



## **Detroit Wayne Integrated Health Network**

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### **PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, March 13, 2024 St. Regis Hotel, 1<sup>st</sup> Floor Conference Room 1:00 p.m. – 3:00 p.m.**

#### **AGENDA**

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
  - A. Children's Initiatives** – Provide an update on the large number of students that are in the Juvenile Restorative program at the Juvenile Facility.
- VI. Approval of the Minutes** – February 14, 2024
- VII. Report(s)**
  - A. Chief Medical Officer
  - B. Corporate Compliance - **None**
- VIII. Quarterly Reports**
  - A. Autism Spectrum Disorder
  - B. Children's Initiatives
  - C. Customer Service
  - D. Integrated Health Care
- IX. Integrated Health Care's (IHC) Population Assessment Presentation Summary**
  - A. IHC's Population Assessment Full Report
- X. Strategic Plan Pillar** – **None**
- XI. Quality Review(s)** – **None**

#### **Board of Directors**

Kenya Ruth, Chairperson  
Karima Bentounsi  
Angelo Glenn

Dr. Cynthia Tauег, Vice-Chairperson  
Angela Bullock  
Jonathan C. Kinloch

Dora Brown, Treasurer  
Lynne F. Carter, M.D.  
Kevin McNamara

William Phillips, Secretary  
Eva Garza Dewaelsche  
Bernard Parker

Eric W. Doeh, President and CEO



**XII. VP of Clinical Operations' Executive Summary**

**XIII. Unfinished Business**

- A. **BA #23-57 (Revised 3)** – Claims, Audit & Utilization Review Systems - BizAnalytix
- B. **BA #24-01 (Revised)** – MDHHS' Children's Initiatives Grants
- C. **BA #24-06 (Revised 4)** – DWIHN Provider Network FY 24
- D. **BA #24-12 (Revised)** – Substance Use Disorder Treatment Network FY 24 – Brochures and Promotional Items
- E. **BA #24-13 (Revised)** – Substance Use Disorder Prevention Network FY 24 – Additional Prevention Providers

**XIV. New Business (Staff Recommendations)**

- A. **BA #24-47** – FY 23/24 MI Health Link Demonstration Project

**XV. Good and Welfare/Public Comment**

Members of the public are welcome to address the Board during this time up to two (2) minutes ***(The Board Liaison will notify the Chair when the time limit has been met)***. Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

**XVI. Adjournment**

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**FEBRUARY 14, 2024**

**1:00 P.M.**

***IN-PERSON MEETING***

<b>MEETING CALLED BY</b>	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:09 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Cynthia Taueg, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Angela Bullock, Dr. Lynne Carter; Commissioner Jonathan Kinloch; Bernard Parker; and Dr. Cynthia Taueg</p> <p><b>Committee Members Excused:</b> William Phillips</p> <p><b>Staff:</b> Brooke Blackwell; Yvonne Bostic; Judy Davis; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Ebony Reynolds; April Siebert; Andrea Smith; Maria Stanfield; Rai Williams; and Grace Wolf</p> <p><b>Staff Virtual:</b> Cassandra Phipps; Yolanda Turner; and Leigh Wayna</p>

## AGENDA TOPICS

### II. Moment of Silence

<b>DISCUSSION</b>	Dr. Taueg, Chair called for a moment of silence.
<b>CONCLUSIONS</b>	Moment of silence was taken.

### III. Roll Call

<b>DISCUSSION</b>	Dr. Taueg, Chair called for a roll call.
<b>CONCLUSIONS</b>	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

### IV. Approval of the Agenda

<b>DISCUSSION/ CONCLUSIONS</b>	Dr. Taueg, Chair called for a motion to approve the agenda. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Parker to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried.</b>
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**V. Follow-Up Items from Previous Meetings**

<b>DISCUSSION/ CONCLUSIONS</b>	<i>There were no follow-Up items from previous meetings to review this month.</i>
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**VI. Approval of the Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	Dr. Tauег, Chair called for a motion to approve the January 10, 2024, meeting minutes. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Parker to approve the January 10, 2024 meeting minutes. Dr. Tauег asked if there were any changes/modifications to the January 10, 2024 meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b>
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**VII. Reports**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer</b> – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update of the Chief Medical Officer’s report. It was reported:</p> <ol style="list-style-type: none"> <li>1. <b>Behavioral Health Education, Outreach and Updates</b> – Awareness on respiratory illness in the fall and winter and Xylazine were presented in the Ask the Doc Newsletter in February. DWIHN continues its’ teaching collaborative with Wayne State University’s Child and Adolescent Psychiatry and focused on CMH history and services as well as Crisis Continuum Services during January and February. A meeting is being scheduled with St. Mary Mercy Psychiatry teaching program to learn more about the Crisis Center and possibilities of Psychiatry resident rotation and moonlighting.</li> <li>2. <b>Zero Suicide Update</b> – DWIHN has launched a Zero Suicide Council with internal and external members; an internal advisory board that will be doing a comprehensive review of DWIHN’s policies, procedures, and practices to help complete baseline Organizational Self-Study; trained staff on the Zero Suicide Model; and has completed the components of SAMHSA requirements.</li> <li>3. <b>Integrated Health Department</b> – DWIHN’s Pay for Performance Measures’ percentage withhold incentive earned increased from 74.4% (\$4,160,433.51) in 2020 to 93% (\$6,411,432.34) in 2023. DWIHN’s annual population assessment shows that 71% of our members had an identified Primary Care Physician in 2023, which is an increase from 66% (2022) and 69% (2021). ADHD remains the highest diagnosis in children served followed by Autism. Asthma is the highest physical condition in children followed by obesity. Hypertension is the most common diagnosis for adults followed by diabetes. Diabetic screening has increased from 64% (2021) to 73% (2022) and 2023 data is preliminary (68%). Major depression is consistently the most common diagnosis for Behavioral Health Analysis and being monitored by PHQ screening and adherence but also adherence to antidepressants, 26.94% (2020) to 40.36% (2023).</li> <li>4. <b>Crisis Center and Mobile Crisis Updates</b> – More than 60% of staff have been hired; DWIHN is currently interviewing for Psychiatrists and APP positions; and the Mobile Crisis has been launched.</li> </ol> <p>Dr. Tauег opened the floor for discussion. Discussion ensued. The committee requested that the NCQA assessment be made available to the board members as well as include it in the Integrated Health Department’s next quarterly report. <b>(Action)</b></p> <p>B. <b>Corporate Compliance</b> – <i>There was no Corporate Compliance report to review this month.</i></p>
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The Chair noted that the Chief Medical Officer’s report has been received and placed on file.

### VIII. Quarterly Reports

#### DISCUSSION/ CONCLUSIONS

- A. **Access Call Center** – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s quarterly report. It was reported that:
1. **Activity 1: Call Center Performance – Call Detail Report** – FY 23, 1<sup>st</sup> Q, there were 49,975 calls handled compared to FY 24, 1<sup>st</sup> quarter, there were 49,850 calls handled. There were 125 less calls handled, and the abandonment rate comparison was 3.7% to 5.16%, reflecting an increase of 1.39%.
  2. **Activity 2: Appointment Availability – Hospital Discharge Follow-up** – There was an average of 51% of appointment availability within the 7-day timeframe in October 2023 and an average of 80% in December 2023. There was a total of 2,495 hospital discharge follow-up appointments scheduled during the first quarter and 1,772 (71.02%) of them were scheduled in a timely manner. The rate of No Show decreased during the 1<sup>st</sup> quarter from 52% to 35%.
  3. **Accomplishments and Updates** – The department received trainings and overviews on DWIHN’s Mobile Crisis Unit, CCBHC Services, Genesys Cloud Phone System, SUD Recipient Rights and Communicable Diseases, Customer Service Skills and the MichiCANS Soft Launch. The department completed and passed the HSAG Corrective Action Plan Review and DWIHN Internal QI Review. Five positions in the department have been filled as well as identified opportunities for improvement.
- Dr. Taueg opened the floor for discussion. Discussion ensued.
- B. **Innovation and Community Engagement** – Andrea Smith, Director of Innovation and Community Engagement submitted and gave highlights of the Innovation and Community Engagement’s quarterly report. It was reported that:
1. **Activity 1: Justice Involved Initiatives – DWIHN/DPD Mental Health Co-Response Partnership** is to improve the law enforcement response to individuals experiencing mental health crises and to prevent future crises by connecting them early on to supportive services. *Co-Response Teams* had a total of 780 encounters; 284 individuals were connected to a service, which included 92 suicide calls (appropriate interventions to prevent harm were provided to the consumers); and 62 overdose calls (various resources were provided). *Communications Behavioral Health Specialist* referred 98 individuals for follow-up; six (6) received support; nine (9) denied services/or unable to be reached by phone. *Mental Health Jail Navigator* interviewed/referred 21 individuals to be placed in the program for this quarter; seven (7) did not meet the criteria or was released from jail prior to the formal administrative jail release process; and 17 were monitored and connected to Team Wellness and/or Detroit Rescue Mission Ministries for outpatient and/or substance use inpatient services. The Detroit Homeless Outreach Team provided outreach services to 364 individuals during this quarter and connected 59 individuals to various services/resources/supports. DWIHN hosted a one CIT 40-hour block during this quarter training 17 officers, one course for dispatchers and call-takers and two courses for Crisis Response Training for the Detroit Police Academy Cadets. DWIHN has received a van for the Homeless Outreach

Team and will be presented at next week's Full Board meeting. DWIHN was notified of a funding award from the City of Detroit via their ARPA Opioid Settlement Dollars.

2. **Activity 2: Workforce Development/Compliance Training** – All required courses and 12 supplemental courses were finalized in the Rise 360 software and three course are pending approval from internal departments; and 10 new Autism-specific courses were added to the supplemental category of the DWC learning management system. All courses will be uploaded to the compliance site once pending courses are approved. The target date to go live is March 1, 2024.

3. **Activity 3: Student Learning Program** – Students engaged with the University of Michigan School of Social Work (UMSSW) specialty training program will receive a tuition stipend from UMSSW for committing to complete their field placement within the provider network and employment in a health professional shortage area for two years post-graduation. There are 52 students that are placed within the provider network this quarter. DWIHN's 707 W. Milwaukee site has been updated and approved as a National Health Services Corp (NHSC) site. Student loan repayment and forgiveness program-application approved for DWIHN to receive Health Professional Shortage Area (HPSA) designation from the Health Resources and Services Administration.

Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested an update on the large number of students that are in the Juvenile Restorative program at the Juvenile Facility. **(Action)**

C. **Managed Care Operations** – Rai Williams, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations' quarterly report. It was reported:

1. **Activity 1: New Provider Changes to the Network/Provider Challenges** – DWIHN continues to monitor and notice changes in the network. Additional providers are being added to the network based on need. Request for Proposals (RFP) are also utilized as a means to recruiting new providers, particularly in areas of shortages (e.g., Autism). In the first quarter of FY 24, there was a total of 18 new location/service additions and 17 new providers added to the DWIHN network. Staff are currently working to improve the onboarding process for existing providers. Additional licensure has been requested to leverage technology to automate the process and pre-screen inquiries to the network. A contingency plan has been created to monitor/track expansion requests. The department plans are to complete a needs assessment, train internal/external stakeholders on onboarding process, train additional staff on HCBS Review Tool.

2. **Activity 2: Credentialing** – FY 24, Q1, 229 practitioners were approved and 27 providers were approved. The team has prepared hundreds of files for the ICO Audits/Reviews and NCQA readiness and met with the State regarding Universal Credentialing Customer Relationship Management System. Policies to ensure compliance with the accrediting body and Federal and State regulations have been revised. The department will publish a RFP to procure a Credentialing Verification Organization in 2024 and develop a transition plan for Medversant Technologies, LLC.

3. **Activity 3: Procedure Code Workgroup (PCWG)** – In Q1, FY 24, the PCWG resolved 185 tickets; 822 MDHHS rate updates; 157 new codes, 748 additional codes/rate changes to existing programs/contracts and 92 providers requested changes. Staff successfully used the Batch Fee Schedule Adjuster to adjust rates for all of the FY 22 codes in the SUD contract

program effective 10/1/22; and set the Batch Fee Schedule Adjuster to adjust the rates for all of the FY 23 codes in the SUD contract program with the effective date of 10/1/23. All necessary rate updates and clean up projects in accordance with timelines were resolved. The department plans to track turnaround times for PCWG tickets and ensure new rates and communications are sent to the provider network and post it on the DWIHN website.

Dr. Taueg opened the floor for discussion. Discussion ensued. Ms. Williams informed the committee that she will be implementing mini surveys for her team to ensure that there is a work-life balance and that they are satisfied with the work that they do and will share with the committee the results from the surveys. **(Action)**

D. **Substance Use Disorder** – Judy Davis, Director of Substance Use Disorder submitted and gave highlights of the Substance Use Disorder’s quarterly report. It was reported:

1. **Analyzing the services provided by SUD for Quarter 1**- There was an increase in admissions from FY 23, Q1 (3436) compared to FY 24, Q1 (3508). The majority of the members served was males, the majority of level of care that they received was residential services followed by detox and the age group was 26 years old to 39 followed by the age group of 50 years old to 64 years old. DWIHN will continue to provide education through our media efforts to ensure everyone is aware of the SUD services we provide.
2. **Reviewed Synar Data and Compliance for Wayne County** – DWIHN has partnered with MDHHS to enforce the Synar Program in Michigan. The program is designed to prevent the illegal sale of tobacco products to individuals under the age of 21 years old. We are required to have a rate of 20% or less in sales in Wayne County and for FY 23, DWIHN did meet the sales rate of 16.8%.
3. **Evaluated the State Opioid Response Program** – For the last two fiscal years, the Overdose Education and Naloxone distribution (OEND) with Harm Reduction programming showed an 108% increase in OEND services and an 85.3% increase in Mobile Unit services provided by Wayne County. These services also include the Narcan and Fentanyl distribution in Detera bags. There was an 83% increase over the last two fiscal years in the Mobile Care Unit, which provides various SUD services to Wayne County. The Government Performance Resolve Act (GPRA) data survey is a current issue for providers as well as providers facing staffing issues to complete the survey in a timely manner. This survey is part of the grant and DWIHN is expected to have a compliance rate of 80% and we are currently at 19%. Staff has provided additional technical assistance to the providers and meeting with Wayne State University, the overseer of the GPRA data collection in efforts to increase the compliance rate.

Dr. Taueg opened the floor for discussion. Discussion ensued.

The Chair noted that the Access Call Center, Innovation and Community Engagement, Managed Care Operations and Substance Use Disorder’s quarterly reports have been received and placed on file.

## IX. Strategic Plan Pillar

DISCUSSION/

*There was no Strategic Plan Pillar to review this month.*

<b>CONCLUSIONS</b>	
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**X. Quality Review(s)**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>April Sieber, Director of Quality Improvement submitted and gave an update on the Quality Assurance Performance Improvement Plan (QAPIP) Plan Description FY 2023-205, QAPIP Annual Evaluation and Workplan FY 2022-2023 and the QAPIP Workplan FY 2023-2024 for board approval. It was reported:</p> <ul style="list-style-type: none"> <li>A. <b>QAPIP Executive Summary</b> – Provides an overview of the QAPIP Plan Description FY 2023-2025; Evaluation FY 2023 and the Workplan FY 2024.</li> <li>B. <b>QAPIP Plan Description FY 2023-2025</b> – This two-year plan is reviewed annually at a minimum to ensure compliance; follows a structured format that aligns with the MDHHS contract, NCQA Standards and 42 CFR Federal Regulations. Updates and outcomes to the QAPIP Plan will include Sentinel Events Committee/Peer Review Committee; Behavioral Treatment Advisory Committee; Customer Service Committee; Access Committee; Constituent’s Voice and the Workplan FY 2024.</li> <li>C. <b>QAPIP Annual Evaluation and Workplan FY 2022-2023</b> – There was a total of 35 objectives with goals that are aligned with the six pillars (Customer, Access, Quality, Workforce, Finance and Advocacy) that are identified in DWIHN’s Strategic Plan. Of the 35 objectives, 28 met the evaluation outcomes identified in the Workplan; two (2) objectives were partially met and six (6) objectives did not meet the established quality compass benchmark.</li> <li>D. <b>QAPIP Workplan FY 2023-2024</b> – Objectives that were partially met or not met will be included in the Workplan FY 2024.</li> </ul> <p>Performance standards that exceeded expectations for FY 23, External Quality Reviews (HSAG); Performance Indicators; Member Experience with Services; Performance Monitoring of provider network; Verification of Services; Critical and Sentinel Events Reporting and Behavioral Treatment Review Reporting. Performance Improvement Projects and Recidivism or Readmission within 30 days for adults remain as an opportunity for improvement. Once the approval process is completed, the information will be on DWIHN’s website for Stakeholders, members and providers to review.</p> <p>Dr. Tauег called for a motion on the QAPIP Plan Description FY 2023-205, QAPIP Annual Evaluation and Workplan FY 2022-2023 and the QAPIP Workplan FY 2023-2024. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move the QAPIP Plan Description FY 2023-205, QAPIP Annual Evaluation and Workplan FY 2022-2023 and the QAPIP Workplan FY 2023-2024 to Full Board for approval. Dr. Tauег opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p>
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**XI. VP of Clinical Operations’ Report**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>On behalf of Melissa Moody, VP of Clinical Operations, Dr. Shama Faheem, Chief Medical Director reported that DWIHN is looking at four locations for the Direct Clinical Services program, a Hub location and leasing options for a location at Canfield and Woodward as well as identifying the data and eligible population for that clinic. Ebony Reynolds was introduced to the committee as the new VP of the Direct Clinical Services program.</p>
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## XII. Unfinished Business

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>BA #22-66 (Revised 4)</b> – HPS Consulting, LLC Amendment for NCQA – Staff requesting board approval to extend the contract with HPS Consulting, LLC for two (2) months through April 30, 2024 for Phase 5 and add funds of \$12,125 (97 hours @ \$125/hr.) for the NCQA Accreditation. An RFP is in process and the additional time will allow the services to continue until such a time an award is determined. The revised contract is not to exceed \$231,500.00 through April 30, 2024. Dr. Tauег called for a motion on BA #22-66 (Revised 4). <b>Motion:</b> It was moved by Mrs. Bullock and supported by Commissioner Kinloch to move BA #22-66 (Revised 4) to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>B. <b>BA #24-06 (Revised 3)</b> – DWIHN Provider Network System FY 24 – Staff requesting board approval to add four (4) additional providers (two outpatient providers and two residential providers) to the DWIHN provider network. This board action requires no budget increase due to reallocation of funds within the total budget. Dr. Tauег called for a motion on BA #24-06 (Revised 3). <b>Motion:</b> It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #24-06 (Revised 3) to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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## XIII. New Business: Staff Recommendation(s)

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>BA #24-49</b> – Medical Laboratory Testing Services – Staff requesting board approval for a three (3) year contract with OSP Health, LLC (selected under RFP #2024-005) to provide laboratory testing to individuals served at the Care Center, March 1, 2024 through February 28, 2027. The contract amount shall not exceed \$150,000.00 for the duration of the three years. Dr. Tauег called for a motion on BA #24-49. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Commissioner Kinloch to move BA #24-49 to Full Board for approval. Dr. Tauег opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>B. <b>BA #24-50</b> – Care Center Pharmacy Services – Staff requesting board approval for a three-year contract with Warriors Pharmacy to provide medications and medical supplies to individuals served at the Care Center. The contract amount shall not exceed \$360,000.00 for the duration of the three years. Dr. Tauег called for a motion on BA #24-50. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move BA #24-50 to Full Board for approval. Dr. Tauег opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>C. <b>BA #24-54</b> – Michigan Collaborative Care Program (MC3) and Behavioral Health Consultant – Staff requesting board approval of a one-year contract for an amount not to exceed \$96,636.00 to provide behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists (<i>Note: The State of Michigan identified Starfish Family Services to provide the Behavioral Health Consultant</i>). Dr. Tauег called for a motion on BA #24-54. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move BA #24-54 to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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	<p>D. <b>BA #24-55</b> – Linen Services – Staff requesting board approval for a three-year contract (with up to two one-year renewal options) with Maurer’s Textile Rental Services, Inc. to provide clean linen supply and patient laundry services to individuals served at the Care Center from March 1, 2024 through February 28, 2027. The amount shall not exceed \$136,584.00 for the duration of the three years. Dr. Tauег called for a motion on BA #24-55. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move BA #24-55 to Full Board. Dr. Tauег opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>E. <b>BA #24-56</b> – iMPROve Health (formerly MPRO) – Staff requesting board approval to award a service contract with iMPROve Health (formerly MPRO) to collaborate utilization reviews and authorization decisions related to the provision of behavioral health services as well as assist with decision-making process for clinical claims adjudication. The contract term is from April 1, 2024 through March 31, 2027. The current funding for this budget item is \$100,000 per year and staff is requesting a three-year contract in the total not to exceed \$300,000.00. Dr. Tauег called for a motion on BA #24-56. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Dr. Carter to move BA #24-56 to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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**XIV. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSIONS</b>	<i>There was no Good and Welfare/Public Comment to report at this meeting.</i>
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ACTION ITEMS	Responsible Person	Due Date
1. <b>Chief Medical Officer’s Report</b> – Provide a review of the NCQA assessment to the board members in the Integrated Health Department’s next quarterly report.	Vicky Politowski	<b>March 13,2024</b>
2. <b>Innovation and Community Engagement</b> – Provide an update on the large number of students that are in the Juvenile Restorative program at the Juvenile Facility	Cassandra Phipps	<b>March 13, 2024</b>
3. <b>Managed Care Operations</b> – Provide results of the Work-Life Staff survey once results are completed	Rai Williams	<b>TBA</b>

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Parker and supported by Dr. Carter to adjourn the meeting. **Motion carried.**

**ADJOURNED:** 2:26 p.m.

**NEXT MEETING:** Wednesday, March 13, 2024 at 1:00 p.m.

**Program Compliance Committee  
Chief Medical Officer's Report  
March 2024**

**BEHAVIORAL HEALTH EDUCATION, OUTREACH AND UPDATES:**

Ask the Doc Newsletter on Xylazine Awareness

New plan to have our Crisis Center Medical Director participate in the awareness newsletters and video.

Teaching Collaborative

- Legal has been working on some of our collaborative teaching agreements.
  - Agreement with Nurse Practitioner Program completed
  - Agreement with Physician Assistant program in Final review with Compliance
  - Agreement with Child and Adolescent Psychiatry Fellow- completed.
  
- Meeting with St. Mary Mercy Hospital program Director regarding Crisis Services, rotation opportunities and job opportunities.
- Meeting requested with Authority health Program Director.

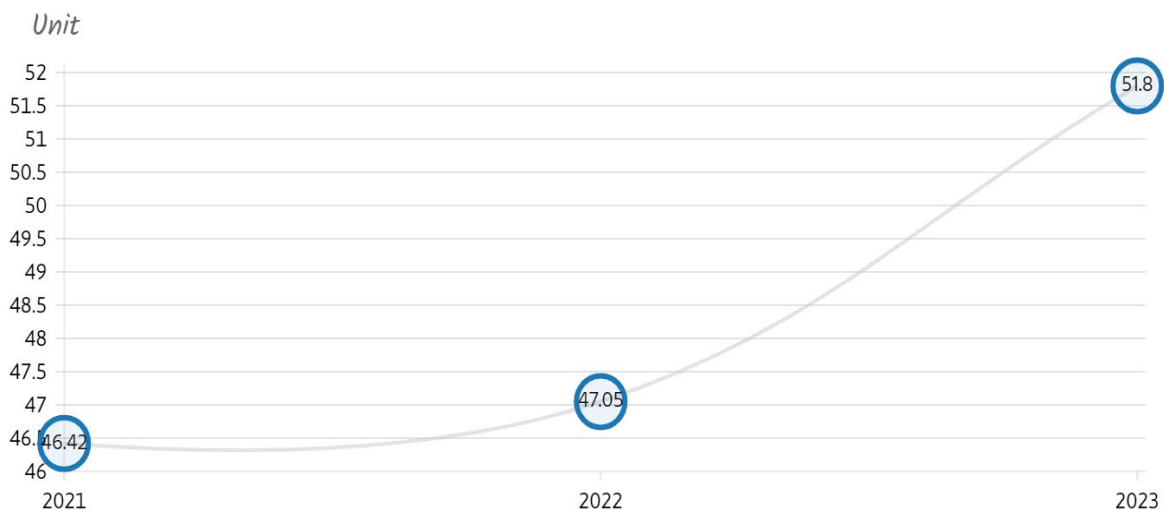
**PSYCHOTROPIC MEDICATION ADHERENCE**

Our Population has struggled with adherence to psychiatric medications whether it is antidepressants for depression or antipsychotics for Schizophrenia Spectrum Disorder

**HEDIS- SAA**

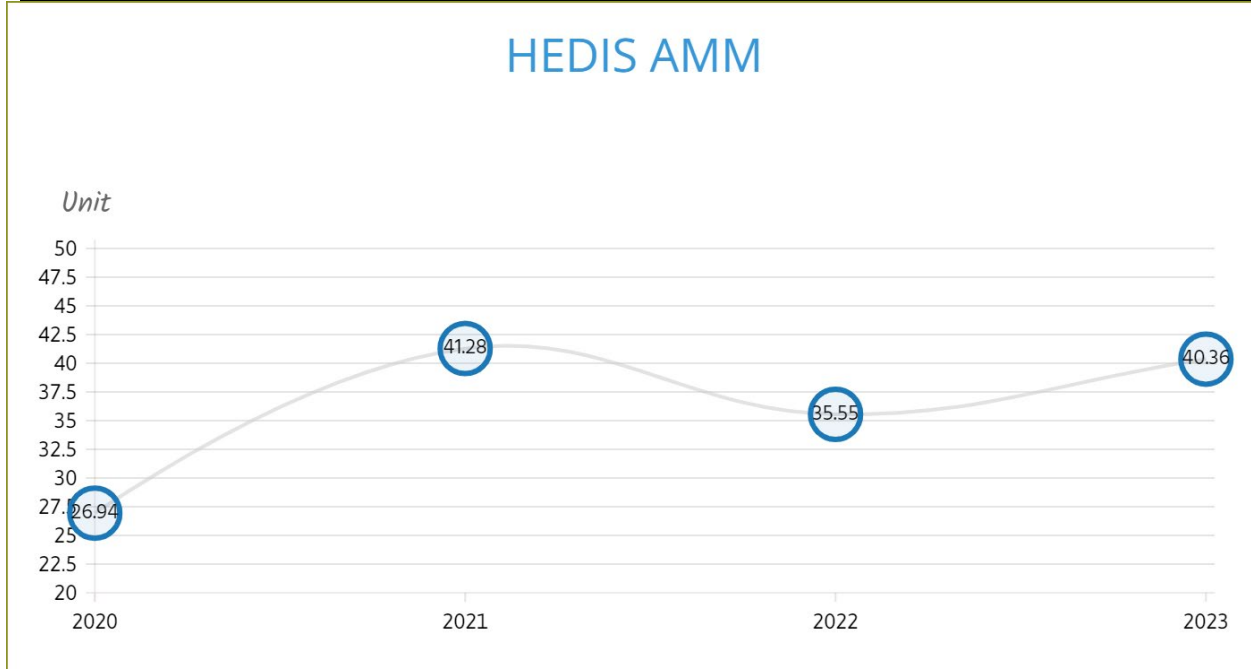
**Members 18 years old and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent or greater of their treatment period.**

HEDIS SAA



### **HEDIS AMM**

Medication compliance of members 18 years or older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications for at least 84 days (12 weeks)



### **PLANS:**

**MED DROP:** Med Drop is a community-based intervention that focuses on improving medication adherence for adults and children who have challenges taking their medications in the prescribed manner. It improves adherence by delivering medication directly to the person's home 365 days a year, while observing them self-administer their medication.

FY 21- There were 53 members served and the enrolled ones had 90.6% medication adherence rate. There was a 75% reduction in the number of psychiatric hospital admissions for members while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions in the 12 months prior and a 67% reduction in psychiatric hospital days for members while participating in Med Drop Program. Despite positive data for this strong intervention, the enrollment numbers were low, which were attributed to provider's lack of information about the program and its processes, hence an identified opportunity for next year. Enrollment at any time averaged <40

FY 22- In order to improve enrollment and specify that non-adherence to medications was a criteria for Med drop referral, the Chief Medical officer and Clinical Officer sent Memo to the Medical Directors and Clinical Directors of providers encouraging them to increase enrollment and did one on one meetings to answer any questions or concerns. As a result, Med drop enrollment increased to 95 members served during this Remeasurement though was still less than what was expected. The enrolled members had an overall medication adherence rate of 93.1%. There was a 61% reduction in the number of psychiatric hospital admissions for members while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions in the 12 months prior and a 66% reduction in psychiatric hospital days for them while participating in Med Drop Program, compared to the number of psychiatric hospital days used in the 12 months prior. Enrollment at any given time < 50

FY 23- In FY 23, Med Drop continued to show positive results in terms of medication adherence with 95% adherence rate and served a total of 103 members. There was 46% reduction in psych admissions. Enrollment increased slowly due to ongoing efforts by Clinical teams. Enrollment at any given time < 60

We have made following additional revisions to our plan:

1. List of potential individuals expanded to include members from AOT list, Recidivism list, antidepressant and antipsychotic HEDIS non-compliance list. Active enrollment efforts with one-on-one meetings with CRSP regarding cases helping them walk through the process.
2. Crisis Liaisons have started to visit selected hospitalized individuals and have prompts in their discharge planning sheets to assess need for Med Drop at discharge.
3. Crisis center Discharge planning to incorporate med drop enrollment.

FY 24- Current enrollment is 65 which is an increase in 9 cases in just one month as compared to last month. 7 referrals pending. This appears to be the highest increase in enrollment at any point but is still below our goal.

**MEDICATION ADHERENCE WORKGROUP:** Multiple PIHP Medical Directors are currently participating in a joint workgroup to address medication adherence, particularly antipsychotic adherences. There is representation from the State, PCE Systems, and some experts from APA were also invited. Various strategies are currently discussed including creation of prompts in EMR that would give directions on use of long acting injectables where appropriate as well as pharmacy drop service expansion.

**STATE MEDICAL DIRECTOR MEETING:**

State Medical Director meeting with Dr. Pinals focused on Assisted Outpatient Treatment (AOT) improvement Plans through Michigan Health Diversion Council that has been offering grants to improve the infrastructure.

There was detailed conversation around the use of Artificial intelligence in Community Mental Health System given that multiple CMHSPs/PIHPs have been recently approached by several AI companies. There was discussion the benefits vs risk and scenarios that will require more active attention by the Medical Directors.

**CRISIS CENTER AND MOBILE CRISIS UPDATES:**

- Crisis Center processes and hiring are in the final stages. Orientations and training for new hires are continuing.
- DWIHN is following the model with the use of peers throughout the admission process. We have successfully recruited 25/26 peers.
- The State has started the Adult CSU certification with two pilot sites with DWIHN being one.
- It is a 5-week process with weekly uploads with 1<sup>st</sup> part completed.
- Regarding psychiatrist and Advanced Practice professional hiring:
  - Out of 8 full-time APP positions 3 have accepted the offer and interviews are still ongoing, one offer is pending.
  - Out of 2 full time psychiatrist positions, 2 interviews were completed, and 2 offers given. None have accepted the offer. Of 4 part-time positions, 2 have been hired and 1 has a pending offer and 2 are being scheduled for interview.
  - Orientation and educational material have been created for the Psychiatry hires.
  - Psychiatric Practice standards and Treatment Protocols are being written and finalized.
- Mobile Crisis launched in December. Children mobile certification received end of February and services started in March. Currently developing data points and reports to start reviewing and presenting them.

