Detroit Wayne Integrated Health Network (DWIHN) that the Benefit Plan (BP) be consistent with the Michigan Department of Health and Human Services (MDHHS) Community Mental Health Services, Program, federal waivers, contracts, policy guidelines, and technical advisories.		
As the Pre-Paid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) for the Detroit and Wayne County service area, DWIHN is establishing the overall eligibility/admission criteria and covered services to be contained within the BP. All persons entering the public mental health system, including those who are uninsured or under insured, shall meet the clinical admission criteria specified herein for the respective benefit plan.		
Benefits Policy updates:		
<ul> <li>Regarding transitions for children moving between care settings or aging out of services.</li> <li>The policy now includes specific guidance on transitions from child-serving institutions to community-based services and from child services to adult services.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback was provided.		
Action Items	Assigned To	Deadline
None required.		



5) Item: QAPIP Effectiveness

#### Goal: MDHHS HSW (1915 C) Waiver Updates/ Revisions to the Standardized IPOS

ICQA Standard(s)/Element #: QI 🗆 CC# 🗆 UM # 🗆 CR # 🗆 RR #		
Discussion		
Danielle Dobija, QI Administrator shared the following updates:		
MDHHS Waiver & iSPA CAP		
<ul> <li>MDHHS approved the Corrective Action Plan submitted. Anticipated 90 day follow-up to occur NovDec. 2024</li> </ul>		
IPOS Updates		
Add clarity in documenting		
<ul> <li>Goals and Objectives</li> <li>Supports and Services</li> </ul>		
<ul> <li>Improve compliance with regulatory requirements.</li> </ul>		
• Due September 30, 2024		
Same Day Pre-Planning and PCP/IPOS Meetings		
Choice of Service/Choice of Providers		
<ul> <li>HCBS Section</li> <li>Goal Section</li> </ul>		
Please review handout "Quality Improvement IPOS Updates" for additional information.		
Provider Feedback	Assigned To	Deadline
Question: When will the changes go into effect? Or do we implement these changes?		
Answer: You need to have these changes to the IPOS in your PCE system by September 30 <sup>th</sup> .		
Action Items	Assigned To	Deadline
Providers are to incorporate required changes to their PCE Systems by September 30, 2024.	Assigned providers.	September 30, 2024



#### 5) Item: QAPIP Effectiveness – Quality Improvement Goal: CE/SE Updates

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

NCQA Standard(s)/Element #: QI 🗆 CC# UM # UCR # UR #		
Discussion		
Carla Spight-Mackey, Clinical Specialist Performance Improvement, shared the following with the work		
group:		
• Fall risk category will become a sentinel event category that will be tracked starting October 1 <sup>st</sup> .		
• Train the trainer program is in process, please reach out to the QI team for more information.		
Provider Feedback	Assigned To	Deadline
No Provider feedback was provided.		
Action Items	Assigned To	Deadline
None required		

New Business Next Meeting: 09/25/24 Adjournment: 8/28/2024

# Quality Improvement IPOS Updates

Quality Operations Technical Assistance Workgroup August 28, 2024





#### **MDHHS Waiver & iSPA CAP**

On August 14, 2024, MDHHS approved the Corrective Action Plan submitted in response to the review completed March 11 – April 26, 2024.

Anticipated 90-day follow up to occur Nov. – Dec. 2024





**Purpose of Updates** 

#### **CRSP** Responsibilities

Add clarity in documenting

- Goals and Objectives
- Supports and Services

WIHN

Detroit Free Pres

Incorporate updates into CRSP PCE System

Improve compliance with regulatory requirements

Due: September 30, 2024



Same Day Pre-Planning and PCP / IPOS Meetings If yes, then a text box opens with instructions

Explain why you chose to have your pre-plan and PCP meeting / IPOS on the same day





Choice of Services / Choice of Providers

Supports and Well-Being section

Deleted "As a Habilitation Supports Waiver (HSW) enrollee, I understand that a service array..."

Replace with:

I was informed of an array of services available to me, if medically necessary, and information regarding providers was made available to me in the form of the regional provider directory.

Removed the N/A radio button for this statement





**HCBS** Section

Deleted "Is the member receiving or is in need of HCBS?"

Replaced with

Do you live in a setting that is owned or controlled by a provider? ("Controlled" means the provider supplies the support staff, you accept that your choice of support staff in the home is limited to the staff employed by the provider.)





HCBS (cont.)

For Question "Did you choose where you live?"

Added the response option

I have a legal representative that helped me choose my living arrangement





HCBS (cont.) For Question "I like my roommate(s)." Added the response option

I do not have a roommate





HCBS (cont.)

For Question "I can choose my roommate(s)."

Added the response option

If I want a roommate, I have the option to choose my roommate.





HCBS (cont.)

For Question "I can choose to close & lock my bedroom door"

Added the response option

I have chosen to room with a housemate that has health and safety needs requiring a non-locking door





HCBS (cont.)

For Question "I can choose to close & lock my bathroom door"

Added the response option

I have chosen to room with a housemate that has health and safety needs requiring a non-locking door





HCBS (cont.)

For Question "I can eat snacks/meals when and where I want."

Added the response option

I have chosen to live with a housemate that has health and safety needs requiring access to food being restricted.

Note: For this standard, the IPOS needs to identify what accommodations have been put in place to provide the member with access to food.





HCBS (cont.)

For Question "I attend a place of worship of my choice."

- Added the response option
- I choose not to participate in worship activities currently.





HCBS (cont.)

For Question "I attend community/recreational events as often as I want."

Changed to

I have the opportunity to attend community/recreational events as often as I want.





HCBS (cont.)

Deleted the question "Is there a fade plan in place?"

Replaced with

Describe the plan for reducing / eliminating the limitations. What skills / behaviors / level of functioning does the individual need to accomplish to eliminate the need for the limitations.





HCBS (cont.)

Deleted the question "Was informed consent obtained?'

Replaced with

Enter date of informed consent

Replace text box with a date field





**Goal Section** 

Added a new, required text field between the Interventions section & Implementation Date

New section titled:

Services to Support the Goal - Amount, Scope, & Frequency





**Goal Section** 

Services to Support the Goal - Amount, Scope, & Frequency

Included the following definitions

Amount: The number of units (e.g., 25 15-minute units of community living supports) of service identified in the individual plan of service or treatment plan to be provided.





**Goal Section** 

Services to Support the Goal - Amount, Scope, & Frequency

Included the following definitions (cont.)

Scope: The parameters within which the service will be provided, including Who (e.g., professional, direct support professional/staff, aide supervised by a professional); How (e.g., face-to-face, group/shared with others or individual); and Where (e.g., community setting, office, beneficiary's home)





**Goal Section** 

Services to Support the Goal - Amount, Scope, & Frequency

Included the following definitions (cont.)

Frequency of Service(s): (e.g., daily, weekly, monthly, quarterly).

Duration: The length of time (e.g., three weeks, six months) it is expected that a service identified in the individual plan of service or treatment plan will be provided.