**Program Compliance Committee Meeting**  
**Autism Services Department**  
**FY 2024, Quarter 1 Report**  
**(October – December 2023)**



**Main Activities during Reporting Period:**

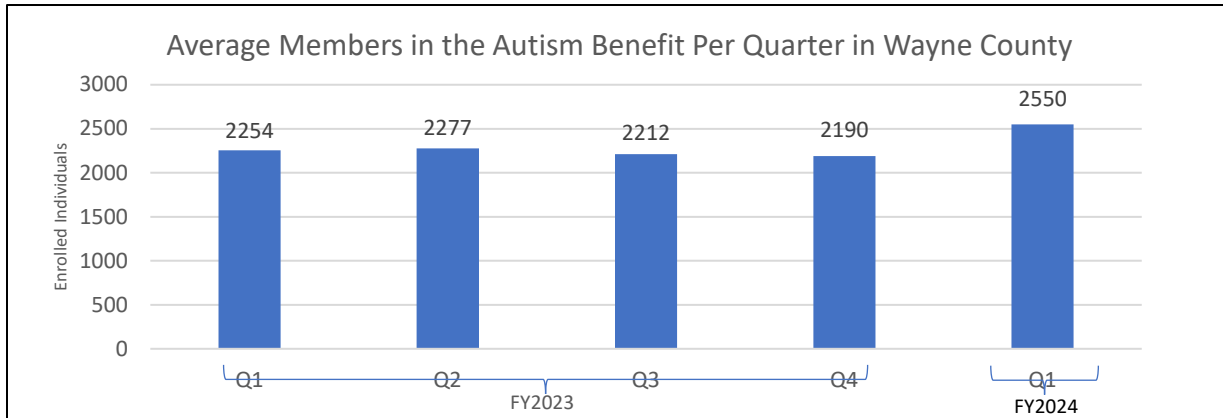
- **Activity 1:** Autism Benefit Enrollment
- **Activity 2:** Initial Diagnostic Evaluations
- **Activity 3:** ABA Services

**Progress On Major Activities:**

**Activity 1: Autism Benefit Enrollment**

**Description:** DWIHN Autism Services Department oversees autism services for youth and young adults up to 21<sup>st</sup> birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive and or restrictive behaviors that are typical of Autism Spectrum Disorder.

**Current Status:** There was an average of 2,550 members assigned to DWIHN’s ABA Service Provider network for FY 2024, Q1. This was a slight increase of members enrolled compared to the overall average for fiscal year 2023 of 2,233 members. The increase is attributed to the expansion of ABA Service Providers to the network as well as current ABA Service Providers expanding service locations. In addition, during FY 24, Q1 there were 21 members enrolled in the autism benefit with serious emotional disturbance (SED) disability designation and 3,135 members with intellectual developmental disabilities (IDD). *Note: This total includes both initial evaluations and re-evaluations.*



**Major Accomplishments During Period:** During this reporting period the second Special Need Evaluation occurred during November 2023; in which, (4) ABA Providers met qualifications for the 2023-005 Request for Qualifications (RFQ). As of 3/4/24 there are a total of 26 ABA Providers that met qualifications to be considered as an ABA Provider for the network.

**Number of ABA Providers Met Request for Qualifications (2023-005 RFQ)**

Fiscal Year	Quarter 1 (Oct – Dec)	Quarter 2 (Jan – Mar)	Quarter 3 (Apr – Jun)	Quarter 4 (Jul – Sep)	Total # of ABA Providers
2023	NA	12	NA	9	21
2024	4	NA	NA	NA	5
				<b>Total</b>	<b>26</b>

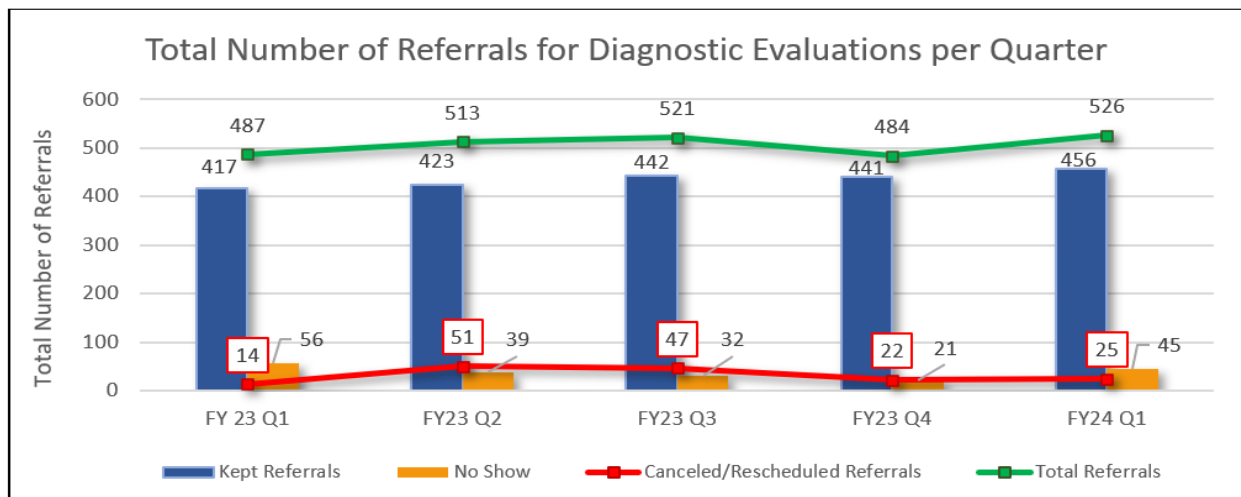
**Needs or Current Issues:** There is still the need to continue to identify qualified ABA Providers to meet the needs of youth enrolled in the autism benefit.

**Plan:** 1). Continue the (5) year RFQ to identify ABA Providers, 2). Hire an additional Autism Benefit Support Specialist.

**Activity 2: Initial Diagnostic Evaluations**

**Description:** The purpose of the initial diagnostic evaluation and re-evaluation is for the diagnostic evaluation agency to conduct a comprehensive assessment of the individual to determine if medical necessity has occurred to issue an autism diagnosis and make recommendations for autism services. There are three (3) Diagnostic Evaluators: Social Care Administrator (SCA), The Children’s Center (TCC), and Sprout Evaluation Center (SEC).

**Current Status:** During Fiscal Year 2024, Q1 DWIHN Access Call Center scheduled an average of 175 diagnostic evaluation referrals, which is a slight increase from the average of 166 referrals from FY 2023.



**Major Accomplishments During Period:** An area of focus during this reporting period was to ensure diagnostic evaluations occurred during the required timeframe and feedback sessions are completed with the families as well. For youth who met criteria for an autism diagnosis the requirement is to complete evaluations within 10-business and for youth who did not meet criteria for an autism diagnosis the requirement is to complete the evaluation within 7-calendar days. The major accomplishment during FY 2024, Q1 is that out of the total “Kept Referrals,” 86% of the diagnostic evaluations were completed timely among the diagnostic evaluation agencies.

**Timely Completion of All Diagnostic Evaluations**

FY 2024 – Q1	Timely Completion	Out of Compliance	Total Evaluations	Compliance Percentage
Oct 2023	201	24	225	89%
Nov 2023	162	32	194	84%
Dec 2023	158	31	189	84%
			<b>Total</b>	<b>86%</b>

**Needs or Current Issues:** Although the diagnostic evaluator agencies performed well with completing the autism evaluations timely at 86% compliance, there is room for improvement regarding diagnostic evaluations scheduling a formal feedback session with families according to best practice standards. During FY 24, Q1 the compliance rate of completing “scheduled feedback” sessions with families was at 35%. It is essential for parents and caregivers to

understand the impact of the diagnosis, strengths, and treatment recommendations. In addition, providing feedback sessions is also a focus point for Michigan Department of Health and Human Services (MDHHS) as well.

### Diagnostic Evaluation Feedback Sessions

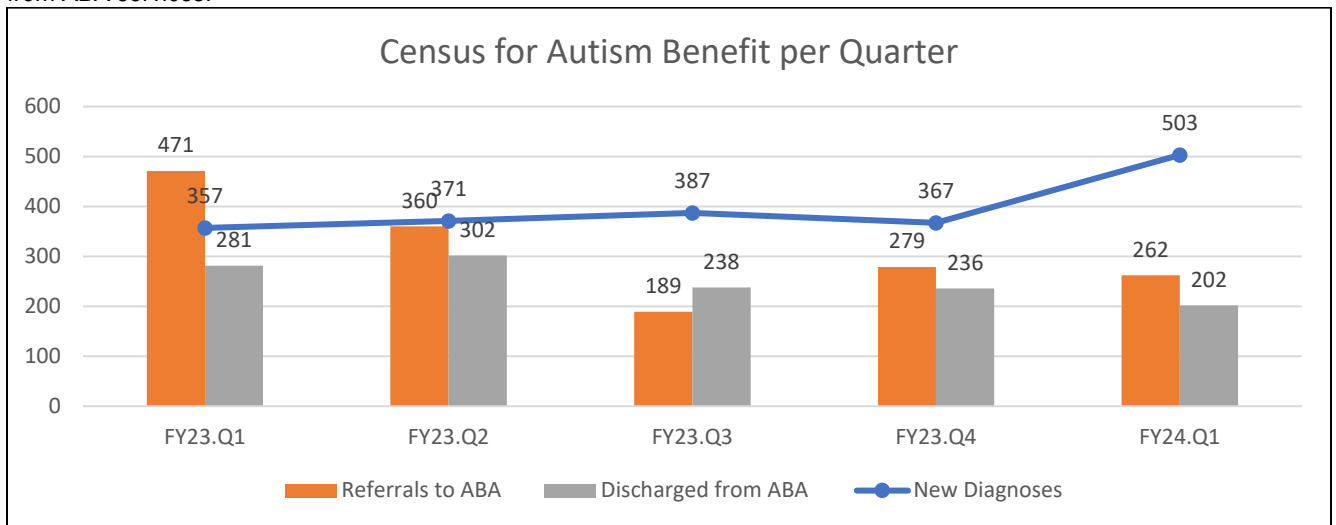
FY 2024 – Q1	Unscheduled Feedback Sessions	Scheduled Feedback Sessions	Total Feedback Sessions	Compliance Percentage
Oct 2023	129	99	228	44%
Nov 2023	142	65	207	34%
Dec 2023	141	54	195	28%
			<b>Total</b>	<b>35%</b>

**Plan:** Regarding the scheduled feedback sessions continue to coordinate with Individual Evaluator agencies regarding barriers in scheduling feedback sessions and assess no show and cancelation data.

### Activity 3: ABA Services

**Description:** After the completion of the Individual Evaluation members identify an ABA Provider according to family choice.

**Current Status:** During FY 24, Q1 there were a total of 503 members with an Autism Diagnosis (including both initial evaluations and re-evaluations). There were 262 members referred for ABA services and 202 members discharged from ABA services.



**Major Accomplishments During Period:** Effective December 2023, the Autism Department updated the Performance Improvement Plan (PIP) that focused on the percentage of autism services starting within 14 days of ABA authorization effective date. It was identified the baseline data for fiscal year 2023 averaged 65% of the members started ABA services within 14 days of the authorization date. As a result, the performance goal was set at 70% and data below indicates 95% of services started within 14-days of authorization approval during FY 24, Q1.

### ABA Services within 14 Days of Authorization Effective Date

Fiscal Year	ABA Services within 14 Days	Total ABA Authorizations	Percentage of ABA Services within 14 Days
FY 23 – Q4	37	42	84%
FY 24 – Q1	35	37	95% (+)



**Needs or Current Issues:** There is the continued need to ensure members referred for ABA services are able to begin ABA services. In addition, focus on successful discharge planning from ABA services when goals have been met and members no longer meet medical necessity.

**Plan:** Continue to monitor the performance improvement plan and present at Improving Practices Leadership Team (IPLT) to consider increasing the goal since the compliance rate increased above the goal of 70%. Issue a discharge planning survey with ABA Providers to gain additional information regarding discharge planning criteria and processes.

## Quarterly Update

### Things the Department is Doing Especially Well:

- Initial Diagnostic Evaluation reports are completed at average rate of 86%
- Ten (10) videos were added to the Detroit Wayne Connect training website to provide education on a range of behavioral analytic principles.
  1. Applied Behavior Analysis (ABA) 101
  2. Autism 101
  3. Choice Matters: Compassion, Empathy, and Perspective Taking
  4. Collaboration and Care Coordination
  5. Debunking Reinforcement
  6. Developing and Writing Treatment Plans
  7. Everyday Leadership
  8. Improving Communication with Individual with ASD/IDD
  9. Jump Start to Behavior Change
  10. Parent Engagement
- Interdepartmental coordination of tasks to onboard 3 new ABA providers to meet the growing demand of autism benefit.
- Attended MDHHS Waiver Conference in November 2023; in which, MDHHS hosted various autism workshops and updates.
- Updated the Autism Benefit Policy to include the most current MDHHS requirements

### Identified Opportunities for Improvement:

- DWIHN will continue to focus on building the ABA provider network.
- Develop Risk Matrix to assist with monitoring of ABA services.
- Drafted Behavior Assessment and Treatment Goal Guidelines based on feedback provided by support coordinators and case managers.

### Progress on Previous Improvement Plans:

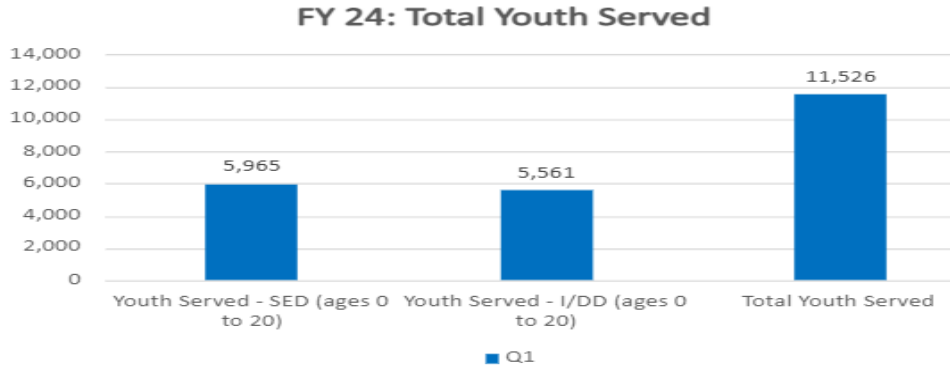
- Refer to Activity 3 for progress updates

## Program Compliance Committee Meeting

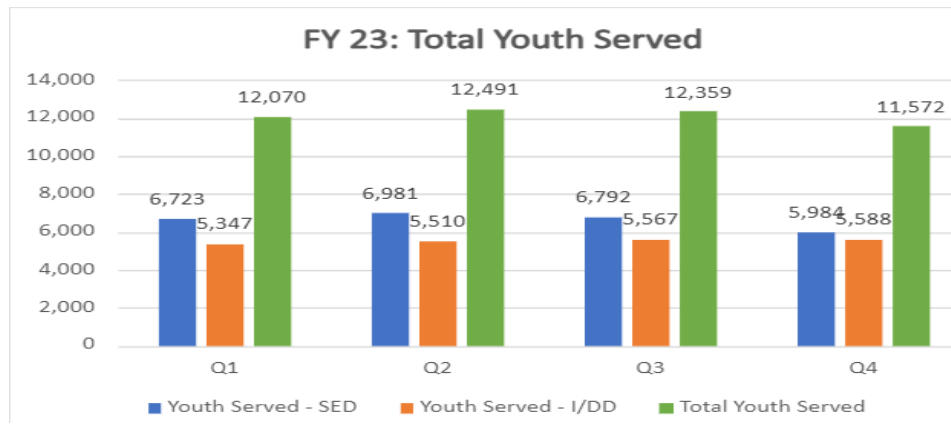


### Children's Initiative Department FY 2024 / Quarter 1 (October – December 2023)

**Overall Clinical Services:** During FY 24, Q1 DWIHN served a total of 11,526 unduplicated children, youth, and families in Wayne County ages 0 up to 21<sup>st</sup> birthday; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is similar to FY 23, Q4.



Fiscal Year 2023: Average of Total Youth Served = 12,123 (unduplicated)



#### Main Activities during the Reporting Period:

- Activity 1: Annual Report to the Community - *Refer to program booklet*
- Activity 2: Juvenile Restorative Program
- Activity 3: Children ADHD Medication Follow Up Doctor Visit

#### Progress On Major Activities:

##### **Activity 1: Annual Report to the Community**

**Description:** On 12/7/23, the Annual Report to the Community “Bloom with Hope” occurred as a part of the System of Care Block Grant. During this event, Eric Doeh, DWIHN’s Chief Executive Office, provided the welcoming remarks. Cassandra Phipps, Director of Children’s Initiatives, presented an overview of Connections’ System of Care accomplishments for Fiscal Year 2022-2023.

**Why is this Important?:** Showcase highlights and accomplishments for meeting the needs of children, youth, and families in Wayne County regarding 4 main goals: 1). Increasing access to services, 2). Improve quality of services, 3). Increase youth and parent voice, and 4). Improve quality of workforce.

**Current Status:** Various stakeholders and community partners were in attendance (83 attendees).

**Significant Tasks During Period:** Attendees also received a copy of the System of Care Report to the Community Report which provides a summary of utilization and outcome data for Fiscal Year 2022-2023

**Major Accomplishments During Period:** Dr. Rose Moten, Director of Bloom Transformation Center was the keynote speaker who spoke on how to equip people with hope and discussed (7) steps to transformation. She talked about visualizing oneself fulfilling their hopes and encouraged the use of positive affirmations. The message focused on self-care, recognizing and combating burnout, and mindfulness. In addition, 5 awards were given to recognize those in the community who have been influential in the advancement of children services. Former chief executive officers of Development Center, Dr. Catherine Liesman and The Children Center, Debora Matthews were among the awardees as well.

**Needs or Current Issues:** Continue to address barriers of community mental services for children, youth, and families in Wayne County.

**Plans:** Continue to complete the goals and deliverables associated with the System of Care Block Grant. Prepare for the next Report to the Community event scheduled for December 2024.

### Activity 2: Juvenile Restorative Program

**Description:** Team Wellness launched the Juvenile Restorative Program (JRP) July 2023. JRP includes a comprehensive array of services including therapeutic services (individual, group, and family), care management, peer supports, educational services, skill building services, meals and transportation to all members.

**Why is this Important?:** Assist with preventing juvenile justice recidivism and having community based services specifically to address the high risk needs of youth.

**Current Status:** As of 2/20/2024 there have been 74 referrals, 52 intake assessments completed, 28 active youth enrolled in the program and 18 pending intakes.

#### JRP Referrals

	FY 23 / Q4 July - Sep	FY 24 / Q1 Oct - Dec	FY 24 / Q2 Jan - Mar <i>Preliminary</i>	Total
<b># of Referrals</b>	24	23	27	74
<b># of Intakes</b>	20	18	14	52

#### JRP Discharges

The discharge planning process involves families participating in (4) parent sessions and ensure there is a school plan in place of either traditional schooling or a GED program. As of 2/20/24 there have been a total of 26 youth discharged from the program

- 14 youth (53%) successfully completed the program, are ready to transition to a lower level of care, and or probation status was terminated
- 12 youth (46%) reoffended resulting in returning back to the juvenile detention facility

**Significant Tasks During Period:** Provided Team Wellness with technical assistance on submitting new referrals versus requests to change primary provider status. Held a coordination meeting with DWIHN, Team Wellness, and Care Management Organizations to discuss coordination of care and referral process. Team Wellness also focused on addressing medication compliance for youth during virtual parent sessions.

**Major Accomplishments During Period:** Youth enrolled in the program displayed continued improvement in group and individual therapy. Use of behavior management system shows decrease in poor behavior and improvement of positive behaviors. Team Wellness updated the attendance policy to inform the Care Management Organization of

any absences and after three (3) absences the Judge is informed of attendance challenges as well. Care Teams started the transition process for youth who are on track to successfully complete the program. To address youth connected to gangs, Team Wellness implemented interventions such as adjusting transportation arrangements to ensure the safety of youth transporting to and from the program as well as having guest speakers present on gang awareness. To accommodate safety needs and the increase of referrals to the program, Team Wellness identified an additional building to host the program that is currently under construction. Youth who earn at least 60 points by the end of each week can attend field trips in the community. Lastly, Team Wellness received approval from MDHHS to become a Home-Based Provider and plan to offer Home Based Services as well.

**Needs or Current Issues:** Team Wellness to expand spacing to accommodate more youth.

**Plans:** Continue to focus on consistent coordination of care between DWIHN, Team Wellness, Care Management Organizations, and judges. MDHHS and Assured Family Services (AFS) to attend the next partnership meeting in April 2024 to discuss juvenile justice diversion and community mental health resources. Team Wellness to expand spacing to accept additional referrals that is tentatively scheduled to open within the next 30 to 60 days. Lastly, continue successful discharge planning.

### Activity 3: Children ADHD Medication Follow Up Doctor Visit

**Description:** Children ages 6 to 12 receiving ADHD medication are expected to have an initial and follow up visit by a doctor. This is one of the Healthcare Effectiveness Data and Information Set (HEDIS) measures Children Initiative Department is monitoring as a performance improvement plan and implemented various interventions with children providers and youth and families.

**Why is this Important?:** During the baseline rating period of 3/1/2020 – 2/28/2021 the rate of children completing the initial doctor visit was at 12.98% and follow up doctor visits at 12.99%. As a result, DWIHN established the goal of 50% compliance for both measurements.

**Current Status:**

#### ADHD Medication Doctor Follow Up Visit

**Initial Phase:** The percentage of children between 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

- 3/1/2020 – 2/28/2021 = 12.98% (DWIHN established an initial goal for 50%)
- 3/1/2021 – 2/28/2022 = 57.96%
- 3/1/2022 – 2/28/2023 = 59.01%
- *Due to continued progress the goal increased to 64% as of December 2023*

**Continuation Phase:** The percentage of children between 6-12 years of age who have a prescription for ADHD medication and at least two follow-up visits with a practitioner in the 9 months after the initiation phase.

- 3/1/2020 – 2/28/2021 = 12.99% (DWIHN established an initial goal for 50%)
- 3/1/2021 – 2/28/2022 = 70%
- 3/1/2022 – 2/28/2023 = 71.21%
- *Due to continued progress the goal increased to 76% as of December 2023*

**Significant Tasks During Period:** Presented the performance improvement plan to IPLT during December 2023 to seek approval for increasing the goals due to continued progress.

**Major Accomplishments During Period:** Developed the Children HEDIS Newsletter December 2023 that was shared with children providers, the provider manual, and was added to dwihn.org website and DWIHN mobile app. Also developed a feedback survey for providers to complete quarterly to identify interventions and barriers.

**Needs or Current Issues:** Continue to address barriers of sharing awareness to the provider network and families served regarding the importance of this HEDIS measure. There is a shortage of ADHD medication available at the pharmacies to fill prescriptions.

**Plans:** Offer an ADHD medication training during the Children Mental Health Lecture Series this year for providers and parents to attend.

## Quarterly Update

### Things the Department is Doing Especially Well:

**Request for Proposal 2023-008:** The goal is to expand children behavioral health services to meet the capacity needs for community mental health services in Wayne County. As a result, a Request for Proposal (RFP) was finalized this month and there were five (5) Providers who received an award letter to be considered for a contract.

**Baby Court Grant:** Active Community Team (ACT) Meeting was held October 2023 to identify barriers that families with young children are facing. Also, there was a lunch and learn training “Understanding Tantrums: A Trauma Informed Approach to Helping Young Children Regulate Emotions.” (18 attendees).

**Evidenced Based Practices (EBP):** The goal is to monitor EBPs that are delivered to members to begin tracking outcomes and trends for services. A bulletin was issued this month stating effective 10/1/2023 Children Providers who are currently participating in an EBP Cohort and or completed an EBP Cohort with MDHHS certification approval are to utilize the identified CPT codes and modifiers according to the chart below. In addition, Providers are also able to resubmit claims effective 10/1/2023 if needed.

**Policies / Procedures:** This month finalized two (2) procedures applicable for Children Providers; in which both procedures were discussed and reviewed in various Provider meetings to gain feedback.

1. Developed Child – Adult Transition Protocol
2. Developed Children Waiver Protocol

**Trainings:** The following trainings occurred this quarter

- 2 Pefas Booster Trainings
- Pefas Initial Training
- 2 CAFAS Booster Trainings
- 2 CAFAS Initial Trainings
- Core Competency Training
- Children Mental Health Lecture Series: Introducing PMTO: Empowering Parents and Caregivers
- Children Mental Health Lecture Series: Building Secure Foundations, Understanding Infant Attachment

### Identified Opportunities for Improvement:

There is opportunity to continue to expand the provider network for children services. Children Initiative Department scheduled orientation meetings with the children providers identified from the RFP to explain provider expectations and assist with coordinating the credentialing process.

### Progress on Previous Improvement Plans:

The goal is to ensure crisis plans are completed for members served at 85% compliance. There is noted progress over the past few quarters. This resulted in hosting a virtual crisis plan training in November 2023, educating the provider network on the crisis plan policy, and offering technical assistance with providers gaining access to view data via the Risk Matrix.

Disability Designation	FY 23 – Q3	FY 23 – Q4	FY 24 – Q1
Serious Emotional Disturbance (SED)	68.64%	72.71%	77.14%
Intellectual Developmental Disability (IDD)	71.07%	74%	76.17%



**Program Compliance Committee  
Michele Vasconcellos Director, Customer Service  
1<sup>st</sup> Quarter Fiscal Year 2023/2024 Report  
March 13, 2024**

**Main Activities**

- 1. Customer Service Calls
- 2. Grievances and Appeals
- 3. Member Engagement

**Activity 1: Customer Service Calls**

The Customer Service Call Activity is inclusive of the Reception/Switchboard and Call Center. MDHHS mandated Standard is to ensure that the call abandonment rate is to be < 5%.

**Current Status:**

**Reception/Switchboard Reception/Switchboard**

	FY 23/24		FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
<b>Reception/Switchboard</b>	<b>3,652</b>	<b>1.08%</b>	<b>4,961</b>	<b>1.23%</b>

**Customer Service Call Center**

	FY 23/24		FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
<b>DWIHN Customer Service</b>	<b>1,490</b>	<b>11.8%</b>	<b>1,636</b>	<b>4.9%</b>

**Significant Activities:**

- In comparing the fiscal years 22/23 and 23/24, the number of calls that come into the switchboard area varies from year to year, yet the abandonment rate remains well below 5%.
- During the Fiscal Year 23/24, the Customer Service Call Center showed a slight decrease in the call volume with an abandonment rate greater than the less than the 5% standard. This is attributed to the last month in the First Quarter a new phone system was introduced and there was a need to address some technical issues. In addition to the need to reposition staff coverage to accommodate staff vacancies due to PTO.
- The Unit was actively involved in the vendor evaluation, selection, design and training as it pertained to the new phone system. The new phone system has allowed Customer Service to enhance efficiencies in call monitoring and reporting.



## **Activity 2: Grievances and Appeals**

Customer Service ensures that members are provided with their means to due process. Due process is inclusive of Complaints, Grievances, Appeals, Access to Mediation and State Fair Hearings.

### **Complaint and Grievance Related Communications**

	<b>FY 23/24</b>	<b>FY22/23</b>
<b>Complaint/Grievance Correspondence</b>	<b>941</b>	<b>717</b>

### **Grievance Processed Comparison**

<b>Grievances</b>	<b>FY23/24</b>	<b>FY22/23</b>
<b>Grievances Received</b>	<b>29</b>	<b>26</b>
<b>Grievances Resolved</b>	<b>10</b>	<b>10</b>

### **Grievance Issues by Category**

A grievance may contain more than one issue. In FY 23/24 a total of **44** issues were involved. In FY 22/23 a total of **30** issues were involved. Both Fiscal years highest categories trending pattern are in the areas of: **Interpersonal, Access to Services, Access to Staff and Delivery of Services**. These issues are being addressed via Customer Service's Performance Monitoring department as well as DWIHN's Access Committee.

### **MI Health Link (Demonstration Project) Grievances**

For fiscal year 23/24 there were no grievances. Fiscal year 22/23 had **(1)** grievance.

### **Appeals Advance and Adequate Notices**

**Advance Notice:** Written statement advising the beneficiary of a **decision to reduce, suspend, or terminate services currently provided**. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.

**Adequate Notice:** Written statement advising beneficiary of a **decision to deny or limit Medicaid services requested**. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan.

<b>Notice Group</b>	<b>FY 23/24 Advance Notices</b>	<b>FY 23/24 Adequate Notices</b>	<b>FY 22/23 Advance Notices</b>	<b>FY 22/23 Adequate Notices</b>
<b>Overall Total</b>	<b>6,008</b>	<b>1,109</b>	<b>4,635</b>	<b>2,106</b>

Adequate and Advance Notices that are generated by the CRSP are monitored by Customer Service via random audits to ensure that processes are being followed and members are provided timely access to their ability to appeal. **FY23/24 showed an increase from FY22/23 in Advance Notices and a decrease in Adequate for FY 22/23.**



## Appeals Communications

Appeals Communication is inclusive of all correspondence i.e. emails and phone calls to resolve an appeal.

	FY23/24	FY22/23
Appeals Communications Received	315	263

\*

## Appeals Filed

Appeals	FY 23/24	FY 22/23
Appeals Received	10	9
Appeals Resolved	6	4

## DWIIHN State Fair Hearings

SFH	FY 23/24	FY 22/23
Total Received	0	0

**There have been no requests for a DWIHN State Fair Hearings for DWIHN or the MI Health Link (Demonstration Project) in either FY23/24 or FY22/23.**

### Significant Activity

- The Customer Service Due Process department continues to educate members on their Due Process Rights. In conjunction with Member Experience a Due Process Summit in FY23/24 was conducted. Information and education to members regarding how to access the grievance and appeal process was presented. The goal is to make this an annual event. As well as making Due Process an ongoing topic at monthly member meetings.
- Customer Service continues to address those CRSP who are attempting to circumvent the mandated grievance process by addressing their issues internally and not reporting to DWIHN. Education and training have begun to deal with this issue. Continuance will be addressed as non-compliance with appropriate accompanied sanctions.

### Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided the opportunity for DWIHN and Community inclusion. In addition to promoting principles of advocacy, member rights, and responsibilities, the use of focus groups, surveys, and outreach are utilized to address areas for valued participation and interaction. This feedback is essential to DWIHN's ability to address member, provider, and community concerns and prioritize new initiatives.





### **Significant Activity**

- In FY22/23 Customer Service continued to maintain efforts to engage members with the implementation of collaborative venues and initiatives. With the initial restrictions of COVID, the Member Engagement division in FY 23/24 gradually began incorporating in-person initiatives that had previously been done remotely.
- During FY23/24 Member Engagement resumed monthly member meetings at various locations around the county and continues to work closely with the clubhouses and drop-in centers to strengthen the opportunities for members to be informed and educated about Due Process, PCP/IPOS, the DWIHN Application, civic responsibility like elections, information about community inclusion and guardianship.
- The ECHO Survey for Adults and Children 2023 Summary Reports were completed and presented to various DWIHN steering committees to address areas for the development of process improvement. The WSU ECHO contract was renewed for the administering of the 2024 surveys.
- Various member experience surveys have been conducted to address the On-Line Provider, Directory survey to determine user friendliness, MCO has since taken the lead on developing interventions based on the recommendations offered by Member Experience.
- Member Engagement developed a Disparity Survey to assist the Quality Department in its efforts to address the disparity of African Americans that fail to keep their 7-day post discharge from the hospital appointments. The Racial disparity survey was able to identify how difficult it is to reach certain members who have a high recidivism rate and find it difficult to make their 7-day follow-up appointments following a hospital discharge. The data indicated that nearly half of the respondents did not know (claim to be unaware of their) 7- day follow-up appointment. Collaborative process improvement efforts are being coordinated by the Quality Department with DWIHN CRSP providers.
- Recruiting efforts continued to increase membership on DWIHN's Constituent Voice advisory committee. 13 new CV members have been recruited.
- DWIHN was well represented at the State's annual Walk-A- Mile In My Shoes member event in Lansing. One of DWIHN's Peers was selected to moderate the event on the steps of the capital. DWIHN attendees numbered over 300. DWIHN will participate in the 2024 20<sup>th</sup> Anniversary of the Walk A Mile in My Shoes event held in Lansing, at the State Capital, which plans have already begun for our participation.
- Four new Peer Agents were recruited for the Customer Service Unit. We are working with them to obtain the needed training and experience which will go towards their certification.
- The Unit presented 10 Dreams Come True Mini Grant Awards of \$500 each to 10 well deserving recipients at the Dreams Come True Gala Luncheon in 2023.

**Program Compliance Committee Meeting  
 Quarter 1 FY 24 Report  
 Integrated Health Care Department  
 Vicky Politowski Director  
 03/13/2024**



**Main Activities during the year Reporting Period: FY 2024**

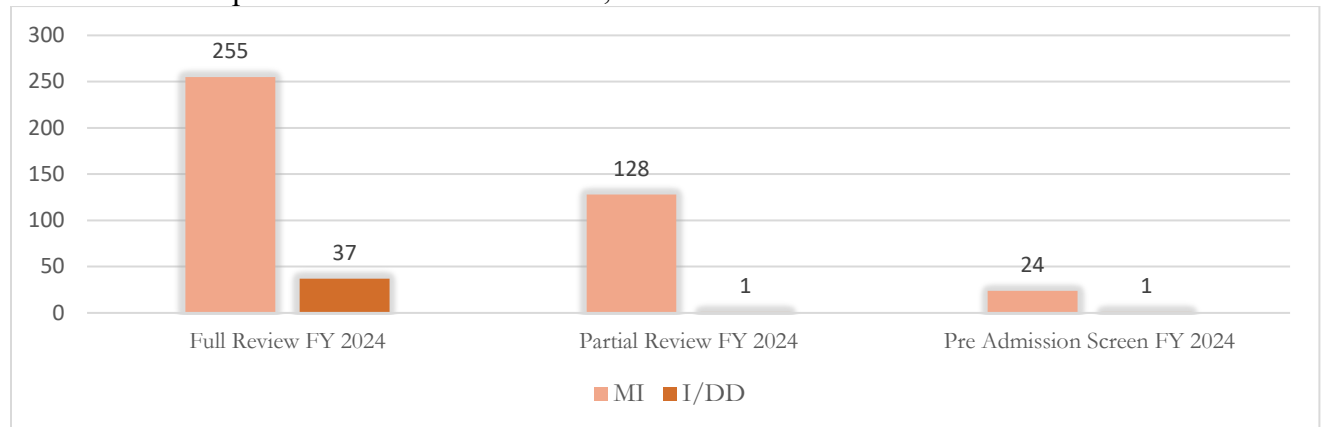
- **OBRA services**
- **Complex Case Management**
- **Special Care Coordination with Medicaid Health Plans**
- **HEDIS Scorecard and Affinite Care Management shared data base development**

**Progress On Major Activities**

**Activity 1: OBRA Services**

- **Description:** The OBRA program is a Federal mandated program that determines if an individual requires nursing home level of care and what level of treatment they would need for their behavior health condition, or for their developmental disability while in a nursing home.
- **Current Status:** During Q1 FY 24 1,528 referrals were made, of those 618 were assigned for an assessment and 876 required an exemption letter.
- **Significant Tasks** 446 assessments were completed with a 97.8% congruency and 9% pends. The state expects less than 25% pends for a quarter.

**Assessment Completed October-December 20, 2023**



- **Major Accomplishments During Period:** OBRA continues to work towards reducing the overall number in the 14-day queue. During the past month the number increased slightly but this is believed to be due to the resignation of an evaluator. 3 contingent RN's have been hired and one more clinician position is open and a contingent position. Congruency was 97.8% and pends were 9%, which is much lower than the amount set by the state of 25%
- **Needs or Current Issues:** 2 clinician positions are open. Reduce the 14-day queue.
- **Plan:** Improve turnaround times for assessments, hire for the two open positions.

## **Activity 2: Complex Case Management (CCM)**

- **Description:** Complex Case Management is an intensive program to engage members who have medical and behavioral health disorders. This program is for 120 days and links members with primary care, behavioral health, transportation, food, housing, in home services and other independent living skills.
- **Current Status:**
  1. 5 new cases, 10 open cases and 14 closed cases. Of the 14 closed cases 8 met their goals, 3 were unable to find and 1 was hospitalized for the past 30 days.
  2. Care coordination was completed on 51 members, 22 providers received training on CCM, and 144 members were contacted about their FUH appointment. Of that 144, 32 made their appointment.
  3. CCM is assisting with decreasing the racial disparity between White and Black members who attend the 7-day appointment and reached out to 62 members, they spoke to 5 and 14 attend the 7-day appointment.
  4. 11 surveys were received with a score of 98% satisfaction.
- **Major Accomplishments During Period:** There was an increase in satisfaction surveys received. Staff are working more closely with the CRSPs to close the gaps in care for members.
- **Needs or Current Issues:** CCM is currently down one staff.
- **Plan:** New staff will start January 8<sup>th</sup>, this will increase the number of cases and outreach of members.

## **Activity 3: Special Care Coordination with Medicaid Health Plans**

- **Description:** IHC is in a special project for care coordination activities with two Medicaid Health Plans, Blue Cross Complete and Priority Health. This project exists to reduce care gaps for members served and improve HEDIS measures for the population of members that present with deficits. A bimonthly meeting takes place with each plan to determine gap, identify plan to address gap and report outcomes of efforts. In Quarter 1 of FY 24 IHC was in discussion with HAP, Meridian, Aetna and Molina on how this could be accomplished with them. Meetings are set up for January for further discussion.
- **Current Status:** IHC meets with Priority Health and BCC two times a month and discusses cases for follow up.
- **Significant Tasks During Period:** Eighty-five members were discussed and had coordination during the year. Fifty-three of those members had their gaps in care closed within a month.
- **Major Accomplishments During Period:** All Medicaid Health Plans have access to the DWIHN HEDIS score card and now members can be stratified by care gaps for medical and behavioral health. DWIHN, Blue Cross Complete and Priority Health can look at HEDIS data and find trends to provide more care to members. During Care Coordination the goal is to resolve any gaps in care within 90 days.
- **Needs or Current Issues:** DWIHN would like to increase the number of members in care coordination. The Medicaid Health Plans are in the RFP process to continue

providing services and care coordination is a requirement. IHC has met with most of the health plans to discuss how this can be accomplished.

- **Plan:** DWIHN is in discussions with the health plans on increasing numbers and has meeting set up for January.

#### **Activity 4: HEDIS (Health Effectiveness Data and Information Set) Scorecard and Affinite Care management shared data base development**

- **Description:** During FY 23 DWIHN and Vital Data finalized the HEDIS Scorecard that enables DWIHN to provide all CRSP, Medicaid Health Plans and Integrated Care Organizations data as to how the network is scoring as a whole and individually based on alignment. The Scorecard has data going back to 2019 so trends and areas of improvement can be examined, and plans put into place. The Affinite database has all the data behind the claims in the scorecard. This platform displays diagnosis, Rx, physician on claim, and care gaps needed. Only individuals who have access to the database can only see the members they serve.
- **Current Status:** DWIHN and Vita Data continue to make improvements and how to expand the platform to provide information to increase integration of care. Measure goals are based on Quality Compass which is what the Health Plans base their goals on.
- **Significant Tasks During Period:** In Quarter 1 of 23/24 Vital Data added the race demographics from claims. All HEDIS measures can now be broken down by race. This enables DWIHN, CRSP, ICO and MHP to be able to see if there are any disparities in the members who are in the denominator and numerator and come up with plans to address.
- Vital Data added the OHH, BHH and CCBHC designations to the provider dropdown. DWIHN can see individual HEDIS data under these categories.
- **Needs or Current Issues:** When race data was added it created many extra rows that are from the claims and this makes the scorecard hard to read. Vital Data is adding extra coding so that these extra lines are removed. Providers that are an OHH, BHH or CCBHC cannot see the dropdown choice in their side.
- **Plan:** IHC is working diligently with Vital Data to fix the problems. It is expected to be resolved in March 2024.



## **Program Compliance Committee Meeting March 13, 2024**

### **DWHN Population Assessment and Analysis Executive Summary**

DWHN recognizes the importance of analyzing member data to assure that our programs and services meet the diverse needs of the members we serve. The information includes gender, age, primary language spoken, ethnic background, disability designation, residency, and insurance.

DWHN uses this information to create topic and language appropriate materials, establish partnership with other organizations serving ethnic communities, inform our vendors about specific ethnic and cultural needs; and develop competency training for staff.

This information is gathered annually and distributed to several programs within DWHN to make program decisions.

Integrated Health Care used this information to make the following adjustments to how Complex Case Management provides services:

- Ensuring members relate to PCP's, insurance coverage, and are connected to culturally competent resources and materials.
- Top diagnosis from this report to update eligibility criteria for CCM program.
- During FY24 CCM will focus on trainings that includes material on autism, interventions with families with young children, childhood obesity, depression in children and adolescents, African American gay & lesbian adolescent development, sexual awareness for children and adults with mental illness or intellectual/developmental disabilities, and gender identity/expression in children and youth.
- Wayne county residents experience social determinants of health at a higher rate than the rest of the State of Michigan. CCM's are knowledgeable of community resources to address member needs including transportation, food, housing, utilities, dental services, health care and etc to match member needs with the most appropriate resources and follow up to ensure members are connected.
- With the increasing population of members aged 65 and over, we have partnered with the Area of Aging to learn more about services available to our members.
- These services include in-home help, personal emergency response systems, adult day services, respite care, transportation, creating safe plans and working with members/families to understand long term care options.
- Provide more support to African American member for attendance with appointments for follow up after hospitalization.



# DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

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

# DWIHN Population Assessment and Analysis of Complex Case Management Activities and Resources FY2023

- DWIHN recognizes the importance of analyzing member data to assure that our programs and services meet the diverse needs of the members we serve. The information includes gender, age, primary language spoken, ethnic background, disability designation, residency, and insurance.
- ▶ We use this information to create topic and language appropriate materials, establish partnership with other organizations serving ethnic communities, inform our vendors about specific ethnic and cultural needs; and develop competency training for staff.
- ▶ This information is gathered annually

# Primary Care Physician

- ▶ During FY23, DWIHN provided services to a total of 75,638 members. This is a slight decrease of 201 (.3%) from FY22
- ▶ Only 71% of members had an identified Primary Care Physician in 2023. This is an increase from 66% of members in 2022 and from 69% of members in 2021 who had an identified Primary Care Physician. (*Table 1*)



# Gender

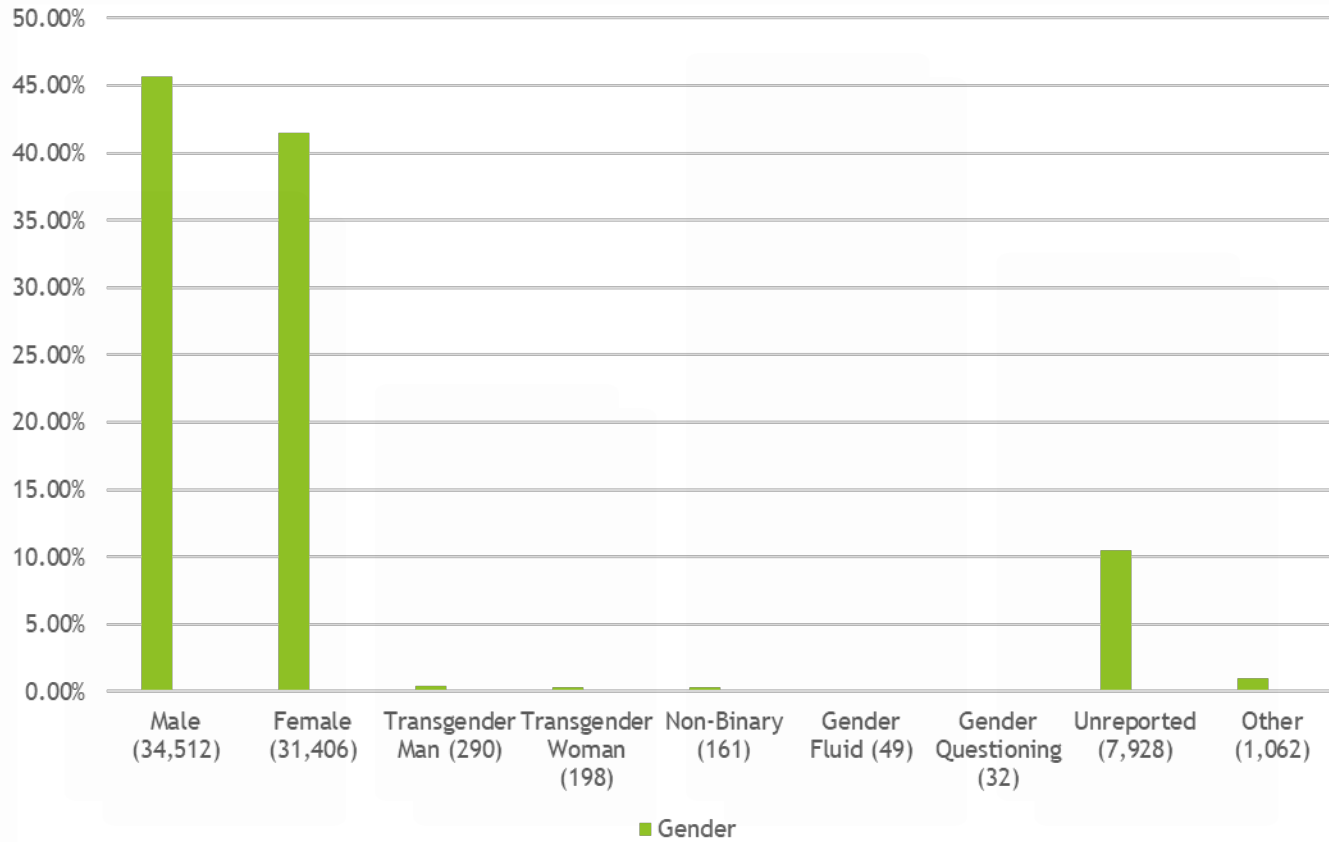


Table 2

\* Data derived from Risk Matrix

# Age Range

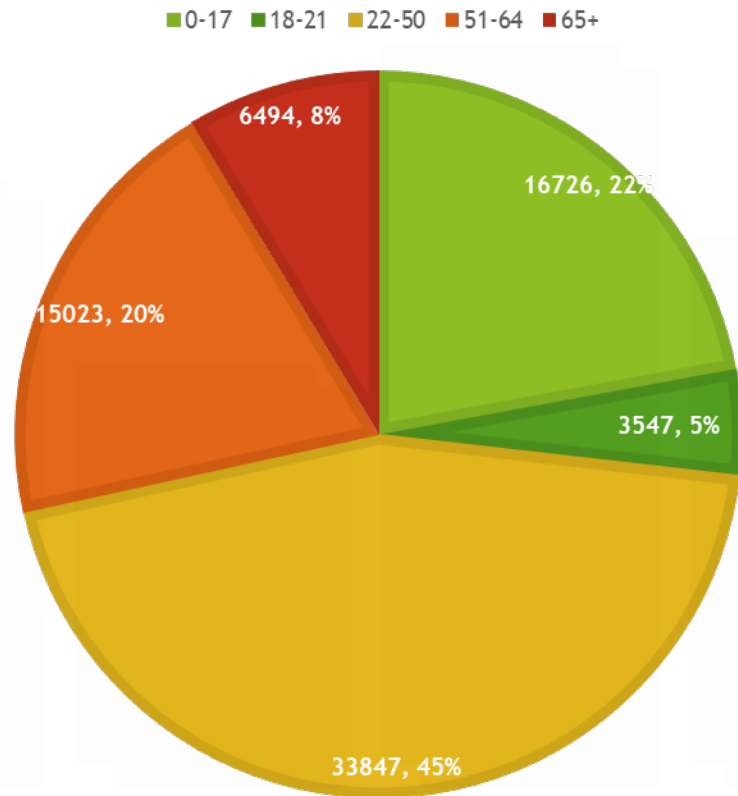


Table 3  
\*Data derived from Risk Matrix

# Ethnic Background

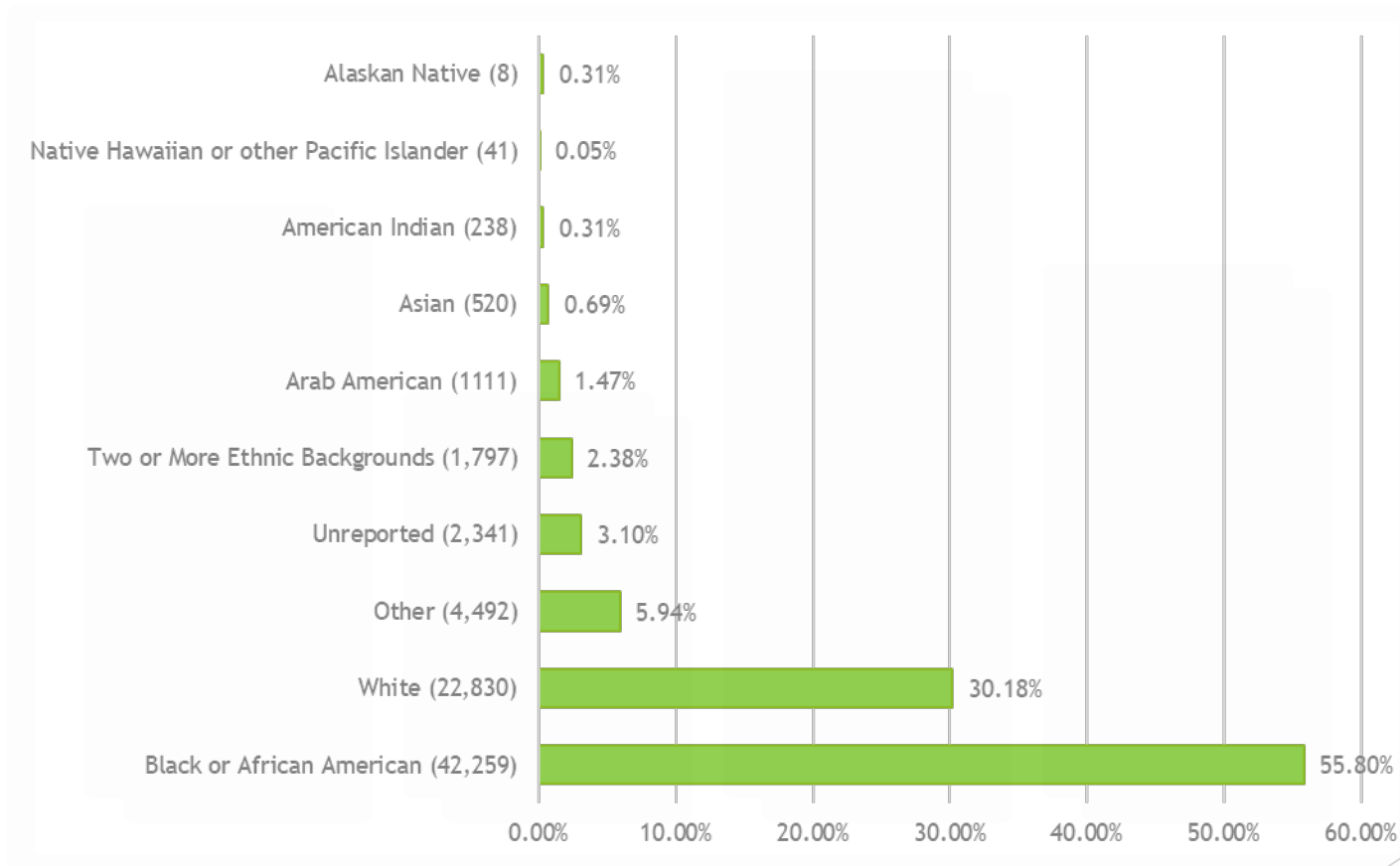
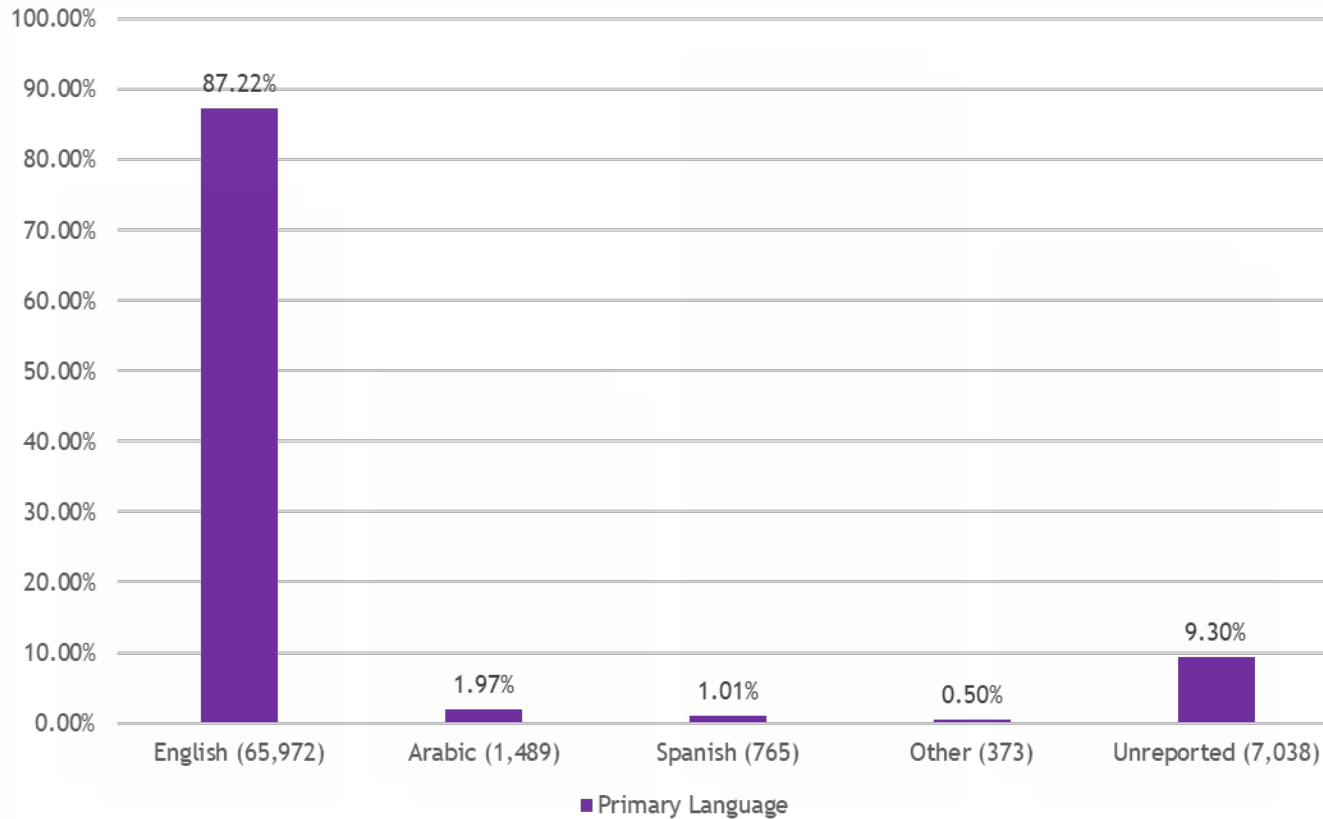


Table 4  
\*Data derived from Risk Matrix

# Primary Language



**Table 5**  
**\*Data derived from Risk Matrix**

# Disability Designation

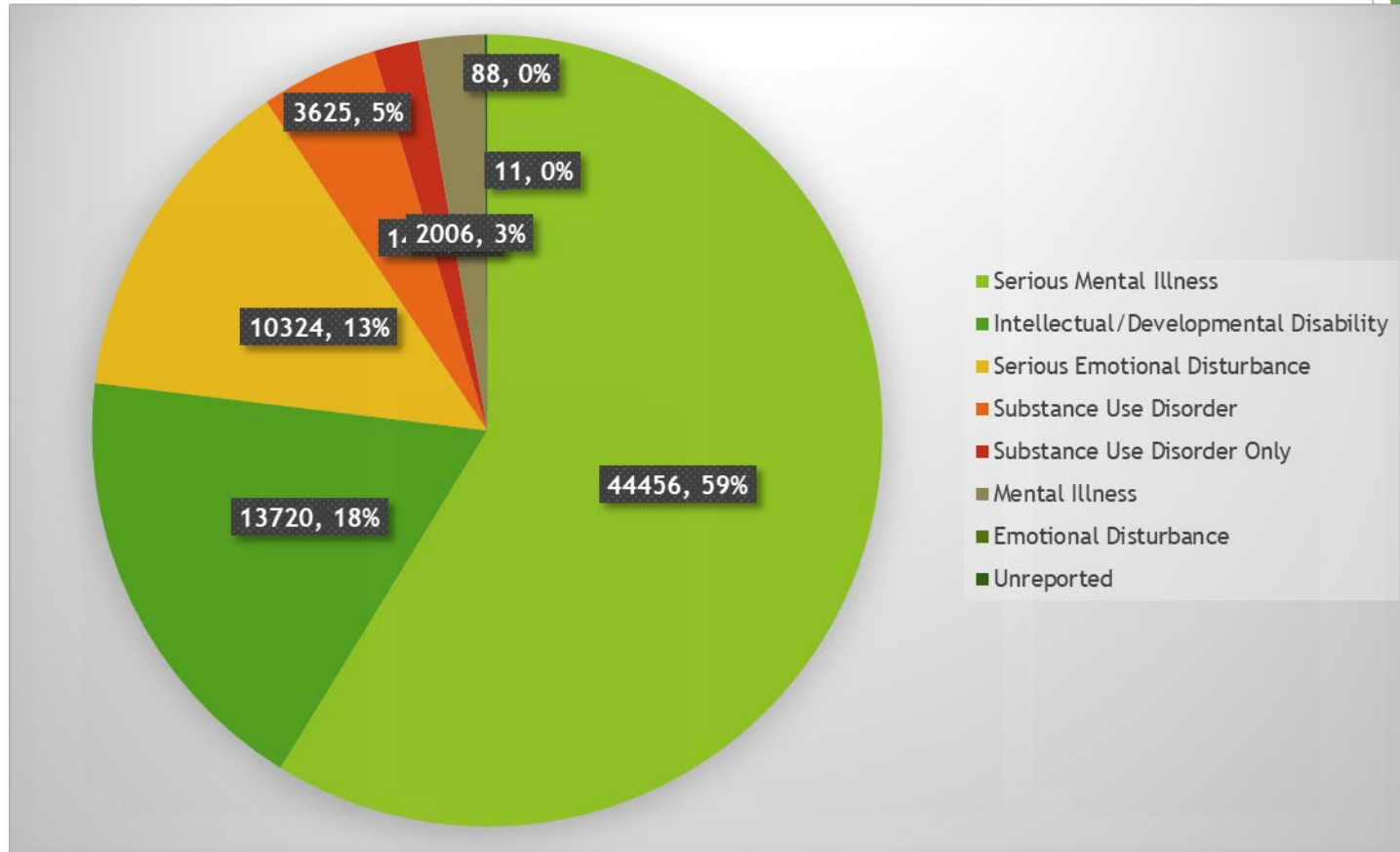


Table 6

\*Data derived from Risk Matrix

# Residency

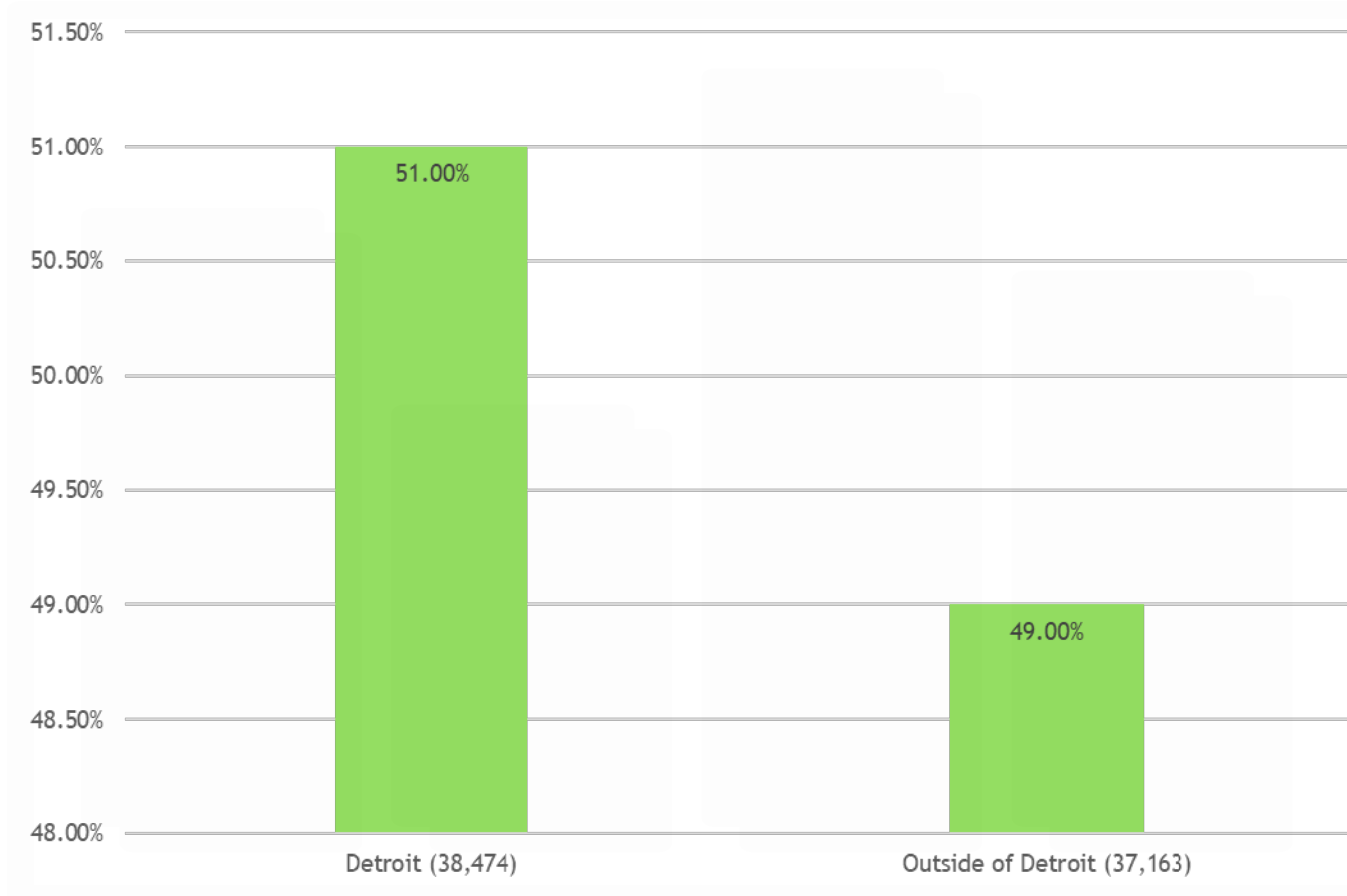


Table 7

\*Data derived from Risk Matrix

# Unreported Primary Spoken Language

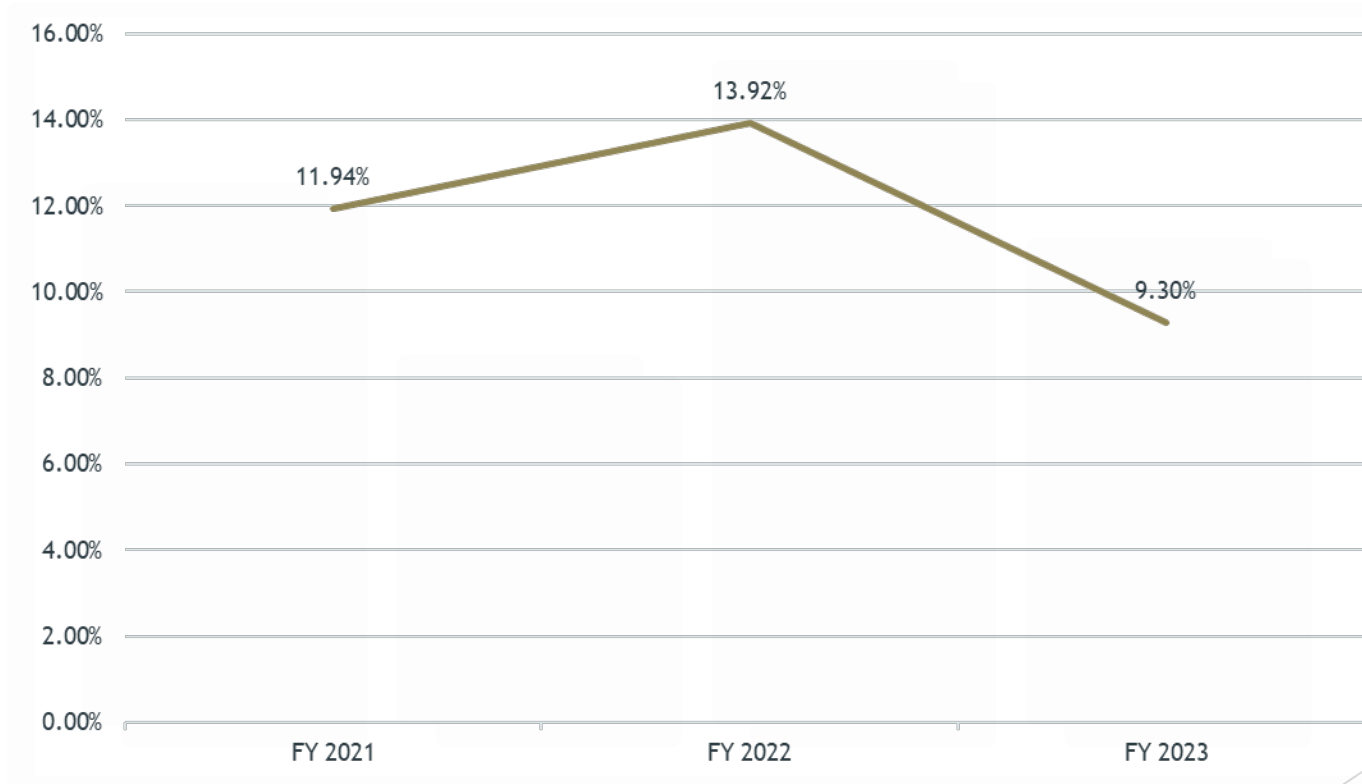
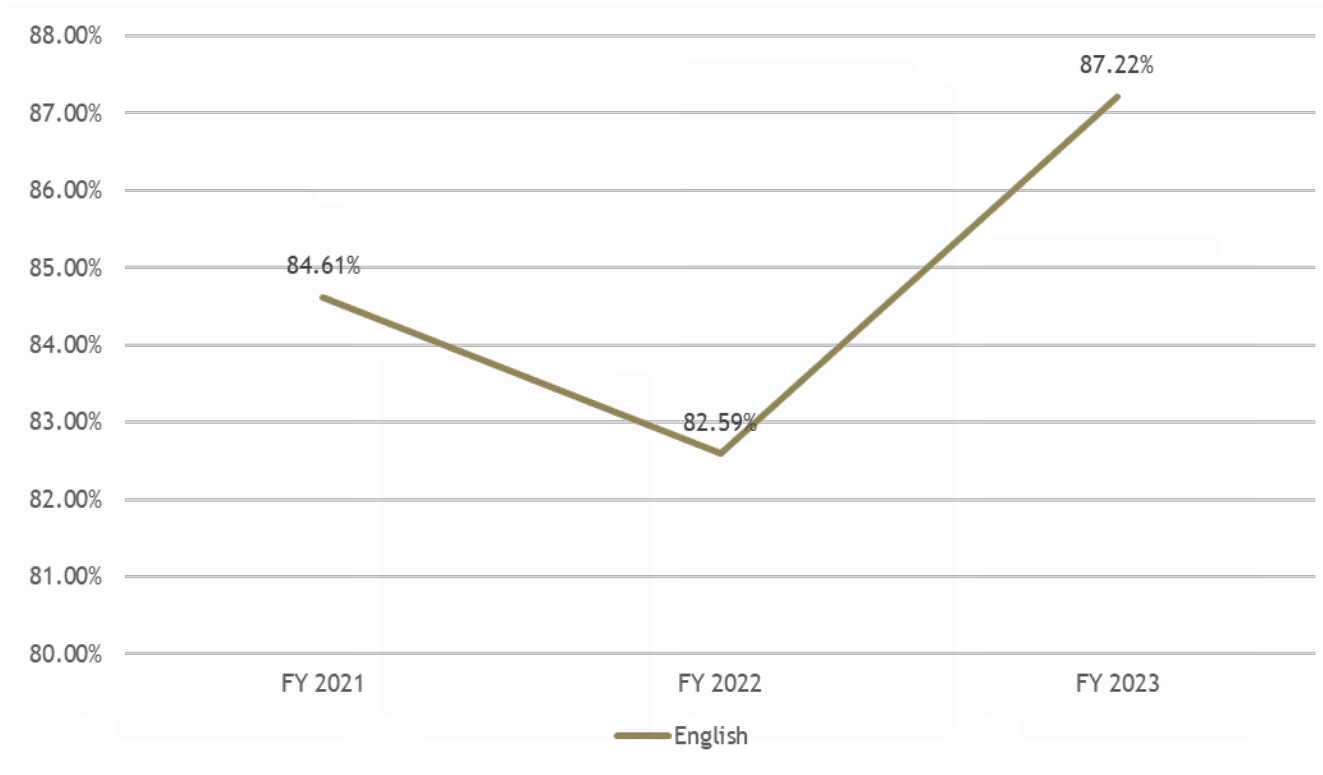


Table 9

\*Data derived from Risk Matrix

# English Primary Spoken Language



**\*Table 10**

**\*Data derived from Risk Matrix**



# Two or more Ethnic Backgrounds

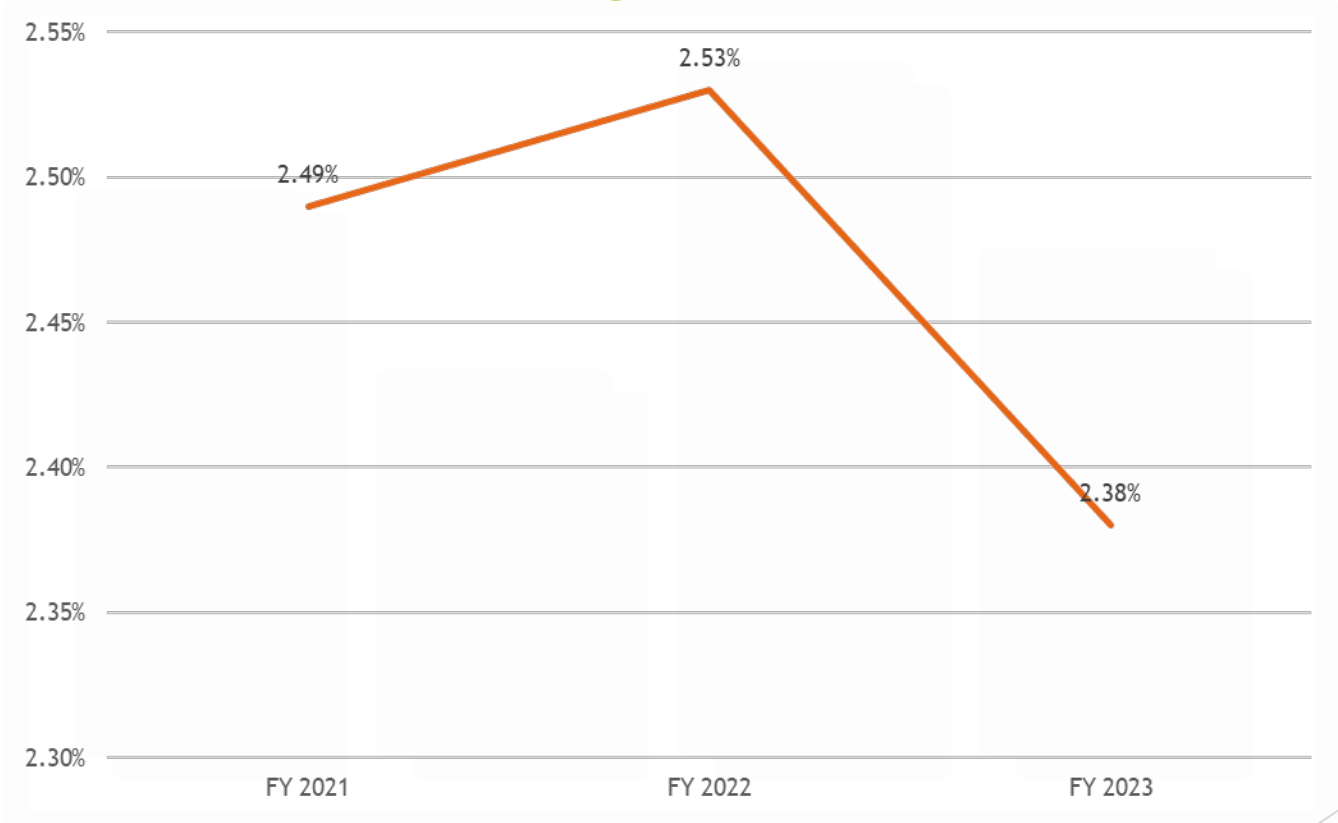


Table 11  
\*Date derived from Risk Matrix

# Top 5 Behavioral Health Diagnosis Children 0-17

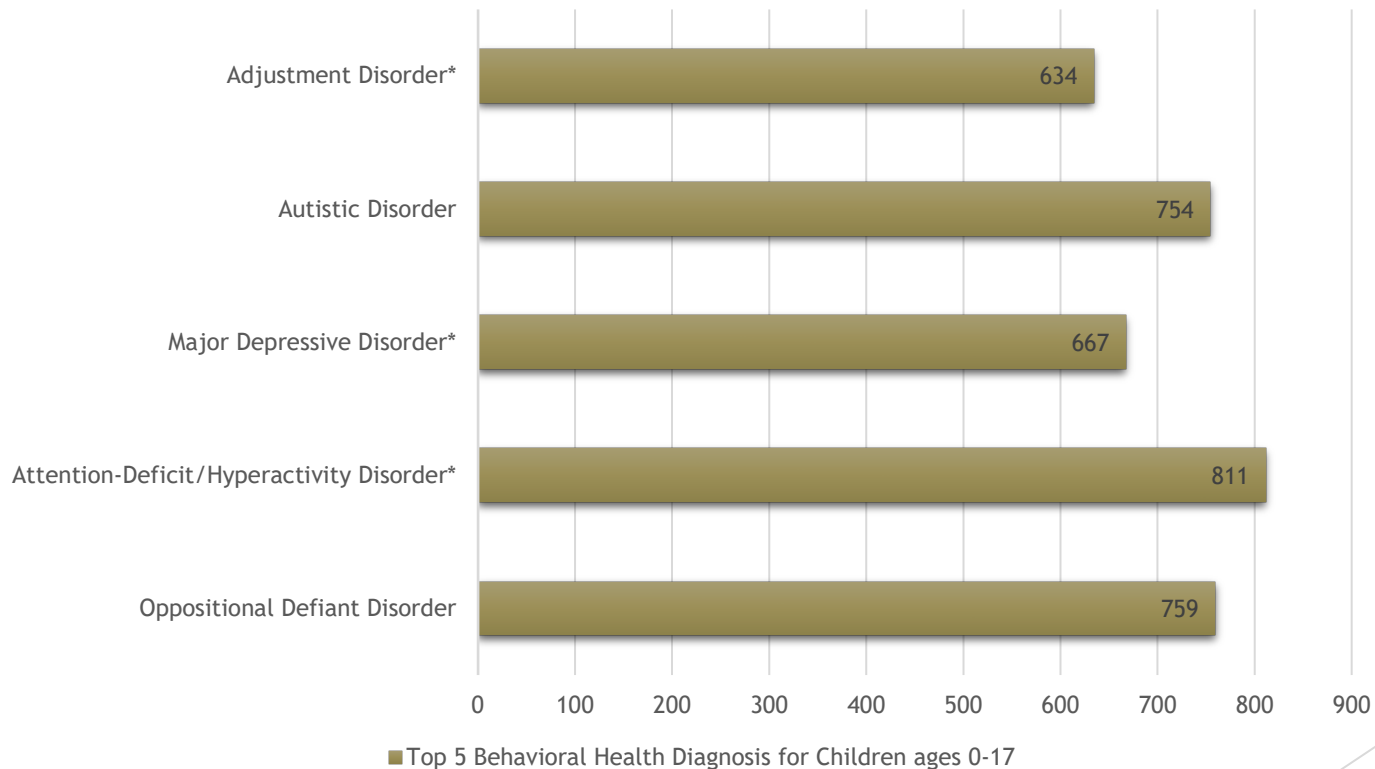


Table 12

\*\*Data pulled from IT/MHWIN

# Top 5 Physical Health Diagnosis Children 0-17

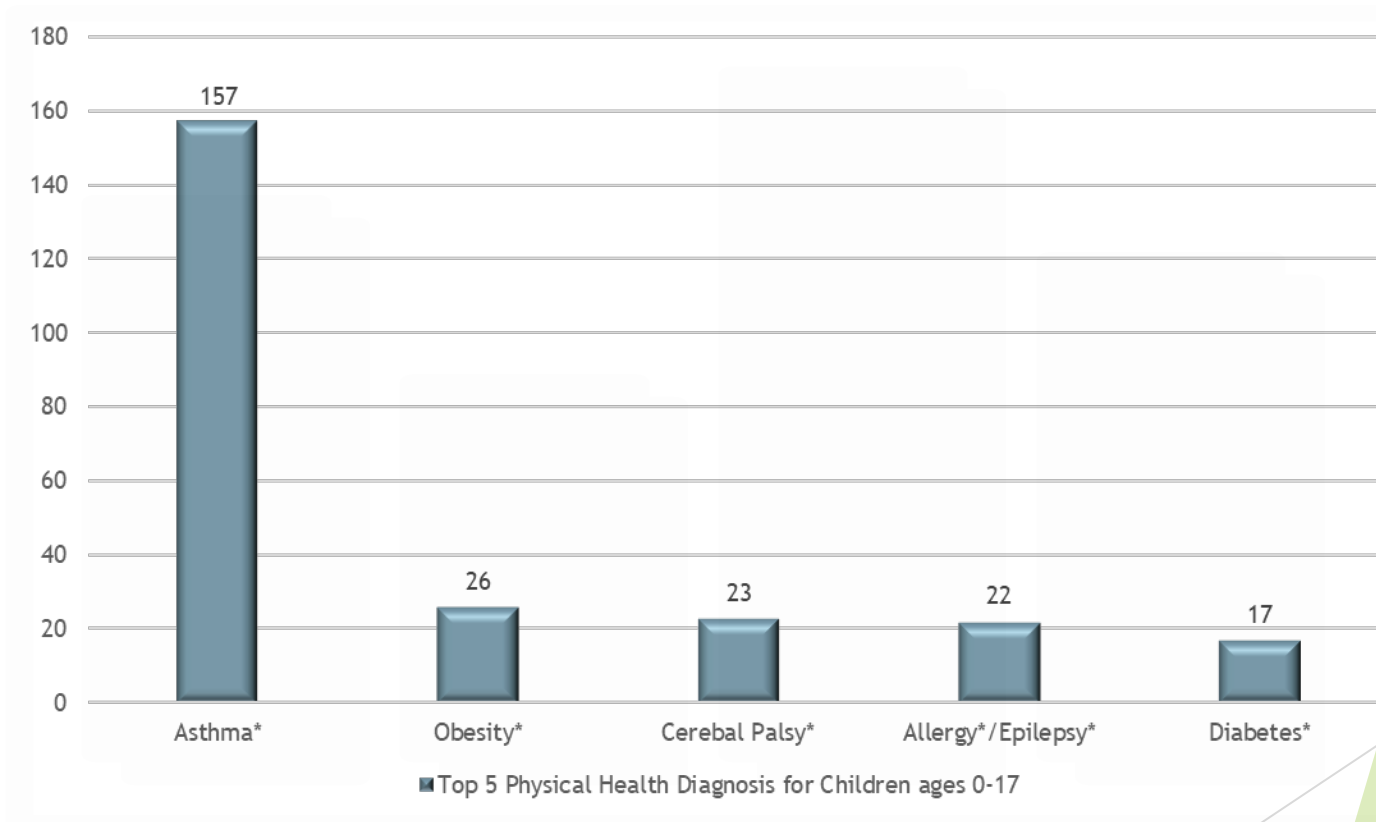


Table 13

\*\*Data pulled from IT/MHWIN

# Top 5 Behavioral Health Diagnosis Adults 18+

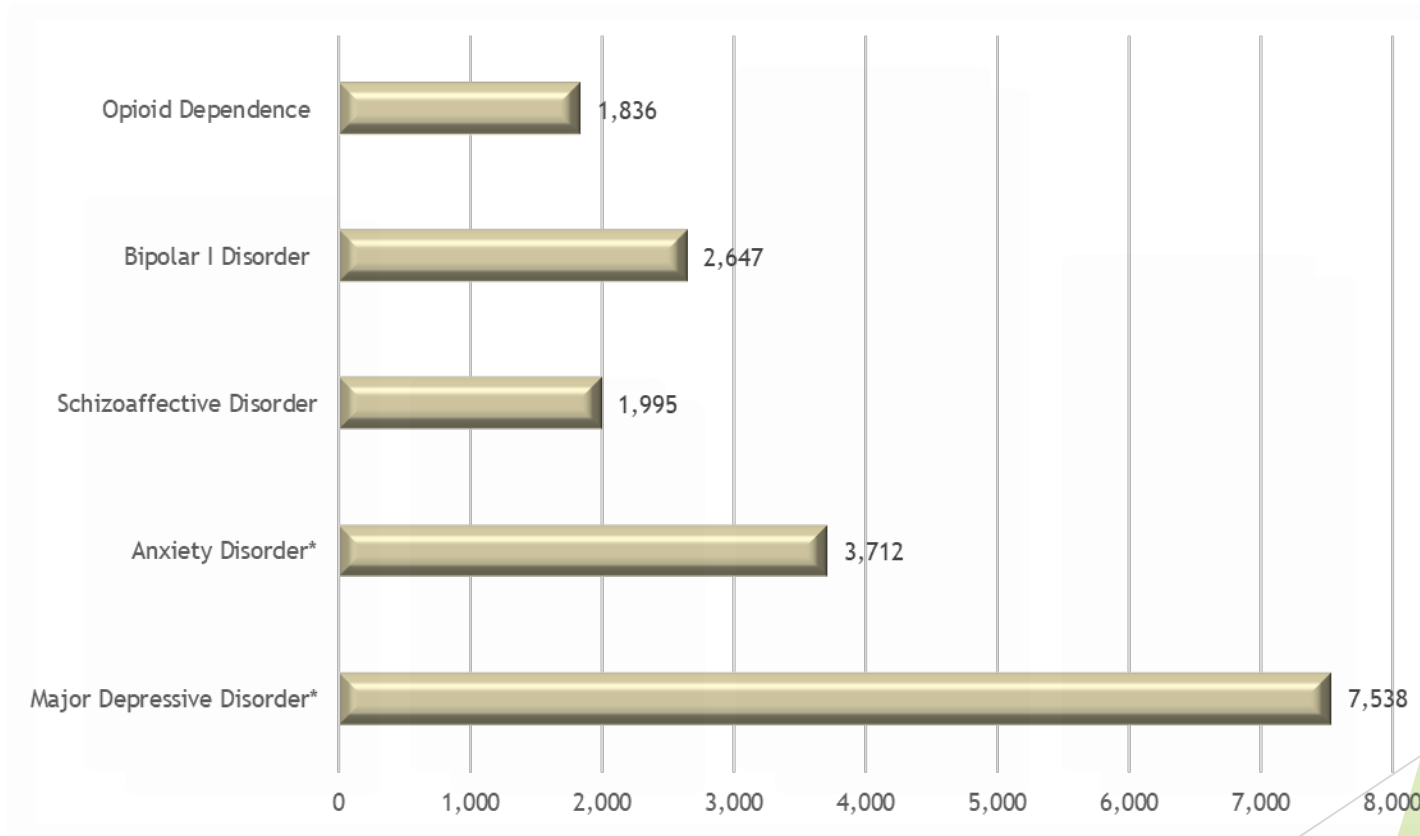


Table 14

\*\*Data pulled from IT/MHWIN

# Top SPMI Diagnosis for Adults 18+

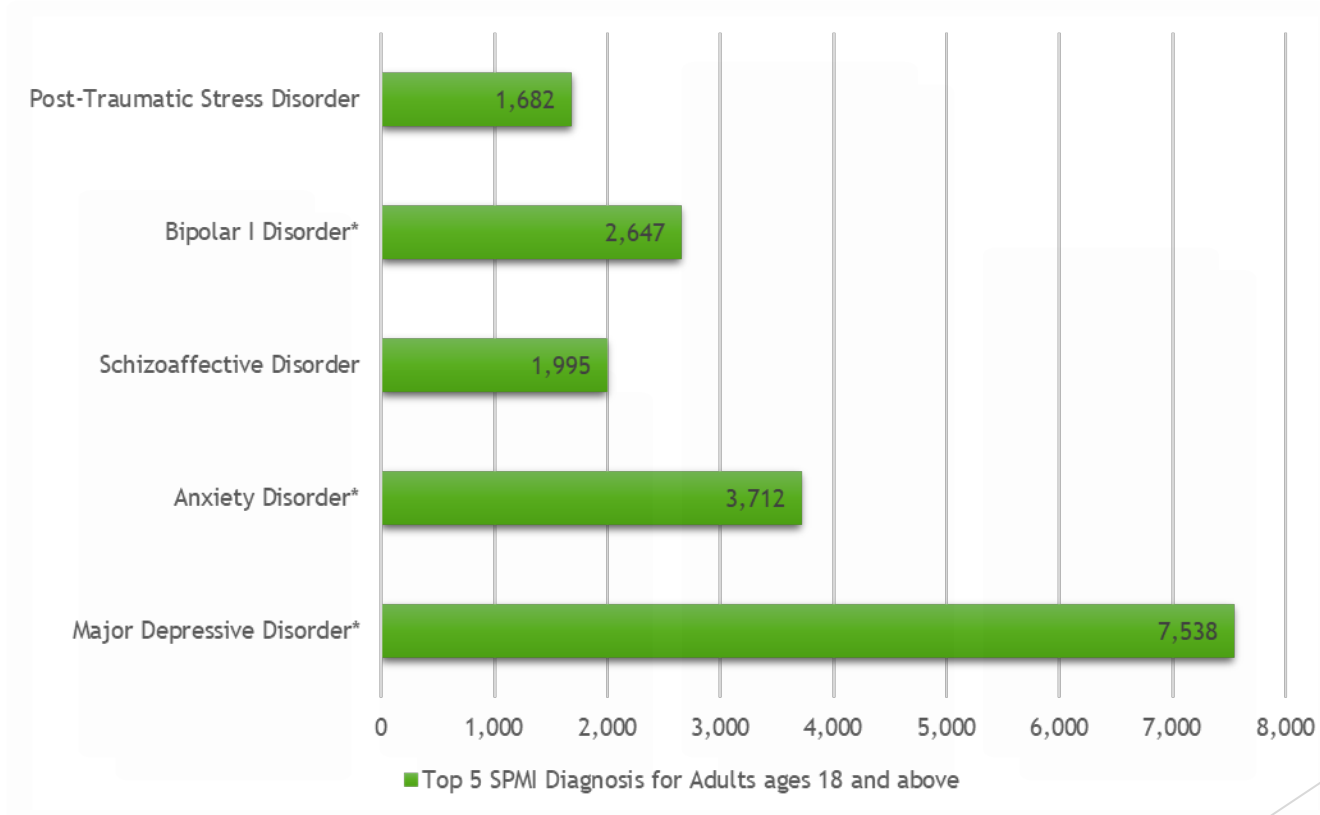


Table 15

\*\*Data pulled from IT/MHWIN

# Top 5 Physical Health Diagnosis Adults 18+

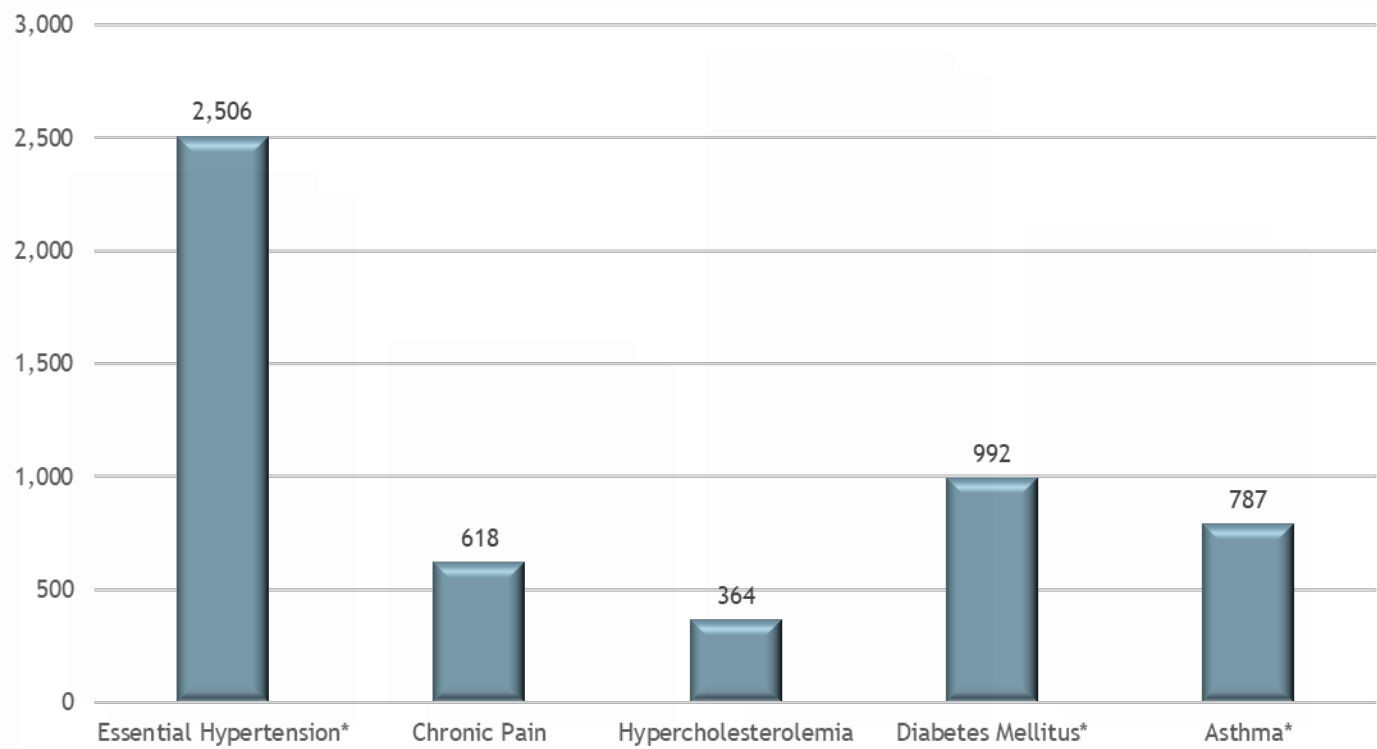


Table 16

\*\*Data pulled from IT/MHWIN

# Adult SUD Diagnosis

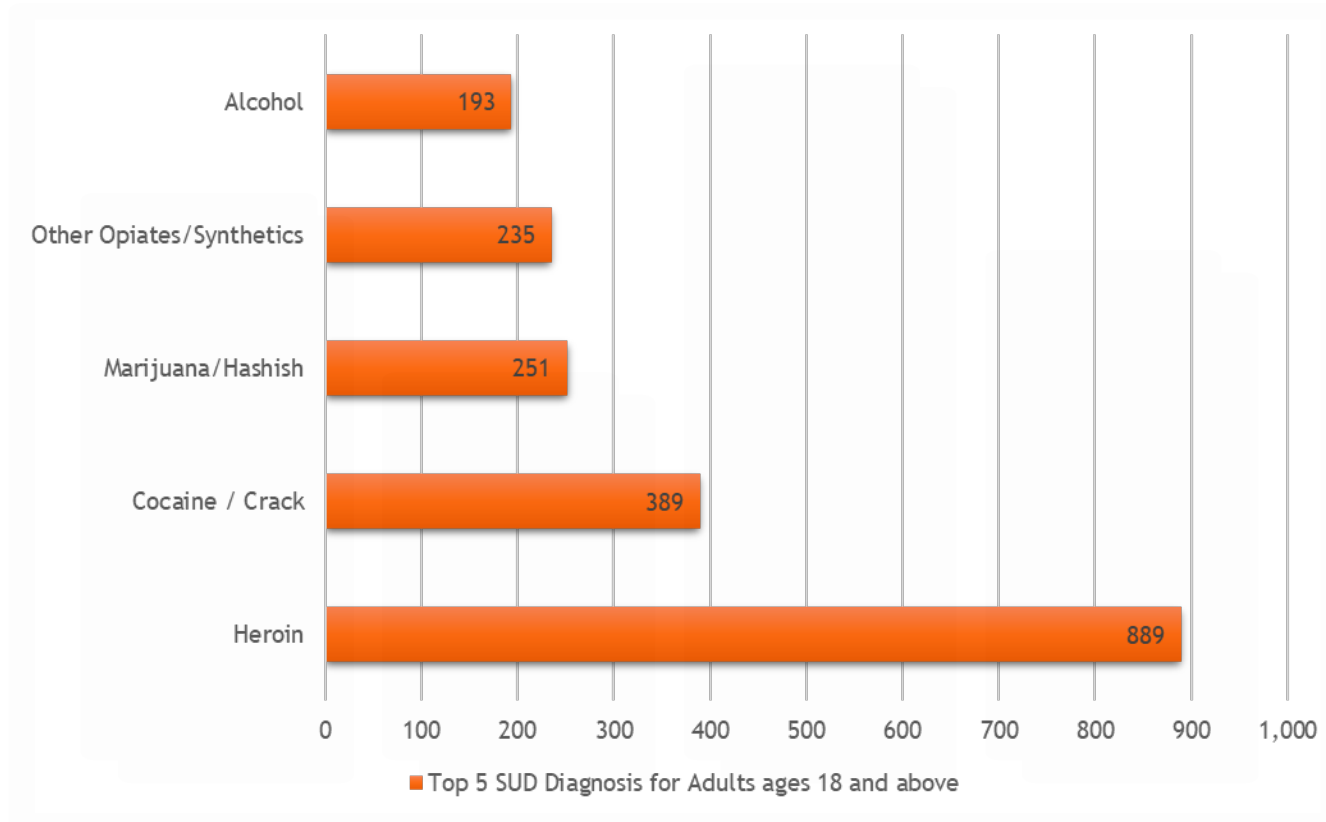


Table 22  
\*\*Data pulled from IT/MHWIN

# Adult SUD comparisons FY23 and FY22

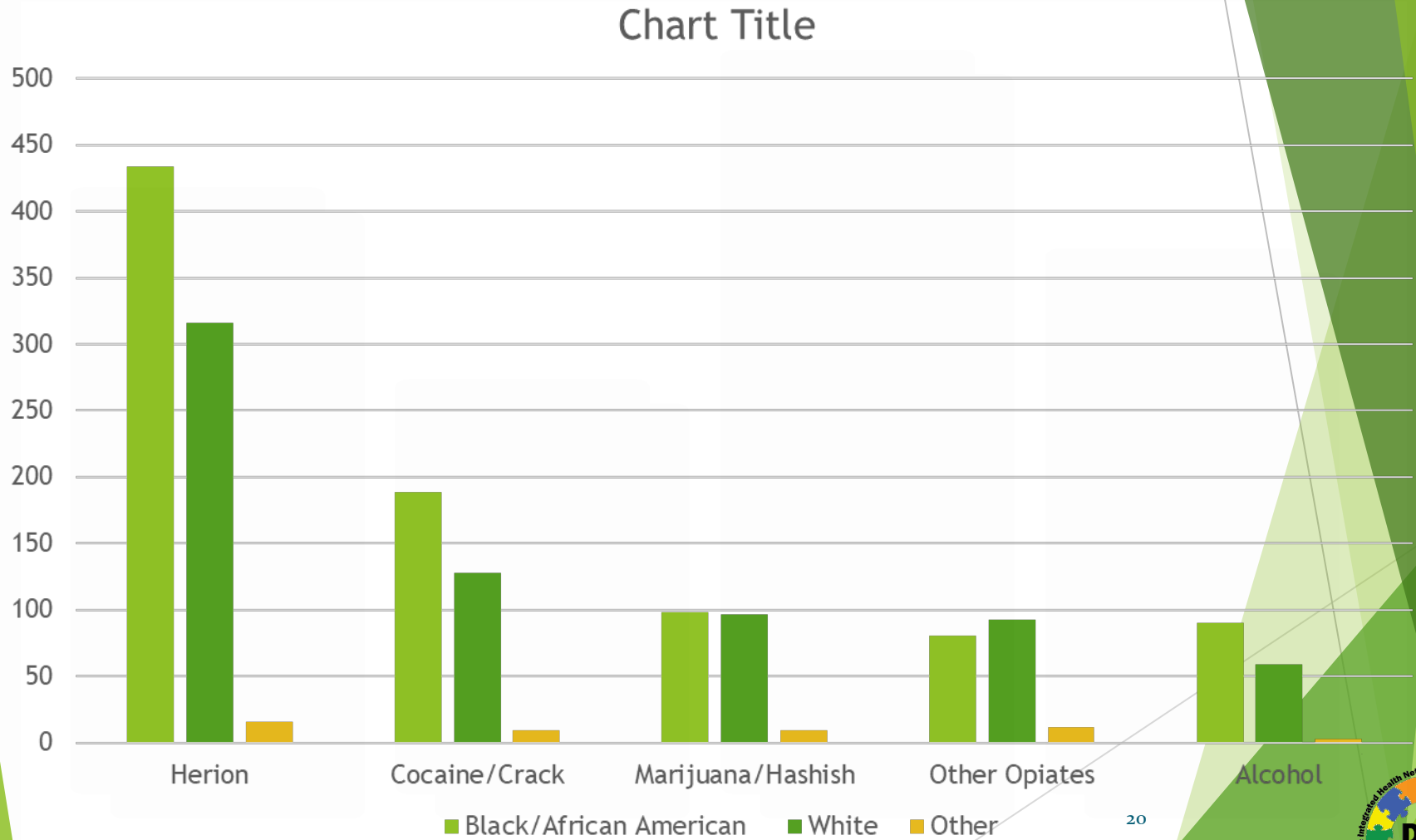
SUD 2023	SUD 2022
1. Heroin	1. Heroin
2. Cocaine/Crack	2. Cocaine/Crack
3. Marijuana/Hashish	3. Marijuana/Hashish
4. Other Opiates/Synthetics	4. Other Opiates/Synthetics
5. Alcohol	5. Alcohol

Table 23

\*\*Data pulled from IT/MHWIN



# SUD and Race



# Asthma Dx per zip code

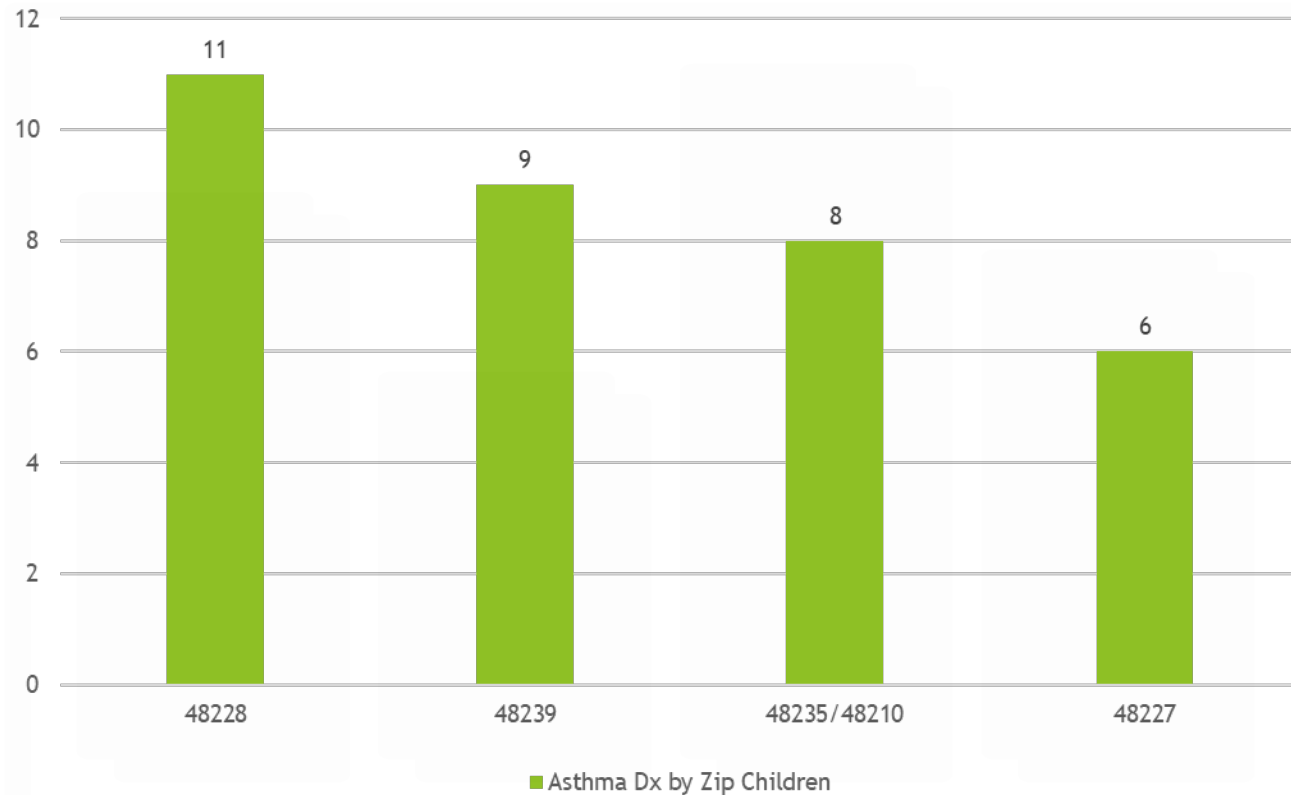
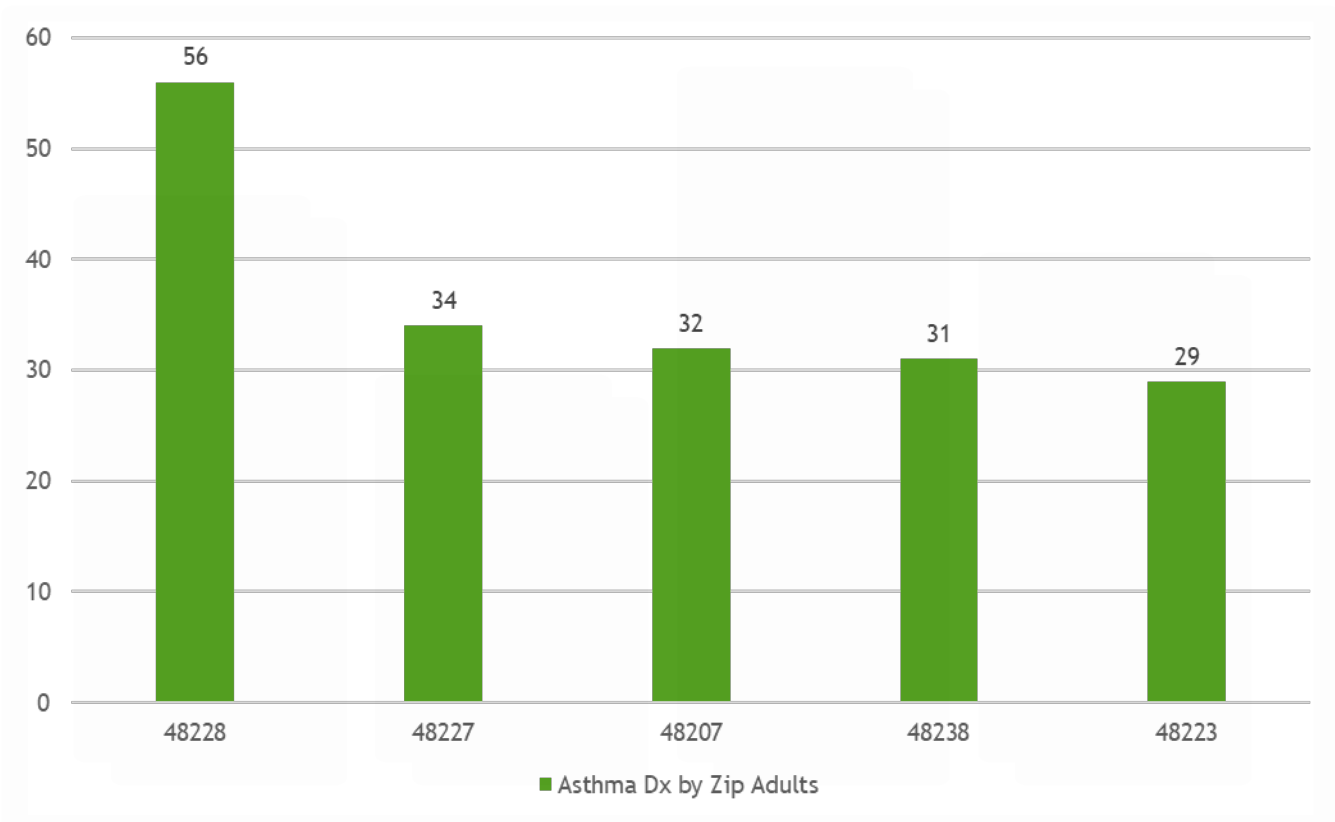


Table 25  
\*\*Data pulled from IT/MHWIN



**Table 26**  
**\*\*Data pulled from IT/MHWIN**

# Physical Health Diagnosis and Ethnic Background (Kids)

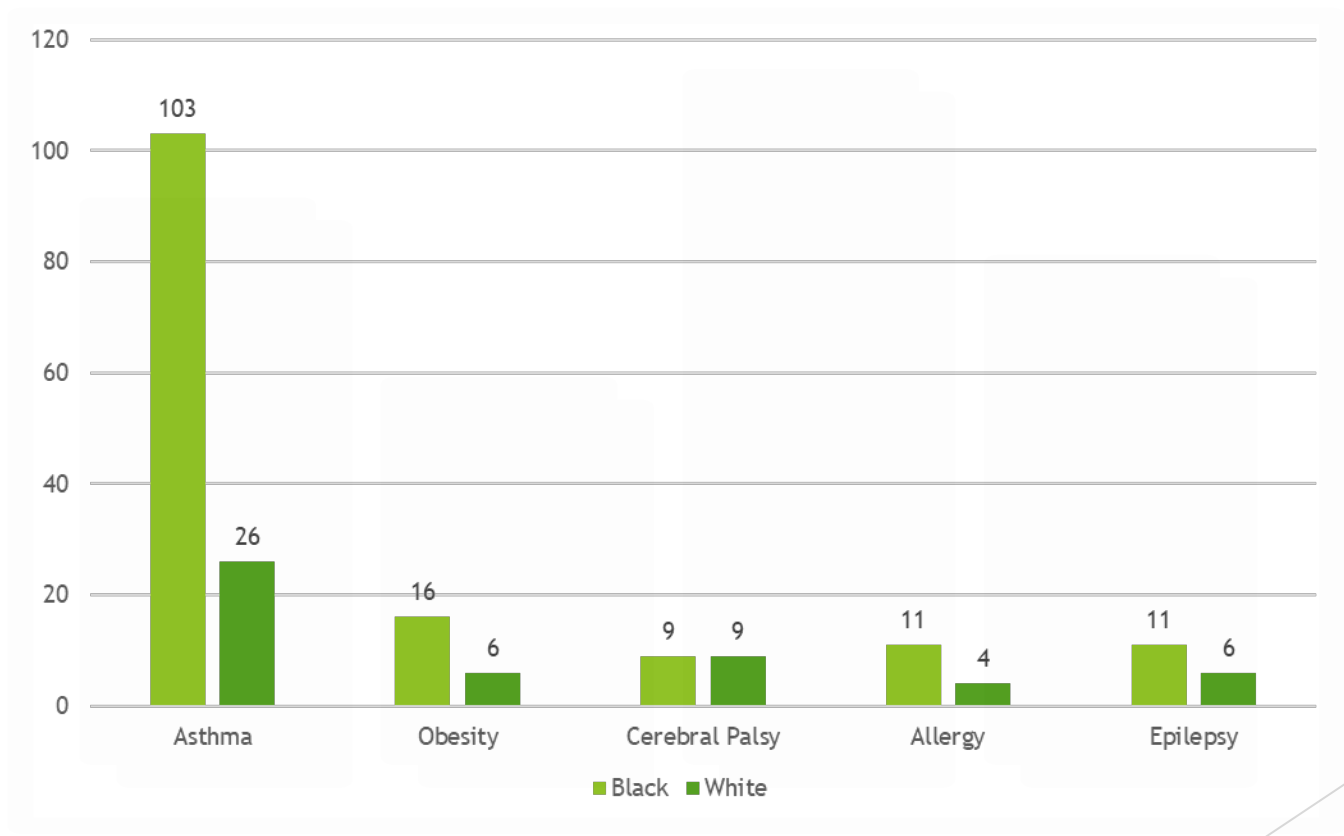


Table 28

\*\* Data pulled from IT/MHWIN

# Physical Health Diagnosis and Ethnic Background (18+)

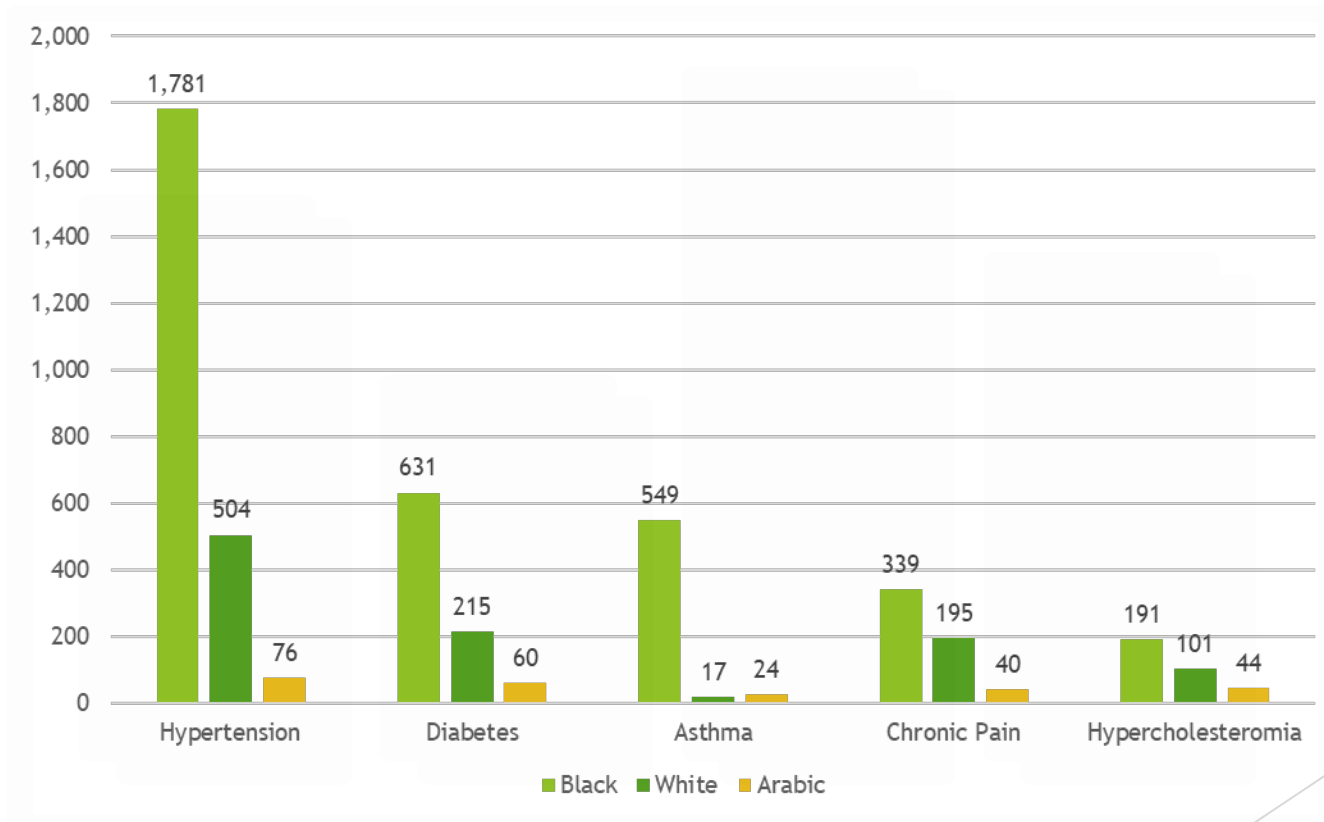


Table 29

\*Data pulled from IT/MHWIN

# Social Determinants of Health

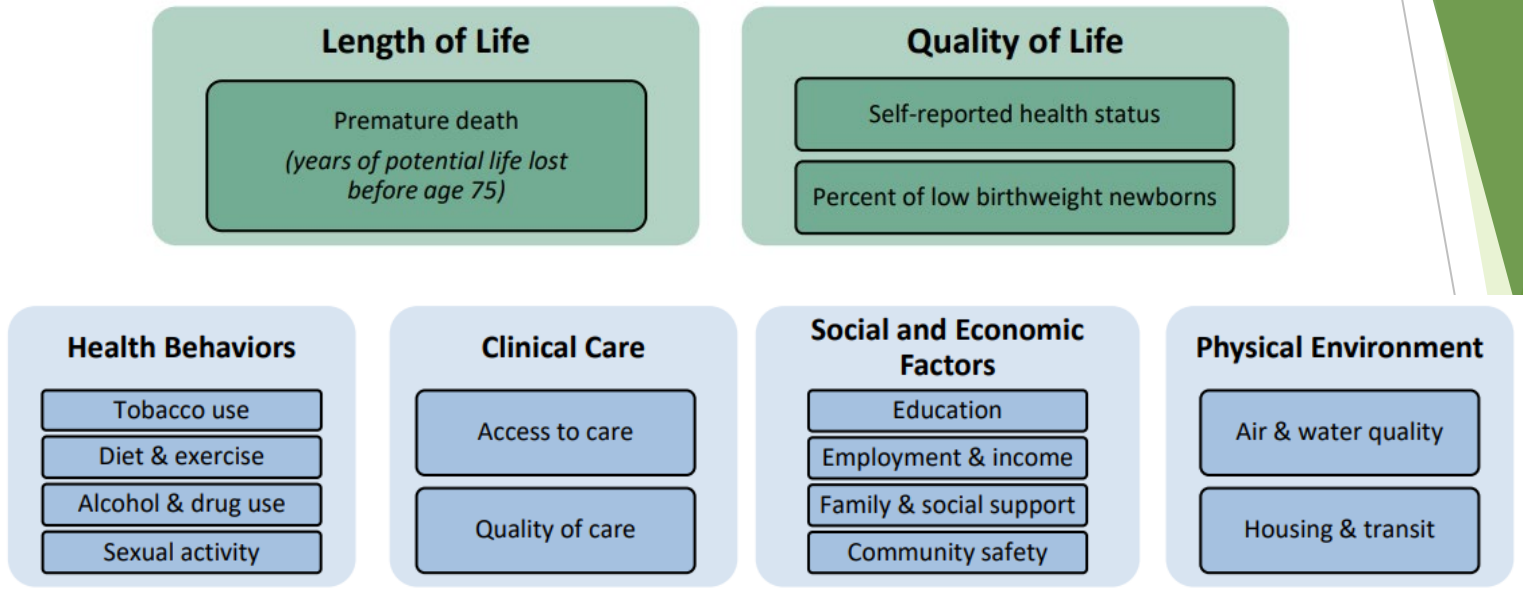


Table 30

\*\*Data derived from 2023 County Health Rankings Report by Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

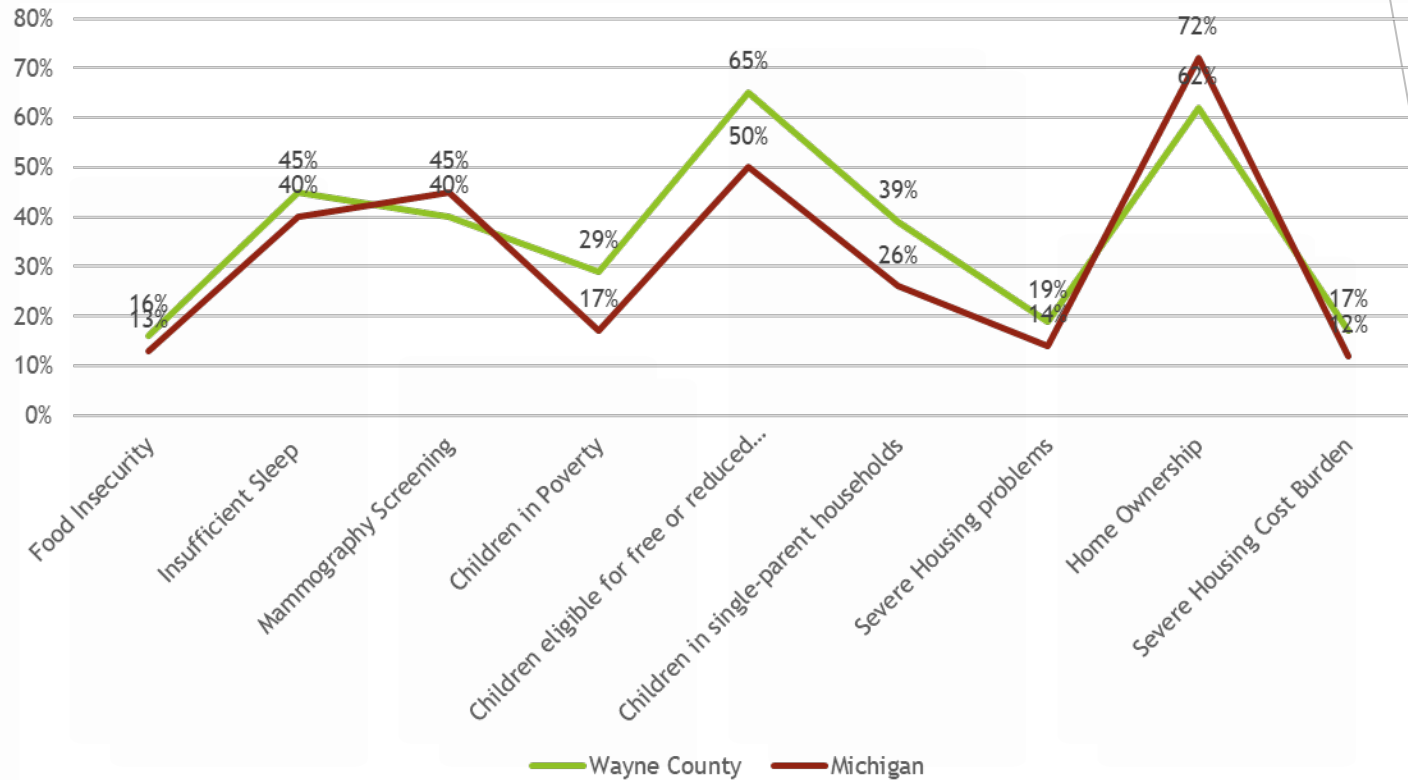


Table 30

\*\*Data derived from 2023 County Health Rankings Report by Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

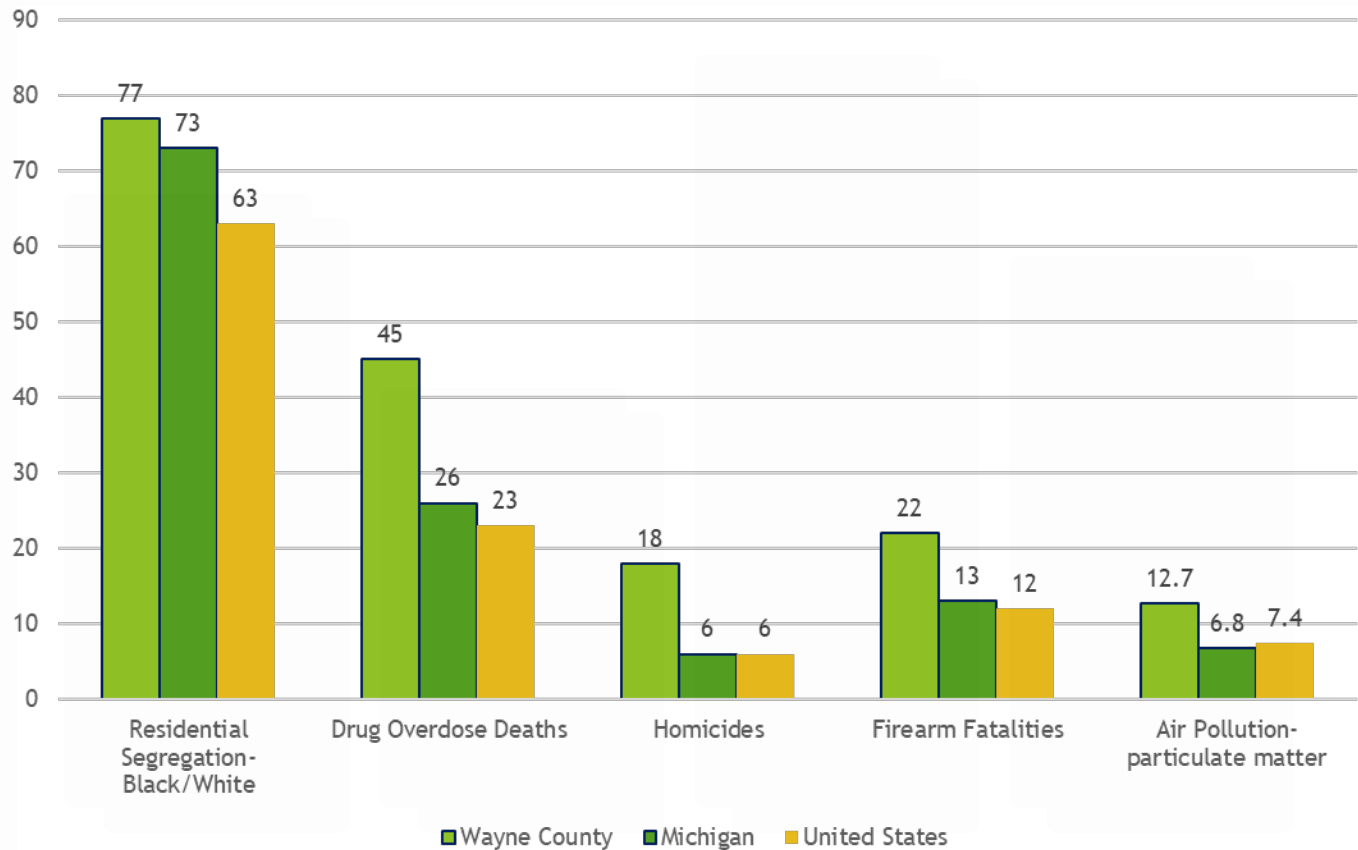


Table 30

\*\*Data derived from 2023 County Health Rankings Report by Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute



**Program Compliance Committee Meeting**  
**Vice President of Clinical Operation's Report**  
**March 13, 2024**



**CLINICAL PROGRAM UPDATES:**

**DWIHN Direct Clinical Service Provision:** DWIHN continues to plan for the provision of providing direct clinical outpatient services. DWIHN continues to explore embedding behavioral health staff in established PHCP locations and leasing our own clinic space to provide behavioral health services. Both are co-located models which meet the CCBHC standard of practice. DWIHN is planning on clinic services to be established by June 2024.

**CCBHC Demonstration Expansion:** The State of Michigan expanded the CCBHC State Demonstration sites on October 1, 2023. The DWIHN network now has a total of six (6) approved CCBHC sites including ACCESS, CNS Healthcare, Elmhurst Home, Development Centers, and Southwest Counseling Solutions- MiSide. DWIHN continues to provide technical assistance with CCBHC providers. It is estimated that 173,994 individuals are eligible for CCBHC services in region 7. MDHHS's goal is to have 26,099 individuals enrolled in CCBHC services in FY2024. Current enrollment stands at **7,187**; an increase of 5.8% from January 2024. The Governor's proposed budget was released with funding to expand the CCBHC Demonstration in FY25.

**Health Homes:** A care management/coordination program for high-need, high-cost members with chronic health conditions. The goal of health homes is to improve outcomes and decrease costs by increased coordination of services. Michigan has two health home programs for Medicaid beneficiaries: Behavioral Health Home and Opioid Health Home.

Opioid Health Home- 625 enrollees.

- MDHHS is looking to move to a more expansive "SUD Health Home" model, which would add alcohol and stimulant use disorders to the qualifying diagnoses list. This expansion will depend on the final state budget.
- Health Homes are monitoring provider utilization and have issued improvement plans as needed. The team expects results on FY2023 Pay for Performance measures in the next few weeks; we expect to earn P4P in 5 of 6 possible measures.

Behavioral Health Home: 681 enrollees

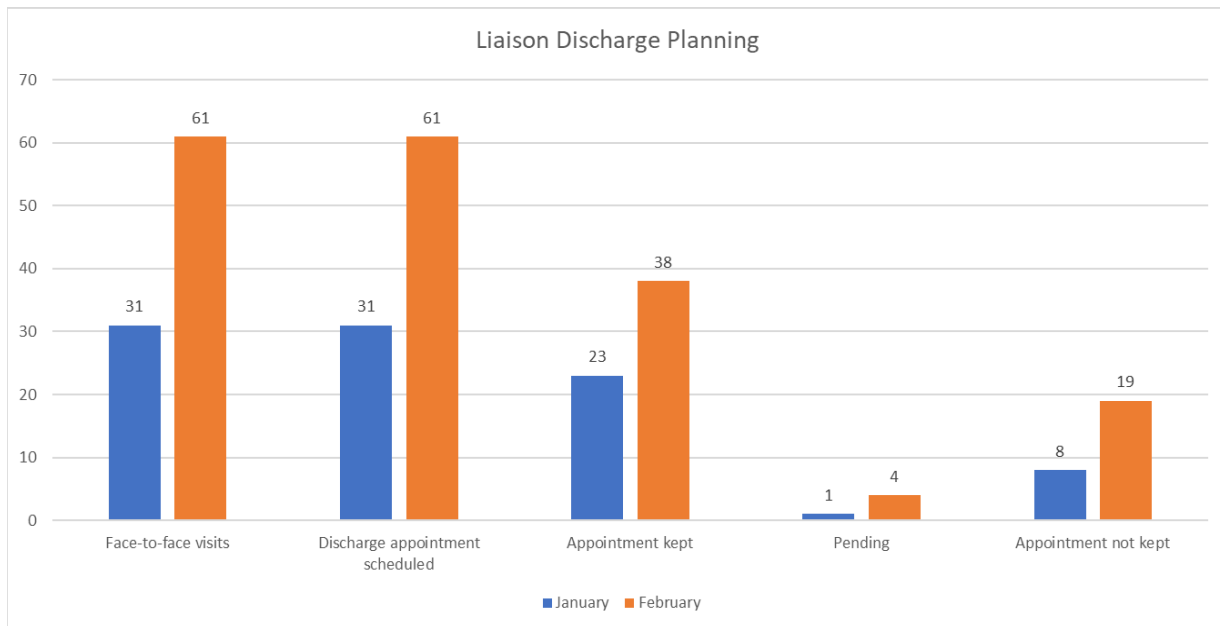
- Spenddowns from Medicaid redeterminations are still a concern, especially for the co-occurring IDD/MI population. A spenddown makes people ineligible for Health Home services and forces disenrollment.
- MDHHS will add two additional codes to the BHH program in FY25: F91 & F98 [Conduct disorder & Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence]. The goal is to reach more children in the program.

**Crisis Services:**

DWIHN Hospital Discharge Planning Initiative- In January 2024, DWIHN Liaisons started hospital discharge planning efforts for persons who are not currently receiving services from a CRSP provider. This includes meeting face-to-face with members hospitalized at the following hospitals: Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest. Liaisons discuss the member’s needs, their chosen Clinically Responsible Service Provider (CRSP), and discharge appointment information. DWIHN Liaisons follow up with members in the community upon discharge to ensure they are appropriately linked and their appointment is kept with their chosen clinical provider.

DWIHN Liaisons saw 61 members on inpatient units in February. All members had an aftercare appointment scheduled per their CRSP preference. Sixty-three percent (63%) of members kept their follow-up appointment. Of those members that did not keep their appointments, liaisons continue outreach efforts. Liaisons have been able to see more members due to becoming familiar and efficient with the process. Multiple face-to-face visits can occur in a day since inpatient hospital staff understand the benefits of their coordination. The previous quarter’s aftercare appointment compliance averaged approximately 53%.

**Current Status:**

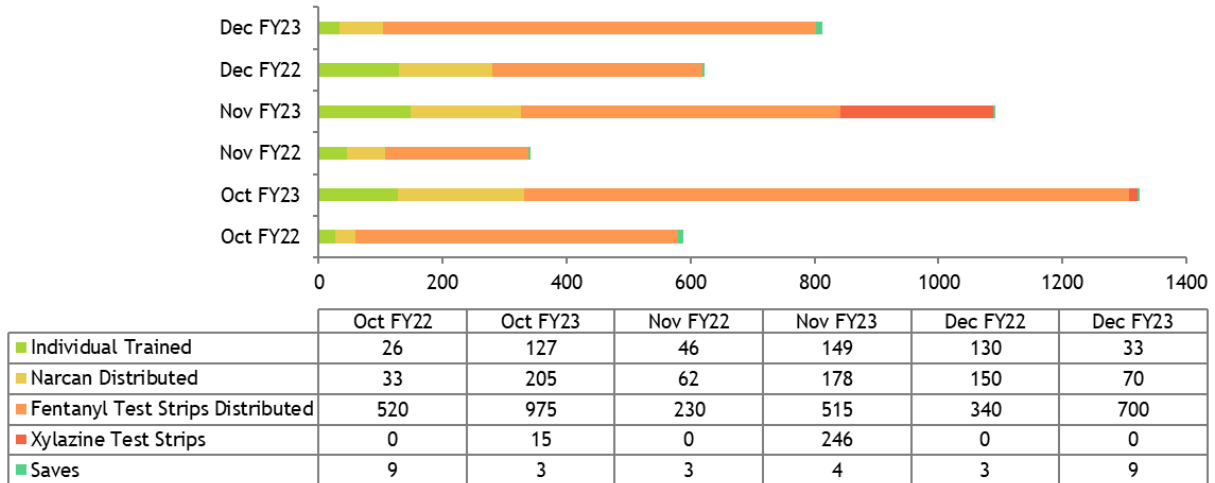


**Substance Use Services (SUD):**

The State Opioid Response Program- is a federal initiative that provides funding to states to address the opioid epidemic. Its goal is to expand access to treatment, promote evidence-based practices, and improve coordination among stakeholders. Activities include MAT, naloxone availability, workforce development, and overdose prevention programs.

The below chart compares first quarter data for the Overdose Education and Naloxone Distribution (OEND), with Harm Reduction programming, over the last two fiscal years. There was a 108% increase in OEND services in Wayne County in FY2023 compared to FY2022.

FY23 and FY24 SOR III - Overdose Education and Naloxone Distribution with Harm Reduction



**Adult Services:**

Assisted Outpatient Treatment (AOT)- The court orders an individual to receive community-based mental health treatment. It is aimed at individuals who are consistently non-adherent to needed treatment for mental illness. DWIHN works with the Behavioral Health Unit (BHU) on these shared individuals. Areas of reported concern are providers not following AOT statutes/the Mental Health Code, Not Guilty by Reason of Insanity (NGRI) timeliness, engaging individuals at Deferral Conferences, or appropriate coordination of care.

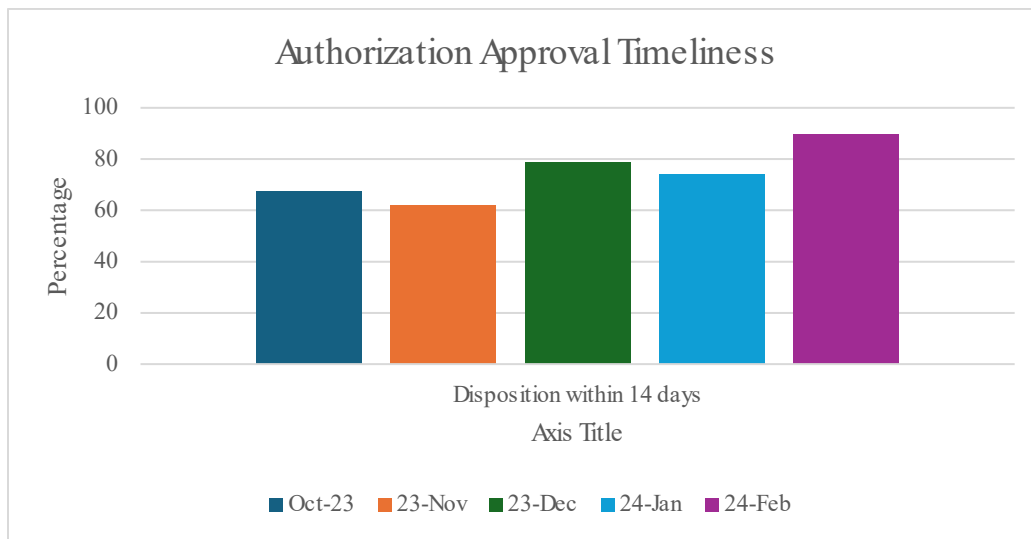
DWIHN received 166 combined AOT orders that were uploaded within MHWIN in February 2024. Providers have been identified and communications have been sent with the request to acknowledge receipt of the order by submitting form WCPC-366 stating the members plan of service (IPOS). DWIHN meets with the Behavioral Health Unit- Probate Court twice a month to review AOT orders with Hegira and Team Wellness to ensure follow-up with members. DWIHN continues to work on expanding infrastructure around AOT operations.

**Utilization Management:**

Habilitation Supports Waiver (HAB)- Is available under Section 1915© of the Social Security Act to provide home and community-based services to those diagnosed with an intellectual/developmental disability, and without these services, would require placement into an Intermediate Care Facility. MDHHS provides each region with a specific number of HAB waiver “slots”. It is expected that 95 % of slots will be filled continuously. DWIHN implemented an internal plan of correction in March of 2023. As a result, DWIHN met the 95% utilization in July 2023 and has successfully exceeded the expected rate. DWIHN has remained at 100% utilization since December 2023 and currently has 30 members on the waitlist.

Utilization Management Timeliness- Outpatient and Substance Use Disorder Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request. Currently 65% of authorization requests are auto approved through Service Utilization Guidelines (SUGs) that have been developed based on medical necessity and best practice. Thirty-five percent (35%) of authorizations are reviewed manually by UM staff. Timelessness of authorization request disposition is out of compliance (67.4%) and required an internal plan of correction including:

- Onboarding and training of new staff who were hired in December
- Cross Department collaboration to review any Authorizations that were out of compliance
- Redistribution of assigned caseloads among staff based on volume
- Clear old, “returned” authorization requests that the requesters have not re-submitted to us
- Refresher training to the provider network on necessary documentation for authorization approval
- Performance Improvement Plan for identified providers who have consistently submitted backdated authorization requests and/or have been non-responsive when requested for additional information from UM.



**Residential Services:** In a collaborative effort with Utilization Management, the Residential Department is focusing on inpatient lengths of stay for individuals requiring specialized residential placement.

Current Status:

**Residential Medicaid Inpatient**

# of TOTAL Inpatient (per MHWIN report):	436	412	417	415		
# of Residential Inpatient Referrals:	10	7	10	5		
Avg. Residential Inpatient (%):	2.3%	1.7%	2.4%	1.2%		
Weekly/Monthly Reporting Date Range:	1/27-2/2	2/3-2/9	2/10-2/16	2/17-2/23	1/27-2/23	1/24-3/1
	<b>FEB -WK #1</b>	<b>FEB -WK #2</b>	<b>FEB -WK #3</b>	<b>FEB -WK #4</b>	<b>FEBRUARY 2024</b>	<b>MAR -WK #1</b>
<i>ACTIVE Cases from previous WEEK/MONTH</i>	18	22	16	20	18	18
<b>Medicaid Referrals RECEIVED during reporting period</b>	10	7	10	5	32	
Total # of Residential MEDICAID Inpatient Cases	28	29	26	25	50	18
<b>Members DISCHARGED during reporting period</b>	6	13	6	7	32	
Average # of Days Inpatient to Discharge	11.0	15.0	14.5	17.0	14.4	

Residential Services adjusted the member assignment process to improve efficiency related to completion of the residential placements. Department Managers review inpatient numbers weekly and contact the referral source immediately to schedule an assessment. The Residential staff collaborate weekly with different DWIHN Departments to on-board new residential providers:

- On-boarding of five new residential sites. One additional home pending MCO input into MHWIN.
- One of the Five is a Pre-Placement home for IDD Youth and Adults.
- Added three new residential entities as potential contracted specialized settings. One of those new entities will be used as a Pre-Placement.
- Two of the five homes onboarded this month are co-ed, barrier free settings.

DWIHN is working to increase the number of pre-placement facilities to provide safe and available placement opportunities as more permanent placements are identified. The Residential Team is exploring ways to improve efficiency in the residential process – i.e., assign staff completing the assessment in tandem with staff working on brokering.

**Children’s Initiatives:** DWIHN had a RFP for children services to expand the provider network to assist in addressing current capacity issues. As a result, five (5) new providers have been added to the children’s network.

Children’s Crisis Plan- The goal is to ensure crisis plans are completed for members served at 85% compliance. There is noted progress over the past few quarters. This resulted in hosting a virtual crisis plan training in November 2023, educating the provider network on the crisis plan policy, and offering technical assistance with providers gaining access to view data via the Risk Matrix.

Disability Designation	FY 23 – Q3	FY 23 – Q4	FY 24 – Q1
Serious Emotional Disturbance (SED)	68.64%	72.71%	77.14%
Intellectual Developmental Disability (IDD)	71.07%	74%	76.17%



**VP of CLINICAL OPERATIONS' REPORT**  
**Program Compliance Committee Meeting**  
**Wednesday, March 13, 2023**

**ACCESS CALL CENTER – Director, Yvonne Bostic**  
*Please See Attached Report*

**ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons**  
*Please See Attached Report*

**Autism Spectrum Disorder (ASD) – Director, Cassandra Phipps**  
*No Monthly Report*

**CHILDREN'S INITIATIVES – Director, Cassandra Phipps**  
*No Monthly Report*

**CRISIS SERVICES – Director, Daniel West**  
*Please See Attached Report*

**CUSTOMER SERVICE – Director, Michele Vasconcellos**  
*No Monthly Report*

**INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith**  
*Please See Attached Report*

**INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski**  
*No Monthly Report*

**MANAGED CARE OPERATIONS – Director, Rai Williams**  
*Deferred*

**RESIDENTIAL SERVICES – Interim Director, Kate Mancani**  
*Please See Attached Report*

**SUBSTANCE USE DISORDER (SUD) – Director, Judy Davis**  
*Please See Attached Report*

**UTILIZATION MANAGEMENT – Director, Leigh Wayna**  
*Please See Attached Report*

**DWIHN Access Call Center**  
**Yvonne Bostic, MA, LPC (Call Center Director)**  
**Monthly Report: January 2024**  
**Date: 2/1/2024**



**Main Activities during January 2024:**

- **Call Center Performance – Call detail report**
- **Appointment Availability – Intake appointment and Hospital Discharge Follow up**
- **Accomplishments and Updates**

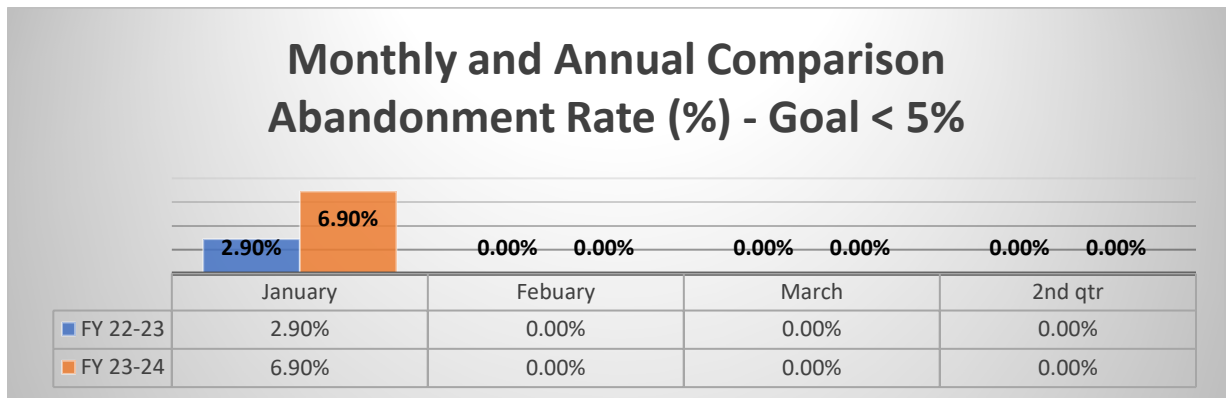
**Activity 1: Call Center Performance – Call Detail Report**

- **Description:** Majority of the calls coming into the call center are from members in the community seeking Behavioral Health (MH/SUD) services, information and referrals. The other majority of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD) or other resource.
- MDHHS Standards and Call Center Performance for December 2023:
  - % Abandoned Goal is < 5% (6.9%)
  - Avg. speed to answer Goal <30 sec. (:26 sec)
  - % of calls answered Goal > 80% (91.0%)
  - Service level Goal >80% (74.01%)

Queues	Incoming Calls	Calls Handled	Calls Abandoned. /Hang Ups	% Abandoned.	Average Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	17,833	16,291	1,161	6.9%	:26 sec	4:53 mins	91.0%	74.01%
SUD Techs	5,182	3,838	1,057	20.0%	5:02 mins	17:06 mins	74.0%	33.0%
Clinical Specialist	2,846	2,030	581	20.0%	4:25 mins	23:29 mins	71.0%	49.7%
<b>December 2023 Totals</b>	<b>16,626</b>	<b>15,613</b>	<b>1,013</b>	<b>5.8%</b>	<b>:27 sec</b>	<b>5:26 mins</b>	<b>93.9%</b>	<b>74.8%</b>
<b>January 2023 Totals</b>	<b>19,173</b>	<b>18,618</b>	<b>555</b>	<b>2.9%</b>	<b>:22 sec</b>	<b>5:21 mins</b>	<b>97.1%</b>	<b>83.4%</b>

- **Current Status:** For the month of January 2024 there were 16,291 calls handled by the access call center. This is 678 more calls than the previous month.
  - 3,838 calls handled for SUD services
  - 2,030 calls handled for MH services
  - 10,423 (63.9%) calls handled for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, Temporary Court Ward (TCW)/ Permanent Court Ward (PCW), Hospital Inpatient, Etc.), Transfer calls (Crisis, ProtoCall, ORR, Customer Service, Grievance, etc.)
  - 381 callers opted for a callback instead of waiting on hold

- In an annual comparison of January 2023 and January 2024, there were 2,327 less calls handled this year and there was a 4.0% increase in the abandonment rate, 2.9% to 6.9%. The service level has also decreased by almost 10% between last year and this year.
  - The cause of this change is related to staffing and an adjustment to the new phone system. The call center has experienced a large use of PTO/UPTO by staff who have called in as unable to work, were late to work due to poor weather conditions or had scheduled time off. In order to address staffing concerns:
    - Staff are given permission to work from home when there are reported severe weather conditions so that they can start shifts timely and do not need to use UPTO to stay home or to stay with children due to school closings.
    - Interviews are in process for contingent staff and to fill vacancies for full and part time positions
    - There are some calculations that are being fixed with the vendor to get the true abandonment rate as there is some short abandonment getting included when it should not be. Our numbers should improve once this is corrected.

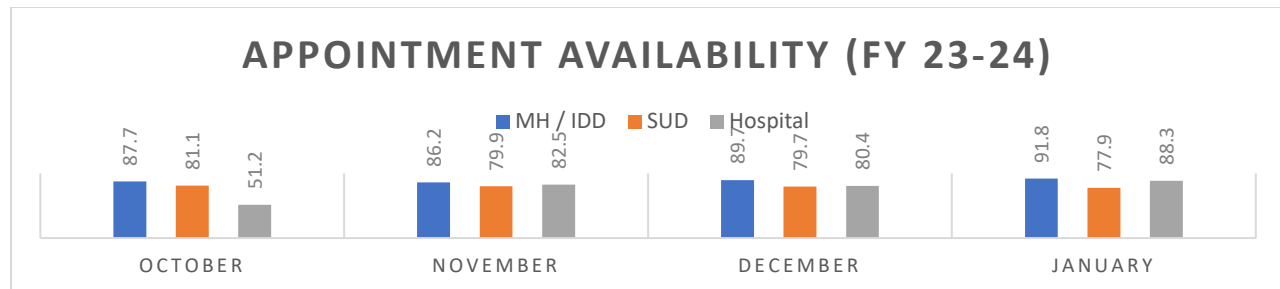


**Activity 2: Appointment Availability – Intake appointment and Hospital Discharge Follow up**

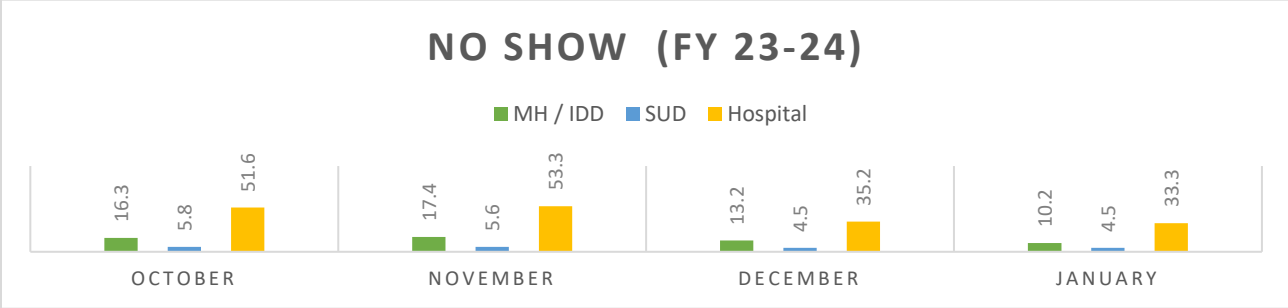
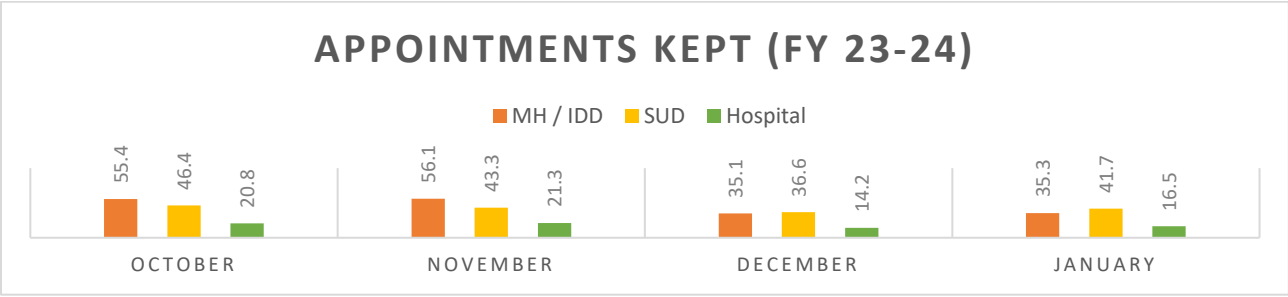
**Description:** The Access Call Center schedules hospital discharge/ follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment and the initial intake appointments (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed.

The Access Call Center schedules these types of appointments based on the CRSP (Clinical Responsible Service Providers) availability and ability to provide services, timely.

The appointment availability is based on the number of appointments scheduled within the allotted timeframe.







**Summary:**

For the month of January 2024 there was a slight increase in appointment availability for MH services and Hospital Discharge follow-up appointments. Appointment availability remained about the same for SUD intake appointments. The rate of No Show continues to decrease in all 3 areas.

The Transportation pilot started almost 4 months ago and the data point to track the number of referrals has recently been added to MHWIN so that data can be collected and analyzed to see if transportation impacts the rates for appointments kept and no shows.

Since the collaboration efforts of Access Call Center, UM department, Providers and Hospital Liaison department, there has been a slight improvement in the coordination of hospital discharge appointments.

**Activity 3: Accomplishments and Updates:**

- **Department Overviews and Trainings** – DWIHN Mobile Crisis Unit, CCBHC Services, Genesys Cloud Phone System
- **Staff Training: Genesys Cloud TTECH Phone System- how to manage agent calls**
  - System Testing and Staff Training – December 11, 2023 – December 15, 2023, December 21, 2023, January 11, 2023
  - System transfer – December 18, 2023

**Identified Opportunities for Improvement:**

- Reduce long hold times (30 minutes or less) after being transferred for a Clinical or SUD screening - staff is in the process on being trained on how to streamline the screening process
- One call resolution – management is in the process of developing help aids for access call center representatives to help them troubleshoot and direct calls more effectively

- Data collection duplications have been removed so that the member is not asked the same thing during the eligibility screening and provider intake assessment. Focus is on a triage design not an intake design. Revisions will be approved and uploaded into MHWIN, and progress will be reported in future reports.
- **Progress on Previous Improvement Plans:**
  - Corrective Action Plan from Aetna ICO and Molina related to service level below 80% (December and January) and documentation of 3 factor verification
    - Abandonment rates and services levels are closely monitored, overtime has been offered to staff to increase coverage options and recently hired staff are in training.
    - Documentation of 3 factor verification in the screening tool.
      - This has been submitted to IT/PCE – in progress
      - Once implemented staff will need additional training

**Monthly Report-February 2024**  
**Marianne Lyons, LMSW, CAADC**  
**2/29/2024**



**Adult Initiatives Monthly Report February 2024**  
**Marianne Lyons, LMSW, CAADC**

**Main Activities during February 2024 monthly Reporting Period:**

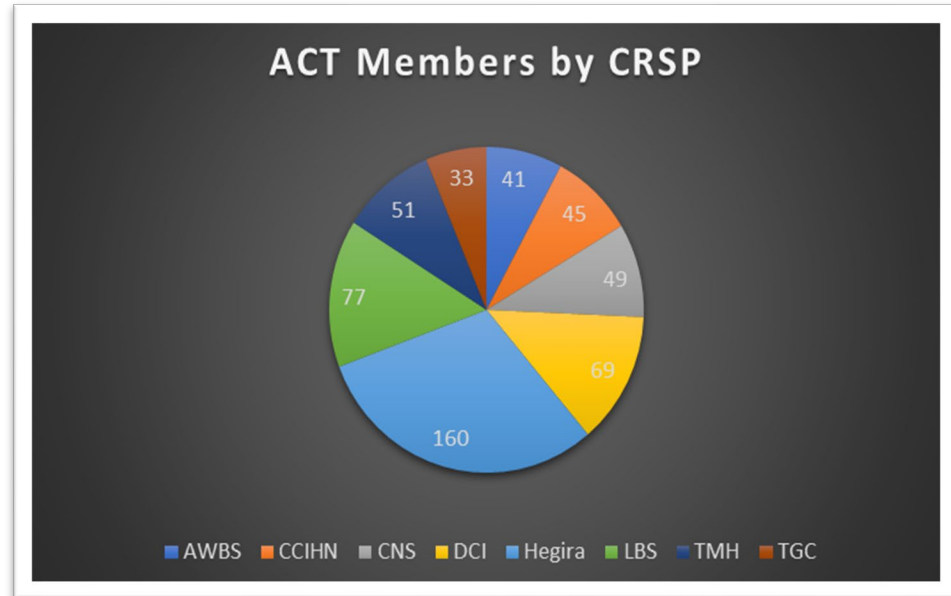
- Assertive Community Treatment (ACT)
- Med Drop
- Evidence-Based Supported Employment (EBSE)
- Intellectual Developmental Disability (I/DD)
- Not Guilty by Reason of Insanity (NGRI)

**Progress on Major Activities:**

**Activity 1: Assertive Community Treatment (ACT)**

- *Description:* Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff members are available 24 hours, 7 days per week, for 365-days per year.
- *Current Status:* There are **8 ACT** provider service agencies in Wayne County. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, Development Centers Incorporated, Hegira, Lincoln Behavioral Services, Team Wellness and The Guidance Center. Currently, there are **525** members receiving ACT services. For the most recent month, the ACT program experienced a total of **16** psychiatric hospitalizations which totaled **176** inpatient days. There have also been **8** new admissions and **6** discharges from the ACT program for the month of February.
- *Significant Tasks During Period:* The significant task for this month focused on ACT providers working on their Quality Improvement Plans (QIPs) which displayed areas of their fidelity reviews where they did not receive a score of 5. Providers had been asked to return their completed QIPs by Friday, February 9<sup>th</sup> and all plans for improvement will be discussed at the ACT Forum scheduled for Thursday, March 7<sup>th</sup>. This will assist the providers in the further reduction of recidivism, improving the chances of attaining higher scores on their 2024 fidelity reviews, and improving team functioning.
- *Major Accomplishments During Period:* Completion of the ACT/IDDT ARPA grant was accomplished during this month. All ACT providers have submitted their precontracting documents, Fiscal Year 24/25 budgets and workplans to describe how staff retention, hiring, and training will be executed
- *Needs or current issues:* Currently, Adult Initiatives is awaiting the return of the completed QIPs, after which scheduling of technical assistance can be provided.

- *Plan:* There have been some noted discrepancies between the ACT information provided in the Detroit Wayne Integrated Health Network (DWIHN) ACT policy, and the Michigan Medicaid Manual which will be changed to reflect congruence with that of the ACT Field Guide.

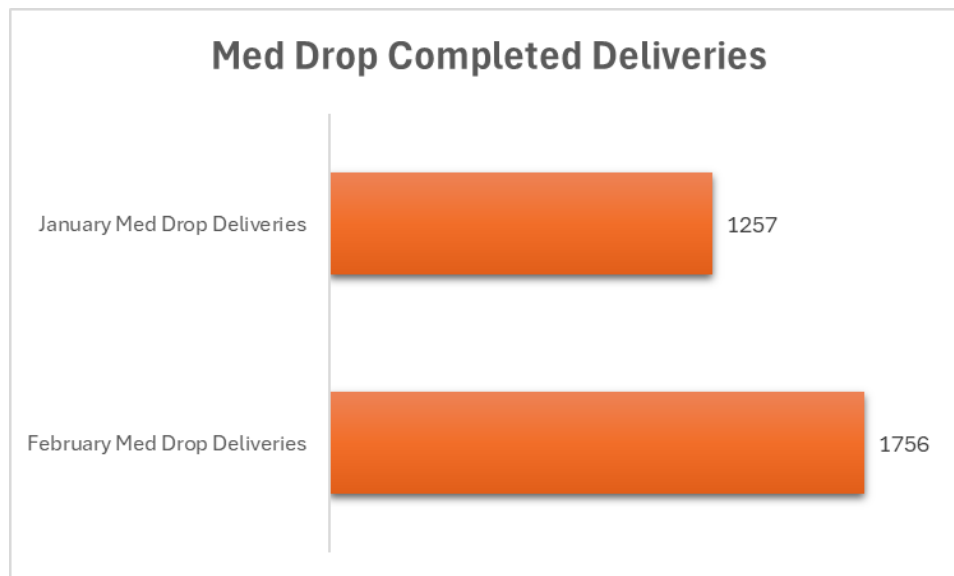


### Activity 2: Med Drop

- *Description:* Adult Initiatives team is working to increase the participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- *Current Status:* There were **61** members who participated in the program in February. Med Drop made **1,756** successful deliveries for this month, an increase over the month of January which had **1,257** deliveries completed. There were also **7** cases opened for services and we have **7** scheduled appointments for intake with Genoa for February. Two cases were closed this month.
- *Significant Tasks During Period:* ACCESS has started the Memorandum of Understanding (MOU) process with Genoa and is in process. The new start date has been moved to March 2024 with their Clubhouse members. CCIH has started the MOU process with Genoa, however it has been placed on hold until March. Their plan is to initially roll out the program to Assisted Outpatient Treatment (AOT) members and Michigan Department of Corrections Returning Citizens.
- *Major Accomplishments During Period:* Adult Initiatives continues to work with two CRSP agencies and will be working with Michigan Department of Corrections as well as

the DWIHN residential department for semi-independent living settings to begin a pilot program.

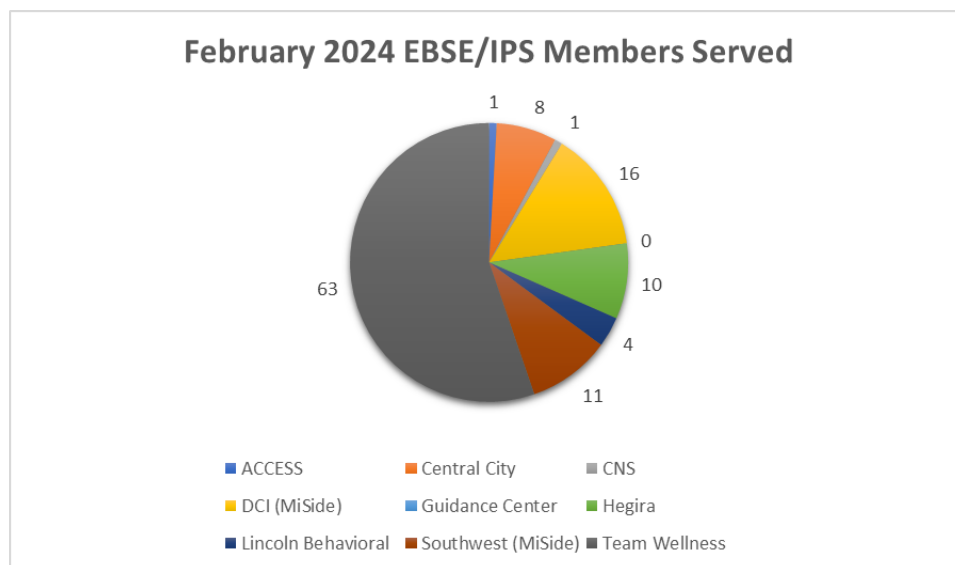
- *Needs or Current Issues:* Adult Initiatives are working with the remaining Clinically Responsible Service Providers (CRSP) to help educate and reinforce the positive benefits of the program.
- *Plans:* Adult Initiatives will continue to meet with the Med Drop coordinator and program providers for Med Drop to discuss ways to increase admission and barriers to the referral process. We will continue to use various outreach platforms to promote the program to members and providers.



### **Activity 3: Evidence-Based Supportive Employment (EBSE)**

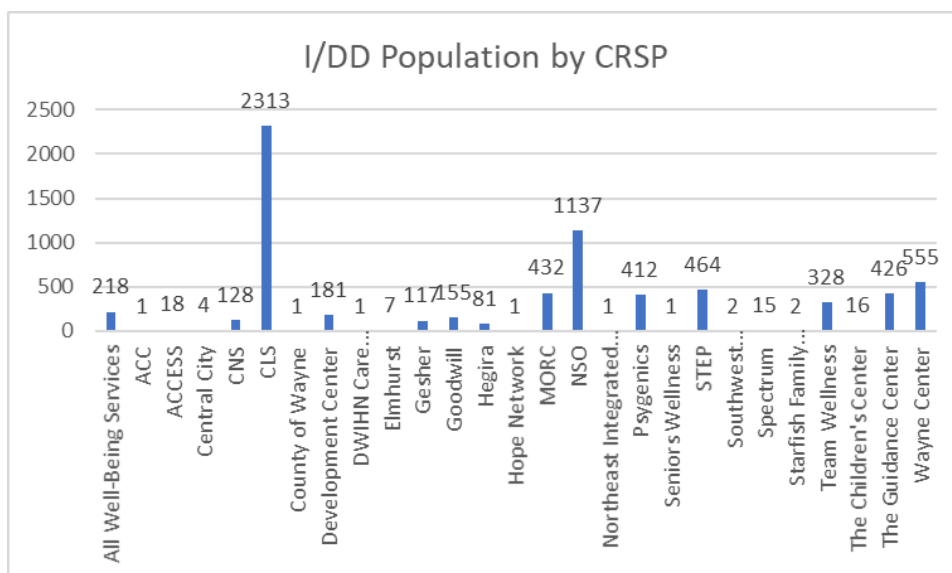
- *Description:* Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success in those acquired positions.
- *Current Status:* For this month, there was a total of **120** that are enrolled in the EBSE program.
- *Significant Tasks During Period:* Adult Initiatives hosted their monthly IPS/EBSE provider meeting on February 5<sup>th</sup> at 2pm. In attendance were representatives from Team Wellness, Lincoln Behavioral, Guidance Center, Southwest Solutions (MiSide), ACCESS, and Central City. Providers indicate activity with hiring and maintaining employment specialists, rebuilding team morale to provide best practice, and maintaining regular contact with Joe Longcor and Dominic D’Aguanno of MDHHS to discuss fidelity reviews. Adult Initiatives attended the monthly IPS supervisor meeting, as hosted by MDHHS.

- Major Accomplishments During Period:* Adult Initiatives has been able to connect with all DWIHN providers as it pertains to EBSE/IPS to build a strong professional relationship and assist in increasing the Fidelity Review scores within each individual CRSP, with the goal being to obtain exemplary scores. Adult Initiatives met with Dominic D’Aguanno to discuss previous fidelity scores among CRSPs, obtained their results from their last reviews, and has begun reviewing to assist further. Additionally, a connection was made with Sally Smolinski of Oakland Community Health Network to discuss their successes with fidelity reviews.
- Needs or current issues:* Adult Initiatives is continuing to work with CRSPs to maintain open discussions regarding maintaining employment specialists and engaging in actions which increase fidelity review scores.
- Plan:* Adult Initiatives will be reviewing the previous fidelity review scores with CRSPs individually to discuss ways of increasing scoring to obtain exemplary scores. Adult Initiatives will be attending MDHHS Supported Employment Fidelity Reviews at the corresponding CRSP locations, beginning in July of 2024 and throughout the remainder of the year, to assist in providing further information as necessary. An Adult Initiatives Clinical Specialist will also be engaging in IPS training, on April 24, 2024, as offered by MDHHS, to improve understanding of IPS practices. Additionally, Adult Initiatives will attend the IPS summit in June 2024, as hosted by MDHHS, to build and strengthen professional development among the IPS/EBSE community. The ongoing goal will be to increase the number of individuals receiving supported employment services.



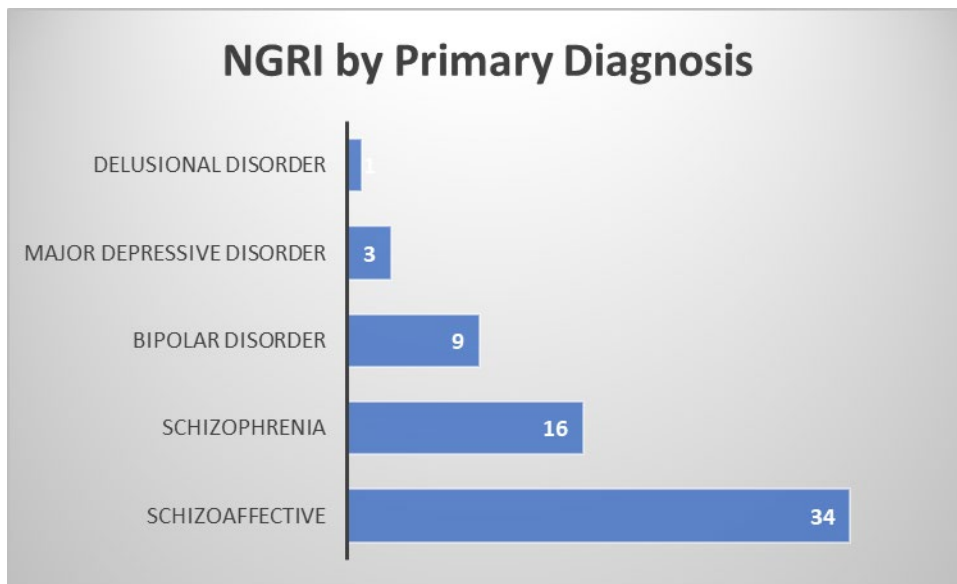
### Activity 4: Intellectual Developmental Disability

- *Description:* Adult Initiatives provides oversight to **15 CRSPs** that are providing services to adult members with Intellectual Developmental Disabilities, (I/DD). To date there are **7,022 members** with an I/DD designation. This is an increase of **24 members** since January 2024. The majority of members were **26-39 years of age (38%)**, male (**63%**) and Black/African American (**50%**).
- *Current Status:* The number of hospitalizations decreased from thirteen in January 2024 to four in February. During this month, there were a total of six deaths: three (ages 66, 30, and 64) assigned to Community Living Services, one (age 63) with Neighborhood Service Organization and two (ages 64 and 53) with Services to Enhance Potential. Five of the deaths were related to natural causes and one was due to a fall that is under further investigation. This is a decrease since January 2024.
- *Significant Tasks During Period:* The SIS Assessment was discontinued by MDHHS in April 2023. This Assessment was previously used to determine levels of care and service utilization guidelines. The team is currently considering the Daily Living Activities-20 (DLA-20) as a replacement assessment. It is an assessment tool that “enables clinicians to measure the everyday parts of life impacted by mental illness or disability and support the functional assessment data needs of service providers.” This assessment tool is already used by Oakland/Macomb counties and would allow for continuity in the counties for the CRSPs. Adult Initiatives, Children’s Initiatives and Utilization Management met on 2/12/24 to discuss replacement of the SIS and worked collaboratively to find an alternative assessment.
- *Major Accomplishments During Period:* Adult Initiatives began a collaborative I/DD Forum with Children’s Department which includes all I/DD CRSPs for both children and adult.
- *Needs or Current Issues:* The team will need to determine pricing and availability of a replacement assessment tool, such as DLA-20.
- *Plans:* Follow up meeting to discuss the assessment tools being considered is scheduled for March 8, 2024.



### **Activity 5: Not Guilty by Reason of Insanity (NGRI) and Assisted Outpatient Treatment, (AOT)**

- *Description:* Not Guilty by Reason of Insanity (NGRI) is often a plea deal entered during the court hearing regarding a person’s legal charge. It means that the individual admits to doing the act, but that they were not of sound mind when the act was committed. An NGRI ruling ensures the individual receives the necessary mental health treatment rather than a punitive prison sentence.
- *Current Status:* DWIHN works in partnership with four adult State hospitals who provide inpatient treatment- Caro, Walter Reuther, Kalamazoo and Center for Forensic Psychiatry (CFP). As of February 1st, 2024, the Adult Initiatives department has incorporated the monitoring of these individuals under our AOT team, and upon discharge into the community, the individual will be placed on an AOT order for continued treatment.
- *Significant Tasks During Period:* Adult Initiatives has increased staffing and restructured our AOT team to allow for increased support and monitoring. We have two AOT coordinators to oversee all of the AOTs in Wayne County as well as provide education and training to the community. They will also be the point people working with the Wayne County Probate Court BHU. We also have an AOT case manager who will provide direct support to the member as well as continued support and direction to the CRSP. The current caseload number for the case manager is 10 members who have shown to be the most recidivistic and need more intense services.
- *Needs or Current Issues:* With the transition to Adult Initiatives, we have begun a chart review of the 63 NGRI cases that we will be monitoring. It has already been noted that Risk Mitigation Strategies that are provided in the individual’s discharge plan have not always been incorporated into their IPOS by the outpatient provider.
- *Plans:* Training and education regarding this as well as the importance of timeliness of court documents being completed without error needs to be addressed with our providers.





Crisis Services Department, February Report 2024  
Daniel West, Director of Crisis Services  
2/29/24



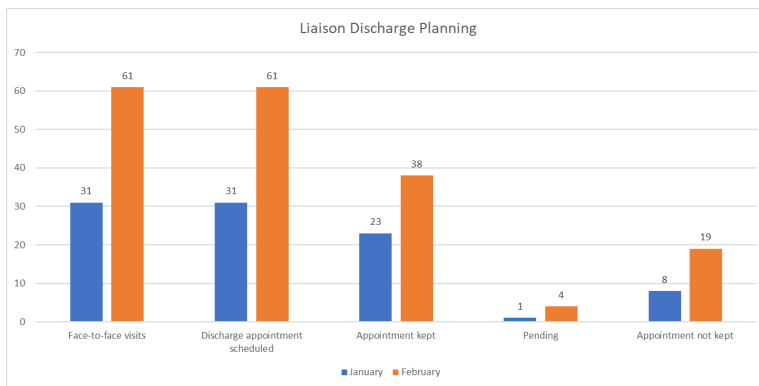
**Main Activities during February 2024:**

- Discharge planning for members in inpatient hospitals
- Diversions to lower levels of care
- Recidivism among inpatient admissions

**Progress On Major Activities:**

**Activity 1: Discharge planning for members in inpatient hospitals.**

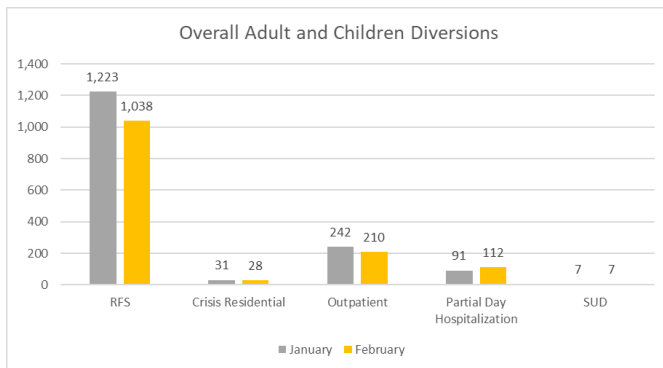
- **Description:** Liaisons meet face-to-face with members at Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest that do not have a CRSP assigned. Upon meeting with the members, liaisons complete a hospital discharge planning worksheet to upload into MHWIN. The member-chosen CRSP then has access to the uploaded information to ensure a warm handoff is made between the liaisons and the CRSP. Liaisons follow up with members in the community upon discharge to ensure hospital discharge appointments are kept.
- **Current Status:**



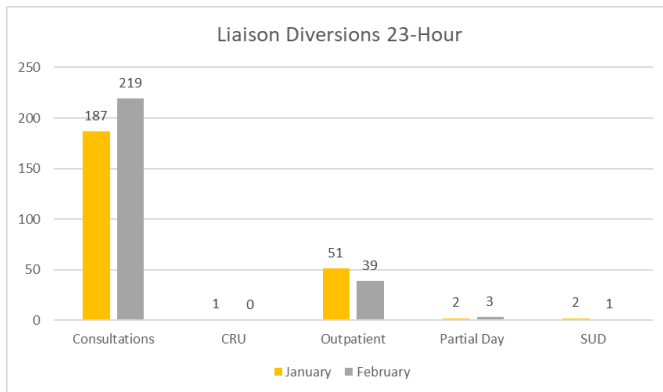
- **Significant Tasks and Major Accomplishments During Period:** The Crisis Services Department saw 61 members on inpatient units in February. All members had an aftercare appointment scheduled per their CRSP preference, 38 (62%) members kept their aftercare appointment, and 4 members are pending. Of those members that did not keep their appointments, liaisons continue outreach efforts. Liaisons have been able to see more members due to becoming familiar and efficient with the process. Multiple face-to-face visits can occur in a day since inpatient hospital staff understand the benefits of their coordination.
- **Needs or Current Issues:** Hospital Liaisons will need to work together with Access at DWIHN to schedule hospital discharge appointments in MHWIN. Missed appointments are due largely to incorrect/invalid contact information for members.
- **Plan:** The team developed a workflow for entering and scheduling hospital discharge appointments in MHWIN with Access. Access team will provide ongoing support in this area. For contact information, the team will work with PCE to ensure contact information is validated.

•  
**Activity 2: Diversions to lower levels of care.**

- **Description:** The Crisis Services Department monitors diversions to lower levels of care. Specifically, the team monitors diversions of members waiting in the ED more than 23 hours after an inpatient disposition is authorized. The team identifies areas within clinical documentation to educate and support the screening agencies. Screening agency clinicians justify the level of care in their diagnostic summaries along with MCG criteria, but identified areas found are opportunities for diversion.
- **Current Status:**



\*\*\*RFS: Requests for Service



\*\*\*CRU: Crisis Residential Unit, SUD: Substance Use Disorder

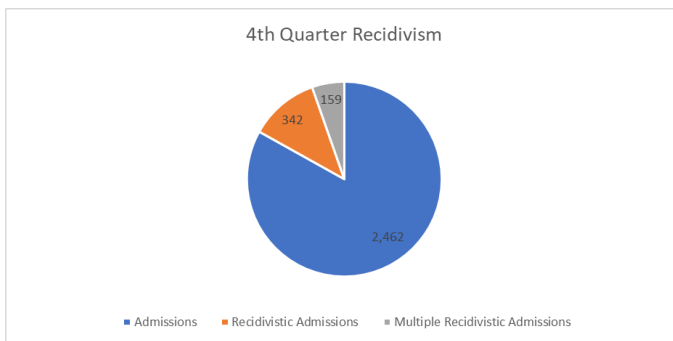
- **Significant Tasks and Major Accomplishments During Period:** The Crisis Services team developed a reference tool for clinicians to utilize to improve documentation. When opportunities for diversion are found within clinical documentation, this information is shared with the leadership of the screening agencies to address with the clinician involved.
- **Needs or Current Issues:** Within PAR audits, the team has recognized the clinical documentation is often lacking in support of authorization of higher levels of care. The team has emphasized the

importance of increased screening agency leadership involvement to regularly review clinical documentation from their clinicians to provide feedback and support.

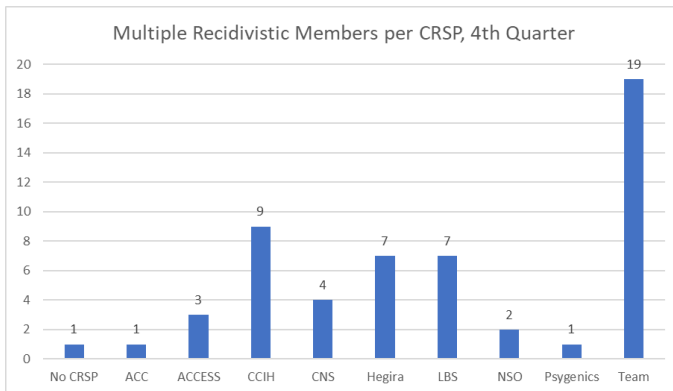
- **Plan:** The Crisis Services Department has requested written plans from the screening agency leadership as to how often they review the documentation of their clinicians. The team will work with UM and Quality to establish a baseline set of data building on current methods of PAR auditing.

**Activity 3: Recidivism among inpatient admissions**

- **Description:** The Crisis Services Department identified the contribution of recidivism to overall inpatient admissions by CRSP. Recidivistic members represent a significant portion of inpatient hospitalizations. Finalized data was analyzed in the 4<sup>th</sup> quarter.
- **Current Status:**



\*\*\*54 members accounted for 147 admissions in the 4<sup>th</sup> quarter. Breakdown by CRSP below:



- **Significant Tasks and Major Accomplishments During Period:** Upon identification of members that have multiple inpatient admissions, the team shares data with Adult and Children’s Initiatives departments so they can engage the CRSP with targeted interventions for these members.

- **Needs or Current Issues:** Hospitalizations have decreased from January to February, but recidivistic members significantly contribute to the number of overall inpatient hospitalizations. Targeted interventions from the CRSP are necessary before and after these members have been identified.
- **Plan:** The team will share data on specific recidivistic members with Adult and Children’s Initiatives to follow up with the assigned CRSPs for targeted interventions.

**Monthly Update:**

- **Things the Department is Doing Especially Well:**

- The Crisis Services Department leveraged relationships with the inpatient hospitals to support transitions in care, specifically for those members seen by liaisons on inpatient units. Liaisons are able to incorporate member preference as a result of the face-to-face meetings on the inpatient units, and have shown success in supporting hospital discharge appointment attendance.

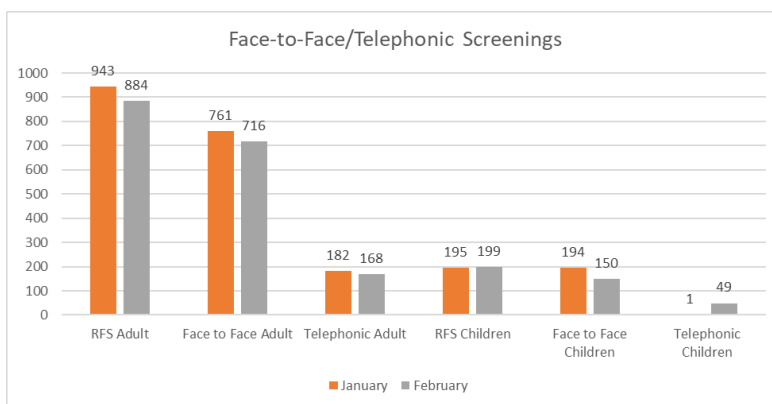
- **Identified Opportunities for Improvement:**

- The team has found there to be a need to consistently monitor pre-admission reviews to ensure clinical documentation reflects and supports authorized dispositions. Targeted interventions have been made with leadership at the screening agencies in order to gain an understanding of the issue. The team has also recognized the need to compile data for kept discharge appointments for hospitals where the liaisons are not present.

- **Progress on Previous Improvement Plans:**

- Preliminary recidivism percentage has decreased for adults in Q2, and recidivism percentage decreased for children as well.

Recidivism	Adults	Children
4th Quarter	16.09%	11.58%
1st Quarter (preliminary)	17.63%	8.09%
2nd Quarter (preliminary)	14.63%	3.96%



\*\*\*RFS: Requests for Service

- In February the number of adult face-to-face screenings was 716 (81%). For children, there were 150 face-to-face screenings (75%). Out-of-county hospitals were seeing more of our youth members in February and this has contributed to the increase in telephonic screenings. **\*\*Standard is 80% face-to-face.**
- There was a decrease in inpatient hospitalizations for children and adults from January (811) to February (701).

**Commented [MM1]:** If it is a decrease why is it showing the same percentage?

**Commented [DW2R1]:** This is in relation to overall requests. The requests decreased but the percentage remained the same.

**Commented [DW3R1]:** I just changed the wording.

**Innovation & Community Engagement (ICE)**  
**January 2024**

**Main Activities during Reporting Period:**

- Jail Diversion activities that are specific to Justice-Involved Initiatives
- Crisis Care/Zero Suicide initiatives

**Progress On Major Activities:**

**Activity 1: Jail Releases; AOT's; and Mental Health Court**

- *Description:* This section will report on jail diversion programming.
- *Current Status:* There are no reported issues, the processes are continuing as status quo.
- *Significant Tasks During Period:* For the month of January there were 34 jail releases. Of those releases, 8 were linked back with their provider for post-release follow-up; 5 were sent directly to another correctional facility (i.e. prison or another jail); 1 was hospitalized; 0 were on an AOT; and 26 were not assigned to a provider within MHWIN, due to not having their contact information, living in another county, or had private insurance. The Clinical Specialist processed 216 AOT orders, with 25 orders not in MHWIN system. The provider is responsible for updating the treatment plan and filing a notice of non-compliance with the court when required. The Clinical Specialist processed 56 deferral orders. There are 23 mental health participants under Judge Deborah Thomas.
- *Major Accomplishments During Period:* Collaboration and communication is strong between the court; hospitals; providers and DWIHN.
- *Needs or Current Issues:* Clinical Specialist observed clarification being requested from the providers regarding verbiage pertaining to deferrals and seeking clarification from an actual AOT order and deferral order.
- *Plan:* Clinical Specialist received notice of scheduled upcoming AOT trainings.

**Activity 2: Returning Citizens Meeting**

- *Description:* Clinical Specialist held the Returning Citizens meeting. The meeting is attended by Professional Counseling Services (PCS); MDOC; DWIHN; and the four participating providers Team; CCIH; CNS and Hegira.
- *Current Status:* The process is continuing smoothly without any current reported issues.
- *Significant Tasks During Period:* There were four returning citizens during the month of January.
- *Major Accomplishments During Period:* Med Drop presented at the meeting on the program and detailed how it could benefit returning citizens. The group was very interested and determined that this could be a viable option because the process could begin while still in prison. Therefore, the returning citizen would leave prison with med drop in place.
- *Needs or Current Issues:* Due to current on-going staffing issues, CNS has been absent from the past few meetings. The Clinical Specialist was finally able to secure a commitment for attendance at the March meeting.

- *Plan:* MDOC; PCS; DWIHN Clinical and Med Drop will meet within the next two months to determine how to implement Med Drop beginning at the prison stage. They will report on progress made and next steps in March.

### **Activity 3: Crisis Care/Zero Suicide**

- *Description:* ICE specialists have been actively engaged in various initiatives related to crisis care services and suicide prevention, including collaborating with Crisis Care Services, participating in meetings, and drafting surveys to measure suicide preventative measures within the provider network.
- *Current Status:* The ICE specialists have made significant progress in their efforts as outlined below.
- *Significant Tasks During Period:* Collaborating with Crisis Care Services to create a follow-up survey for the Mobile Crisis Team, attending SAMHSA and Zero Suicide Council meetings, drafting the Zero Suicide Workforce Survey, and assisting with Crisis Intervention Training.
- *Major Accomplishments During Period:* Completed development of a follow-up survey for the Mobile Crisis Team and drafting the Zero Suicide Workforce Survey is a significant step towards measuring suicide preventative measures within the provider network.
- *Needs or Current Issues:* No major barriers or issues were reported during this period. However, ongoing coordination and communication with stakeholders will be necessary to ensure the successful implementation of the Zero Suicide Initiative and the Zero Suicide Workforce Survey.
- *Plan:* Continuously collaborate with Crisis Care Services to ensure effective follow-up surveys and support for the Mobile Crisis Team. Attending relevant meetings to stay updated on the progress of the Zero Suicide Initiative and actively contribute to the drafting and implementation of the Zero Suicide Workforce Survey. Provide ongoing assistance and support during Crisis Intervention Training to ensure the readiness of crisis intervention teams.
- **Things Doing Especially Well:**
  - The Clinical Specialist holds monthly meetings with the Jail mental health staff. These meetings have proven highly beneficial because problems are handled immediately, and processes can be discussed and evaluated. It also provides the opportunity for DWIHN to identify where further collaboration is needed.
- **Identified Opportunities for Improvement:**

An identified opportunity is Downriver Veterans Court. A new case manager has taken over the role of program manager. The Clinical Specialist will be meeting with him next month to review the quarterly report and discuss his ideas and challenges for the program.

The Clinical Specialist met with Access Call Center Director, Yvonne Bostic regarding the enrollment process for special populations (i.e. jail; returning citizens; and prison population coming into Wayne County). She stated that she would make a PowerPoint that could be distributed to agencies that work with this population such as probation and parole. Due to the number of agents a PowerPoint presentation would be beneficial to educate on the process and to address the issues seen by the Access Center.

# Program Compliance Committee Meeting

## Kate Mancani LMSW/Residential Services Department Report

February 2024



### Main Activities during February 2024 Reporting Period:

- Review of Residential Medicaid Inpatient Stays
- AMI Residential Assessment Unlicensed Setting In-Home Project

### Progress On Major Activities:

#### Activity 1: Review of Residential Medicaid Inpatient Stays

- *Description:* Refocusing attention to address inpatient lengths of stay for individuals requiring specialized residential placement
- *Current Status:* The residential inpatient numbers have remained consistent throughout the month. However, we are reassessing the numbers to identify ways to decrease the days between the referral date and discharge (placement) date.

#### Residential Medicaid Inpatient

# of TOTAL Inpatient (per MHWIN report):	436	412	417	415
# of Residential Inpatient Referrals:	10	7	10	5
Avg. Residential Inpatient (%):	2.3%	1.7%	2.4%	1.2%

Weekly/Monthly Reporting Date Range:	1/27-2/2	2/3-2/9	2/10-2/16	2/17-2/23	1/27-2/23	1/24-3/1
	FEB -WK #1	FEB -WK #2	FEB -WK #3	FEB -WK #4	FEBRUARY 2024	MAR -WK #1
<i>ACTIVE Cases from previous WEEK/MONTH</i>	18	22	16	20	18	18
<b>Medicaid Referrals RECEIVED during reporting period</b>	10	7	10	5	32	
Total # of Residential MEDICAID Inpatient Cases	28	29	26	25	50	18
<b>Members DISCHARGED during reporting period</b>	6	13	6	7	32	
Average # of Days Inpatient to Discharge	11.0	15.0	14.5	17.0	14.4	

- *Significant Tasks During Period:* Adjusted our assignment process to improve efficiency related to completion of the residential placements. Department Managers review inpatient numbers weekly. Staff contacts referral source immediately to schedule Residential Assessments.
- *Major Accomplishments During Period:* As a residential unit, we collaborate weekly with different DWIHN Departments to on-board new residential providers.
  - On-boarding of five new residential sites. One additional home pending MCO input into MHWIN.
  - One of the Five is a Pre-Placement for IDD Youth and Adults.
  - Added three new residential entities as potential contracted specialized settings. One of those new entities will be used as a Pre-Placement.
  - Two of the five homes onboarded this month are co-ed barrier free settings.



## Program Compliance Committee Meeting

### Kate Mancani LMSW/Residential Services Department Report

February 2024



- *Plan:*
  - Increase the number of pre-placement facilities to provide safe and available placement opportunities as more permanent placements are identified.
  - Add data to show evidence of decrease in time between referral and discharge (placement) dates.
  - Explore ways to improve efficiency in the residential process – i.e., assign staff completing the assessment in tandem with staff working on brokering.

- **Activity 2: AMI Residential Assessment Unlicensed Setting In-Home Project**

*Description:* Residential will complete assessments in specialized unlicensed AMI settings; this allows members clinical needs to be assessed for improvement and to make sure all clinical needs are being addressed that are medically necessary.

- *Current Status:*
  - Total number completed since the inception of the project (2/29/24): 80
  - Total left to complete for next reporting month: 229
  - Percent Completed: 26%
- *Significant Tasks During Period:*
  - a. Rescheduling any missed appts to ensure completion of the project in a timely fashion.
  - b. Addressing appeal requests by residential providers as soon as received
  - c. Requesting authorizations for residential services based on updated residential assessments to ensure reimbursement for member care.
- *Major Accomplishments During Reporting Period:*
  - a. Number of assessments scheduled for the month: 43
  - b. Number of assessments completed this month: 42
  - c. Percent Completed for the month: 98%
- *Plan:* After completion of the project, Residential will schedule assessments yearly to ensure members' needs are met and clinically necessary.
  - a. Continue with current staff assigned to complete three in-home assessments per day.
  - b. Interview candidates to hire additional staff to sustain the ability to review assessments.
  - c. Consider including the CRSP's SC/CM's to participate in the in-home assessments to provide clinical information and update IPOS goals.
  - d. Scheduling I/DD in-home assessments. We are currently scheduling these assessments into the month of May. This is an ongoing project.

## Program Compliance Committee Meeting

### Kate Mancani LMSW/Residential Services Department Report

February 2024



#### Monthly Update:

##### Things the Department is Doing Especially Well:

- Skill Building Meeting to address 1:1 staffing needs to improve community inclusion of individuals with high needs.
- A second meeting has been scheduled for 03/14/2024 to include not only service providers but also DWIHN representation to discuss rates and coding requirements for these services.
- Removing individuals from the long-term hospital list following re-assessment and placing members in the community three members placed during reporting period.

##### Identified Opportunities for Improvement:

Continue interviews for Residential Care Coordinators and Residential Care Specialists (RCC/RCS)

- 1 RCC and 2 RCS positions remain open.
- 1 Manager Position open

CRSP trainings: Residential Assessments, Residential Progress Notes, Authorizations

##### Progress on Previous Improvement Plans:

- Increased number of residential assessments completed per month.
- Completion of in-home assessments in Licensed Settings. (9/29/23-2/9/24). A total of 926 assessments were completed.



## Detroit Wayne Integrated Health Network

Program Compliance Committee

Judy Davis, SUD Director

Date: March 13, 2024

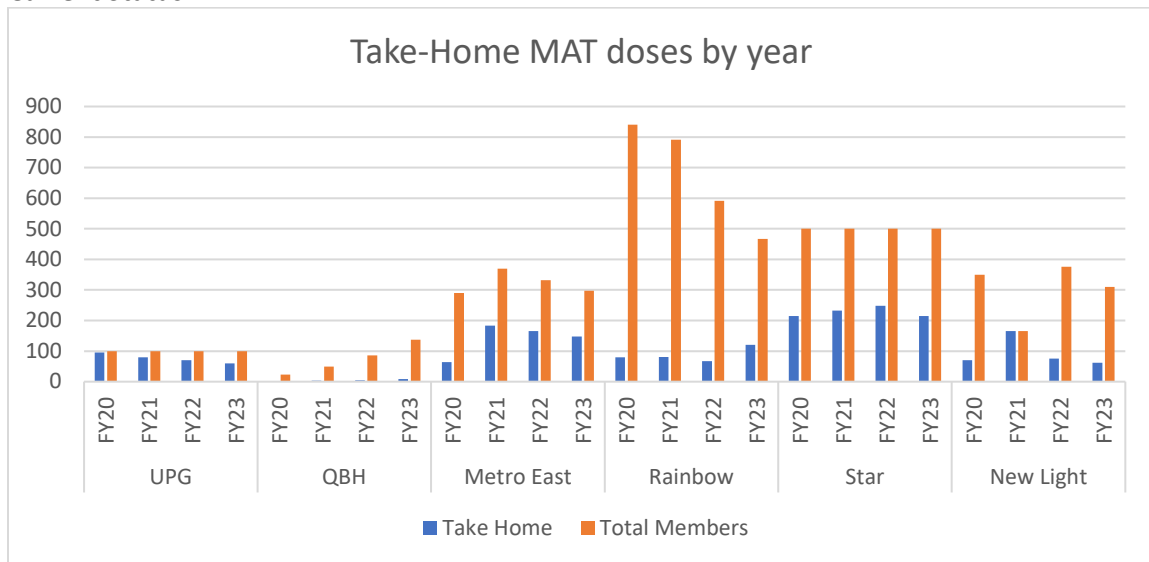
### Main Activities during Monthly Reporting Period:

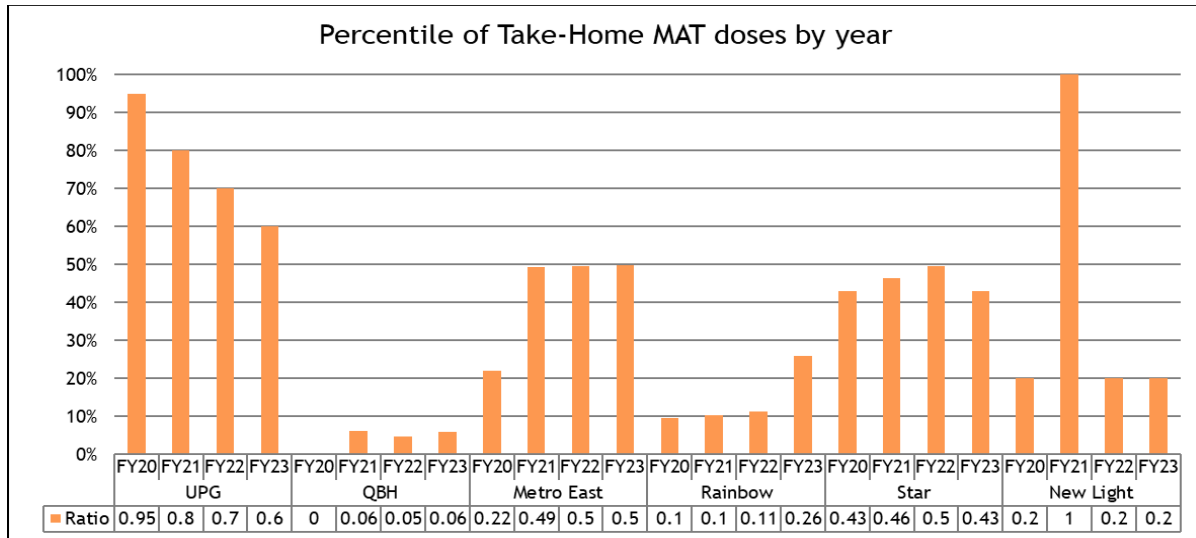
- *Analyzing the number of take-homes for Methadone*
- *Reviewed SUD Outpatient Services*
- *Evaluated the State Opioid Response Program*

### PROGRESS ON MAJOR ACTIVITIES

#### Activity 1: Analyzed the results of the number of Take-Homes for Methadone

- **Description:** These are doses of methadone that are given by a provider to patients to take at home. Analyzing methadone take-homes is an important practice in the substance use disorder (SUD) network. It helps to identify trends that can inform the development of effective strategies for patient care. By analyzing data on methadone take-homes, providers can ensure safe and effective use of the medication and improve patient outcomes. It's crucial to have a comprehensive understanding of the medication and its effects, as well as the individual needs of each patient, in order to provide the best possible care.
- **Current Status:**

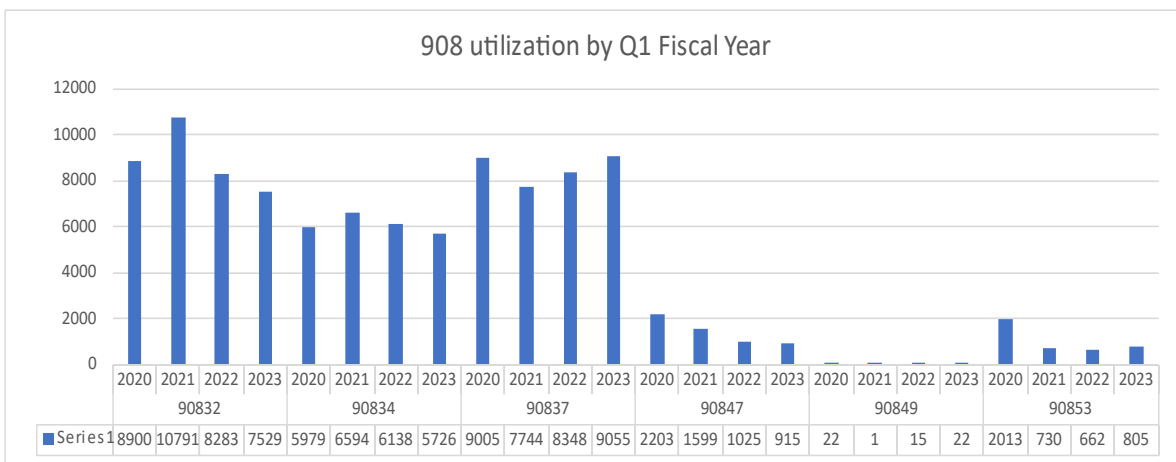
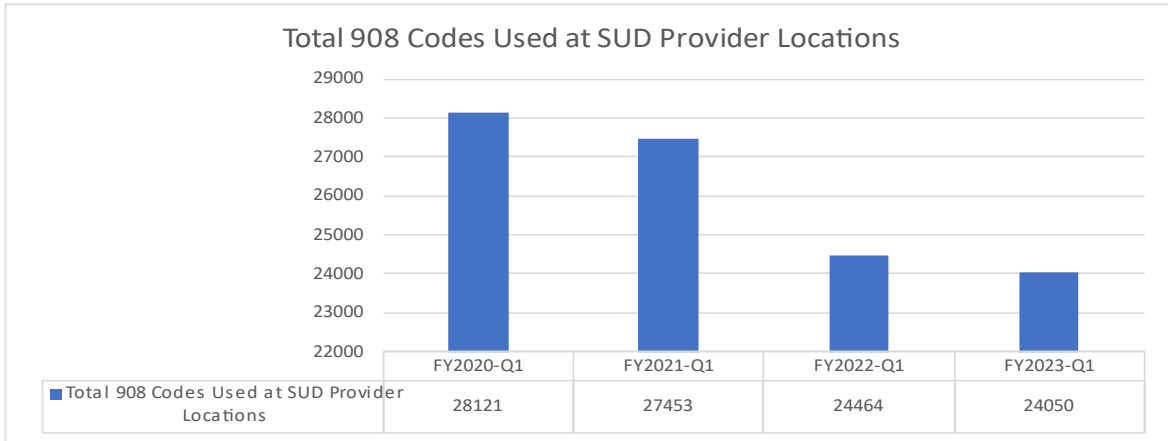




- **Significant Tasks During Period:** SUD conducted a comprehensive review of the SUD network’s current policies and procedures related to methadone take-homes to enhance patient care and safety.
- **Major Accomplishments During Period:** The SUD Department crafted a thorough plan for preventing and responding to opioid overdoses. By lessening the occurrence of overdose fatalities in the community, and making publics aware on how to receive a complimentary Narcan kit is a valuable resource that can make a life-saving difference
- **Needs or Current Issues:** While the COVID-19 pandemic has certainly had a significant impact on the management of methadone take-home doses, there are still some ongoing issues that providers need to consider. These include the following: Risk of diversion and misuse; overdose risk; and member engagement. Maintaining patient engagement and motivation is key to ensuring the success of methadone treatment.
- **Plan:** To address the risk of diversion and misuse of methadone take-home doses, healthcare professionals have several strategies at their disposal: 1. Education and counseling, drug testing and take-home restrictions

**Activity 2: Maximizing the Reach of SUD Providers through Outpatient Services**

- **Description:** Reviewing outpatient substance use disorder services involves assessing the effectiveness, accessibility, and quality of care provided to individuals seeking treatment for substance use disorders. This includes evaluating evidence-based treatment options, staff qualifications and experience, service accessibility for diverse needs, and treatment outcomes. By reviewing these services, providers can identify areas for improvement and develop strategies to improve care and outcomes.
- **Current Status:** The 908 CPT codes for substance use disorder are a set of billing codes that are used to identify and track SUD treatment for members with substance use disorders. The codes cover a range of services that address counseling services. Overall, the 908 CPT codes play an important role in supporting effective and comprehensive treatment for individuals with substance use disorders.



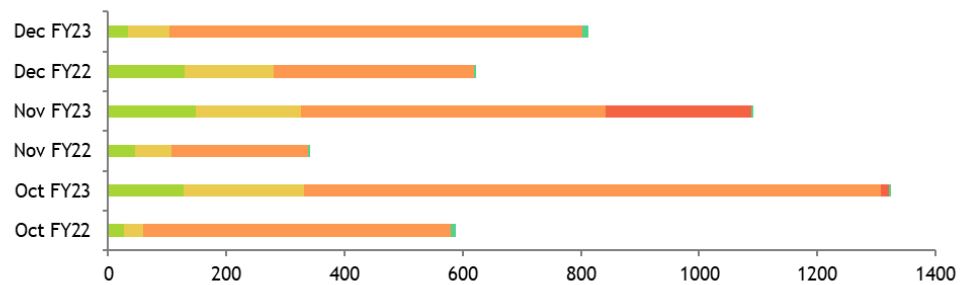
- Significant Tasks During Period:** The number of outpatient individuals receiving therapy has continued to decrease after the COVID-19 pandemic. Possible factors that may contribute to this trend include changes in referral patterns, shifts in treatment preferences, and barriers to accessing care such as stigma or lack of transportation.
- Major Accomplishments During Period:** While the decrease in the number of outpatient individuals receiving therapy after the COVID-19 pandemic is concerning, there have been some notable accomplishments in addressing these challenges. Providers have made efforts to increase the availability of telehealth services, which can improve access to care for individuals who face transportation or other barriers. Additionally, providers have worked to reduce the stigma surrounding substance use disorders and increase awareness of the effectiveness of OP services. By addressing these challenges and working to improve the utilization of OP services, providers can improve the health and well-being of individuals seeking treatment for substance use disorders, and ultimately make progress towards reducing the impact of substance use disorders on individuals and their family.
- Needs or Current Issues:** There are several needs and current issues that must be addressed to increase the utilization of outpatient services. These include increasing access to care, particularly for underserved populations, addressing workforce shortages and staff burnout, and expanding the availability of evidence-based treatment options. Additionally, providers must work to reduce the stigma surrounding substance use disorders and increase awareness of the effectiveness of outpatient services.

- Plan:** To provide oversight and ensure that outpatient services increase, the SUD Department will ensure providers develop a plan that includes several key components:
  1. Data collection and analysis: Providers can collect data on the utilization of OP services, including the number of individuals receiving services, the types of services provided, and the outcomes of those services.
  2. Regular reporting: Providers can develop regular reports that summarize the data collected on the utilization of outpatient services.
  3. Quality improvement initiatives: Providers can develop quality improvement initiatives that aim to improve the quality of care provided to individuals seeking treatment for substance use disorders. These initiatives can be informed by data analysis and can be tailored to address specific areas for improvement.

**Activity 3: Assessment of the State Opioid Response Program**

- Description:** The State Opioid Response Program is a federal initiative that provides funding to states to address the opioid epidemic. Its goal is to expand access to treatment, promote evidence-based practices, and improve coordination among stakeholders. Activities include MAT, naloxone availability, workforce development, and overdose prevention programs.
- Current Status:** The below compares first quarter data for the Overdose Education and Naloxone Distribution (OEND), with Harm Reduction programming, over the last two fiscal years. It's interesting to note that there was a 108% increase in OEND services in Wayne County.

FY23 and FY24 SOR III - Overdose Education and Naloxone Distribution with Harm Reduction



	Oct FY22	Oct FY23	Nov FY22	Nov FY23	Dec FY22	Dec FY23
Individual Trained	26	127	46	149	130	33
Narcan Distributed	33	205	62	178	150	70
Fentanyl Test Strips Distributed	520	975	230	515	340	700
Xylazine Test Strips	0	15	0	246	0	0
Saves	9	3	3	4	3	9

- Significant Tasks During Period:** Conducted a year-end financial audit to ensure accuracy and compliance with regulations. Finalizing year-end performance evaluations for all employees to help identify areas of success and areas for improvement.
- Major Accomplishments During Period:** The assessment for the State Opioid Response Program revealed several strengths in the program. The program has made significant strides in increasing access to treatment for individuals struggling with opioid addiction. It has also facilitated collaborations between various stakeholders, including healthcare providers, law enforcement agencies, and community-based organizations, to address the opioid epidemic comprehensively.
- Needs of Current Issues:** To ensure that the program's effectiveness can be properly evaluated and improved, there is a need to improve GPRA data reporting. Regular collection and accurate reporting of GPRA data is essential to measure the impact of the program and identify areas

where improvements can be made. Therefore, it is important to prioritize efforts to improve GPRA data reporting for the SOR program.

- **Plan:** Increasing funding: The organization is exploring opportunities to secure additional funding to support the project. This will allow for more resources to be dedicated to the project, which could help to accelerate progress by regularly monitoring and evaluate to track progress.

#### **Quarterly Update:**

- SUD submitted applications to participate in the Recovery Incentives Pilot program on January 30, 2024, through MDHHS. Out of the 10 PIHPs, there were 8 submissions and SUD is expecting a positive response by March.
- SUD created multiple reporting documents - Reports are related to Women Specialty, COVID, MDOC, Prevention Quarterly Reports, Recipient Rights monthly reports, Narcan Saves, and Harm Reduction - Reports help track and analyze data related to these topics
- A new project will be added to SUD Treatment providers for a Behavioral Health tobacco-free policy project. The funding will come from the MDHHS Tobacco Section. The project start date will be May 1, 2024. The total amount for each pilot site will be \$33,000 (\$30,000 for the pilot site and \$3,000 for the 10% indirect rate). Currently **Hegira Health - Oakdale Recovery Center, National Council on Alcoholism and Drug Dependence and Growth Works** are confirmed to participate as a pilot site. The project will involve creating a campus-wide tobacco-free policy.
- SUD updated its memo related to outreach services and testing for Xylazine. Xylazine is a medication commonly used to treat opioid addiction, and SUD is likely providing outreach services and testing related to this medication. The update to the memo included changes to procedures or protocols related to outreach services and testing for Xylazine.
- SUD recently completed the Recovery Self-Assessment Survey for FY 24 to evaluate member's progress in recovery and identify areas for improvement. The survey assessed various aspects of the member's recovery journey, including physical, emotional, and spiritual well-being, as well as engagement in recovery activities and support systems.

**Program Compliance Committee Meeting**  
**Leigh Wayna, LMSW – Director of Utilization Management**  
**February 2024 Monthly Report**



**Main Activities during Reporting Period (February 2024):**

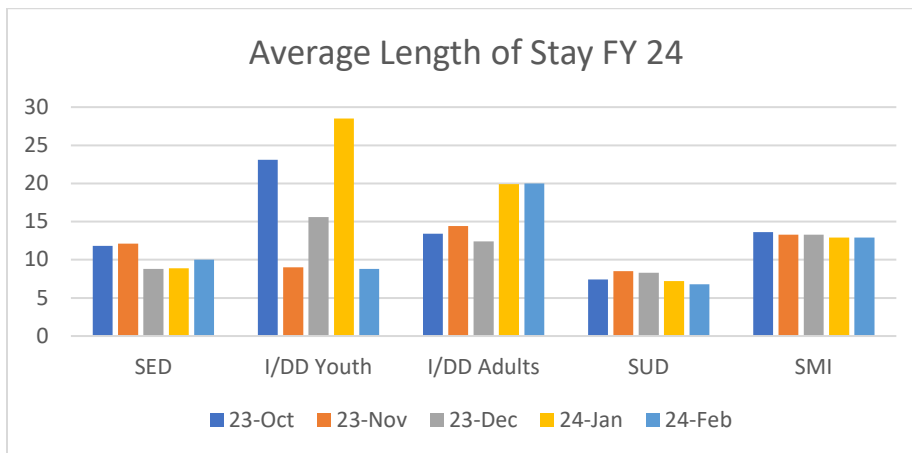
- Monitoring of Length of Stay in Acute Inpatient Hospitals
- Monitoring of General Fund Authorization Requests
- Monitoring of Timeliness of disposition of authorization requests

**Progress On Main Activities:**

**Activity 1: Length of Stay Monitoring in Acute Inpatient Hospitals**

- *Description:* The Utilization Management Department monitors average length of stay to ensure medical necessity is met and to ensure that the appropriate level of care is being authorized.
- *Current Status:* The average length of stay (LOS) for all inpatient admissions was examined for February 2024 and is 13.3 days as of 2/29/24 which is a small decrease from 13.8 in January 2024. Please note that youth in the state hospital have been removed from this data. Please also note that the average LOS for adults increases, if members awaiting state hospitalization are included. Length of stay by primary disability designation is outlined in the chart below:

Average Length of Stay FY 24					
	October 23	November 23	December 23	January 24	February 24
Total	13.9	13.8	12.7	13.8	13.3
SED	11.8	12.1	8.8	8.9	10
I/DD Youth	23.1	9	15.6	28.5	8.8
I/DD Adults	13.4	14.4	12.4	19.9	20
SUD	7.4	8.5	8.3	7.2	6.8
SMI	13.6	13.3	13.3	12.9	12.9





- *Significant Tasks During Period:* Collaborative Meetings with Clinical and Residential Teams to discuss discharge planning and case management of the members who have longer lengths of stay. Reinstatement of a former standing meeting to discuss members with significant recidivism, length of stay or complex discharge planning needs.
- *Major Accomplishments During Period:* Though there has not been a significant overall change in length of stay, we have noted a very significant decrease in the length of stay for our Youth I/DD Population from 28.5 to 8.8. This can be attributed to the number of youth with I/DD who are in inpatient psychiatric treatment tends to be extremely low at any given time, and from January to February we had one member who had a long length of stay and was then moved to a next level of care, which significantly impacted that change.

Members in the Hospital February 2024, By Disability Designation		
	Adults	Youth
I/DD	23	7
SMI/SED	883	84
SUD	9	

- *Needs or Current Issues:* As detailed above, the length of stay has decreased slightly for our total population, and significantly this month for the youth I/DD population. To impact (and decrease) lengths of stay for members of other populations, we continue to explore alternatives such as ICTS and PRTF Programs, operated by MDHHS, that can provide safe, secure discharge arrangements for individuals who continue to need a high level of intense services, but no longer meet medical necessity to remain in an acute psychiatric hospital setting.
- *Plan:* UM Representatives will continue to be present at meetings in which complex cases are discussed. We will also continue to participate in hospital liaison meetings, partnering with our Crisis Services Department. We have started the referral process for ICTS and PRTF Programs for members needing these levels of care. Additionally, we have taken leadership of the recently reinstated standing meeting to discuss members with significant recidivism, length of stay or complex discharge planning needs.

**Activity 2: General Fund Authorization Monitoring.**

- *Description:* Of the General Fund Exception authorization requests reviewed during February, there were 823 approvals. The number of administrative denials was 116 during February; 47% of which were for members with active Medicaid and 53% for other reasons. The following charts show details of FY 2023-2024 General Fund patterns.
- *Current Status:* Ongoing Monitoring of Trends. Revision of the General Fund Benefit Grid and discussions of CCBHC authorizations that show as “General Fund”.

The following chart shows the FY 2024 Q1 General Fund patterns:

General Fund Fiscal Year 2023-2024			General Fund Fiscal Year 2023-2024		
	Oct	Jan		Oct	Jan
1 <sup>st</sup> Time Requesters	210	511	Approvals	425	823
1 <sup>st</sup> Time Adult Requester	53%	74%	Administrative Denials	56	119
1 <sup>st</sup> Time Child Requester	38%	16%	Administrative Denials Insured	82%	50%
1 <sup>st</sup> Time Adult W/Guardian Requester	9%	10%	Administrative Denials Other	18%	50%
Repeat Requesters		74			
Repeat Adult		75%			
Repeat Child		16%			
Repeat Adult w/Guardian		9%			

- Significant Tasks During Period:* Attention has been given to CCBHC Authorization Requests that come through as General Fund Requests. For these requests, we have determined that the typical 90-day authorization period for GF is inappropriate, and instead authorizations will be allowable for any medically necessary period of time for this population. Additionally, we have reviewed and revised the General Fund Benefit Grid to include additional services for our members. This will reduce the number of denials we must issue and will provide a safety net for members who may lose Medicaid Insurance Benefits due to the reapplication process or due to not meeting their spend down amounts during a given month.
- Major Accomplishments During Period:* Collaborated with MDHHS Specialist Team to examine the barriers to members meeting their spend downs on a monthly basis.
- Needs or Current Issues:* Continued discussion and messaging to the provider network regarding the importance of including the maintenance of health insurance benefits in their discussions with the members and their families.

- *Plan:* Continued collaboration with CRSP Providers regarding reinstatement of member insurance plans. Continued education and support for CRSP providers regarding processing Spend Downs.

**Activity 3: Timeliness**

- *Description:* Outpatient and Substance Use Disorder Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request.
- *Current Status:* Continued improvement in timeliness of authorization dispositions.
- *Significant Tasks During Period:* The Utilization Management Department has researched the volumes of authorization requests that require extended time to manage (example: Authorizations needing return to requester for corrections of the IPOS; authorizations submitted after the requested effective date and needing additional information and justification as to why the request is being received post service rather than pre-service).

We found that approximately 15-20% of all authorization requests being received are having to be returned for corrections and an additional 20-25% are needing to be returned due to being received post service rather than pre-service. To combat this, we have requested performance improvement plans from 3 CRSP agencies and anticipate requesting the same of additional CRSP Agencies in the future.

CRSP	Auths Requested	Late (30+ Days)	Returned
CRSP 1	3334	435	863
		13%	26%
CRSP 2	1204	247	275
		21%	23%
CRSP 3	2230	467	516
		21%	23%

- *Needs or Current Issues:* Improvement in the quality of authorization requests received from the network is imperative, as much of the timeliness challenge stems from having to manage and return requests for frequent corrections. The UM Team is collaborating with our Quality Improvement and MCO teams to assist with this challenge.
- *Plan:* Continued collaboration with other departments to train the provider network on the necessary clinical documentation that is needed to be completed to authorize services. Additionally, as noted above, an ongoing project to clear old, “returned” authorization requests that the requesters have not re-submitted to us.

**Monthly Update:**

- **Things the Department is Doing Especially Well:**
  - We have done a great deal of work looking at the efficiencies of our processes to ensure that we are utilizing our staffing resources to the best of our ability.
  - Monitoring and updated planning around General Fund authorizations and the Medicaid reenrollment processes.
  - Structured Performance Improvement Plans being worked on with our provider network to improve the quality of the authorization request process.
  
- **Identified Opportunities for Improvement:**
  - As identified above, decreasing our average length of stay for members in acute inpatient hospitals, increasing our member's enrollment in health insurance coverage and timeliness of authorization dispositions continue to be our three areas of focus at this time.
  
- **Progress on Previous Improvement Plans:**
  - Since November 2023, we have identified the Timeliness of dispositions as an area for improvement. The processes have been disseminated to staff over the last month and we have begun to see an upward trend in our compliance rate. (October 2023 rate was 67.4% and January 2024 was 74.1%; February was 89.8%)

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 23-57R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: Bizanalytix Technologies LLC

Contract Title: Claims Audit and Utilization Review Systems (CAURS) and Information Technology Consulting

Address where services are provided: 6837 Dulles Dr. Powell, OH 43065

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 3/1/2024 to 2/28/2025

Amount of Contract: \$ 327,600.00 Previous Fiscal Year: \$ 243,600.00

Program Type: Continuation

Projected Number Served- Year 1: 3 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)? N

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This revised board action is requesting to exercise the first of two, one-year renewal options, extending the contract to February 28, 2025 for an additional \$84,000. **The revised contract amount is not to exceed \$327,600 through February 28, 2025.**

The Claims Audit and Utilization Review System (CAURS) unlike claim processing subsystems that process one claim at a time, CAURS can be used to analyze post payment data for multiple claims at a time to identify suspicious provider billing patterns along with conducting audit both internally as well as externally working with providers. DWIHN is able to identify adjudication and billing errors, and overpayments.

The reports generated by the system will be used to assist in the detection of program fraud and abuse, monitor quality of services, and provide a function for the development of program policy.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
MULTIPLE	\$ 327,600.00	\$ 327,600.00
	\$	\$
<b>Total Revenue</b>	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.137003.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Tuesday, March 5, 2024

Signed: Tuesday, March 5, 2024

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-01R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: Development Centers Inc.

Contract Title: Children's Initiatives MDHHS Grants

Address where services are provided: 2995 E. Grand Blvd Detroit MI 48202

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 1,679,571.00 Previous Fiscal Year: \$ 1,485,126.00

Program Type: Continuation

Projected Number Served- Year 1: 11,900 Persons Served (previous fiscal year): 11879

Date Contract First Initiated: 10/1/2017

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting board approval for the revision of BA 24-01 due to additional funding secured by Michigan Department of Health and Human Services (MDHHS) for two (2) grants of the three (3) grants.

Grant #2: Infant and Early Childhood Mental Health Consultation (IECMHC). The funding amount increased by \$21,067 from \$171,419 to the **total not to exceed amount of \$192,486** . Of that amount \$189,986 will be allocated to Development Centers and \$2,500 to DWIHN for indirect costs. Furthermore, the program is a prevention based and indirect intervention that teams a mental health professional with childcare providers to improve the social, emotional, and behavioral health of children.

Grant #3: Infant and Early Childhood Mental Health Consultation - Home Visiting (IECMHC-HV). The funding amount increased by \$65,473 from \$58,470 to the **total not to exceed amount of \$123,943** . Of that amount \$121,443 will be allocated to Development Centers and \$2,500 to DWIHN for indirect costs. This program is a prevention based and indirect intervention that teams a mental health professional with home visiting programs to improve the social, emotional, and behavioral health of children.

There is no change to the Systems of Care grant (#1).

**The combined total is an amount not to exceed \$1,679,070.**

**Contract terms will remain the same.** A budget adjustment will be forthcoming to certify the additional funds.

Board Action #: 24-01R

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Federal Grant	\$ 1,679,571.00	\$ 1,679,571.00
	\$	\$
<b>Total Revenue</b>	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Monday, March 4, 2024

Signed: Saturday, March 2, 2024



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-06R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 23/24

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 805,847,768.00 Previous Fiscal Year: \$ 804,448,924.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75,943

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

In response to the crisis continuum of care RFP #2023-009 issued on January 2024, this board action is requesting approval for the provision of Crisis Stabilization Units (CSU) services, Pre-Admission Review (PAR) services, and Mobile Intensive Crisis Stabilization Services (ICSS) for adults and children as follows:

TEAM Wellness - continuation of Adult Pre-Admission Review (PAR) and Crisis Stabilization Unit Adults.

Hegira - continuation of adult Pre-Admission Review (PAR) and Crisis Stabilization Unit Adult. Note: Effective March 15, 2024, Hegira will no longer provide Crisis Residential Unit services for Adults.

The Guidance Center - continuation of Children's Pre-Admission Review (PAR).

New Oakland - continuation of children's mobile crisis services and children's Pre-Admission Review (PAR).

The aforementioned services are fee for service (FFS) based on a standard rate across the provider network.

Further, in response to the RFP, there are several pending services awaiting credentialing and empanelment. A revised board action will come before the board for additional approval of said services.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
Multiple	\$ 805,847,768.00	\$ 805,847,768.00
	\$	\$
<b>Total Revenue</b>	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Monday, March 4, 2024

Signed: Monday, March 4, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-12R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: Novaceuticals LLC

Contract Title: SUD Brochures and Promotional Items

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 3/1/2024 to 9/30/2024

Amount of Contract: \$ 6,955,483.00 Previous Fiscal Year: \$ 6,765,483.00

Program Type: Continuation

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)? N

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The SUD Department is requesting approval to spend **Public Act 2 funds in the amount not to exceed \$100,000.00**, to purchase pamphlets and informative items from Prevention & Treatment Resource Press (PTR Press), C. Wendling Investments LLC, and Novaceuticals to promote SUD prevention, treatment, and recovery events. These materials will help raise awareness about the harmful effects of drugs on the human body and keep the community informed about new drugs and trends in society. They will also provide valuable information to parents on how to recognize signs and symptoms of drug use in their children. Additionally, we are requesting approval to purchase promotional items such as cups, bags, pens, and other items to help promote our services. Furthermore, we would like to request approval for the purchase of Xylazine test strips and Fentanyl test strips to detect these harmful drugs in the illicit drug supply. We plan to use these items for community forums, health fairs, meetings, trainings, or any other related SUD prevention, treatment, and recovery awareness events

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to **the amount not to exceed \$6,955,483.00**.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Board Action #: 24-12R1

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
SUD Block Grant	\$ 5,627,383.00	\$ 5,627,383.00
Local/Public Act 2	\$ 1,338,100.00	\$ 1,338,100.00
<b>Total Revenue</b>	<b>\$ 6,965,483.00</b>	<b>\$ 6,965,483.00</b>

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.826606.06701

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Tuesday, March 5, 2024

Signed: Tuesday, March 5, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 24-13R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: DWIHN SUD Department

Contract Title: SUD FY24 Prevention

Address where services are provided: 22000 Grand River, Detroit MI 48219

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 6,492,847.00 Previous Fiscal Year: \$ 9,667,125.00

Program Type: Continuation

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

SUD has requested to add provider Changing Lives and Staying Sober (CLASS) to the Prevention Provider Network. CLASS has met the minimum requirements from the proposal RFQ 2023-002 and will contribute to ongoing prevention efforts. Block Grant prevention funds in the amount of \$150,000.00 have been reallocated to CLASS. They will implement communication campaigns and train 20 individuals annually to conduct screenings effectively.

There is no change in total funding. Prevention services continue to be funded with \$4,142,847 of Federal Block Grant dollars and \$2,350,020 of PA2 funding totaling in \$6,492,847.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$6,492,847.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 23/24</b>	<b>Annualized</b>
SUD Block Grant	\$ 4,142,847.00	\$ 4,142,847.00
Local/Public Act 2	\$ 2,350,020.00	\$ 2,350,020.00
<b>Total Revenue</b>	\$ 6,492,867.00	\$ 6,492,867.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Tuesday, March 5, 2024

Signed: Tuesday, March 5, 2024

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-47 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 3/20/2024

Name of Provider: All Well-Being Services

Contract Title: FY23-24 MI Health Link Demonstration Project

Address where services are provided: See Attachment (Multiple Providers)

Presented to Program Compliance Committee at its meeting on: 3/13/2024

Proposed Contract Term: 1/1/2024 to 12/31/2025

Amount of Contract: \$ 24,000,000.00 Previous Fiscal Year: \$ 15,000,000.00

Program Type: Continuation

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 1/1/2024

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This board action is requesting a two year continuation contract through December 31, 2025 with the five (5) Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for an estimated amount of \$24,000,000. MDHHS has extended the MHL Pilot project through 12/31/25 at which time they will implement and launch an Integrated Dual Eligibles Special Needs Plan model by January 1, 2026. The board action will ensure the greatest degree of continuity in the infrastructure and successful transition to the new model, once finalized.

The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services MDHHS) and its contracts with the five ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. This Demonstration Project is designed to ensure that coordinated behavioral and physical health services are provided to this population.

The Medicaid eligible services for the MHL members are provided by our provider network and such costs were included in the board approved Provider Network board action. The same provider network provide the Medicare benefits to the members.

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Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 23/24</b>	<b>Annualized</b>
Medicare & Medicaid	\$ 24,000,000.00	\$ 24,000,000.00
	\$	\$
<b>Total Revenue</b>	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Tuesday, February 20, 2024

Signed: Tuesday, February 20, 2024