



Quality Improvement Steering Committee (QISC)
Tuesday, September 27, 2022
10:30 am. – 12:00 p.m.
Via ZOOM LINK PLATFORM
Agenda

- | | | |
|-------|---|--|
| I. | Welcome & Introductions | Tania Greason |
| II. | DWIHN Updates | Dr. Shama Faheem |
| III. | Approval of QISC August 31, 2022 Agenda | Dr. Shama Faheem/Committee |
| IV. | Approval of QISC June, 2022 Minutes | Dr. Shama Faheem/Committee |
| V. | Access to Timeliness Reporting | J. White/ Jacquelyn Davis |
| VI. | DWIHN Performance Improvement Projects (PIP's)
a) Initiation of Autism Services
b) PHQ-9 (Table)
c) PHQ-A
d) Phone Abandonment | Rachael Barnhart
Sherry Scott
Marika Orme
Donna Coulter |
| VII. | Follow up Item: Customer Service (CS) Echo Adult Survey – Preliminary Results | M. Keyes-Howard |
| VIII. | PI# 2a Data Analysis Best Practices (Provider Discussion) | Justin Zeller/Tania Greason |
| IX. | MMBIP “View Only” Module 4a Exceptions data due to MDHHS 9/30/2022 | Justin Zeller/Tania Greason |
| X. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday, September 27, 2022

10:30 p.m. –12:00 p.m.

Via ZOOM LINK PLATFORM

Meeting Minutes

Note Taker: Aline Hedwood

Committee Chairs: Dr. Shama Faheem, DWIHN Chief Medical Officer and Tania Greason, Provider Network QI Administrator

Member Present:

Alicia Oliver, Allison Smith, Angela Harris, Ashley Bond, Cassandra Phipps, Cheryl Fregolle, Daniel West, Delisa Marshall, Donna Coulter, Ebony Reynold, Jacqueline Davis, Justin Zeller, Latoya Garcia-Henry, Lindon Munro, Margaret Keyes-Howards, Maria Stanfield, Marianne Lyons, Melissa Eldredge, Melissa Peters, Michele Vasconcellos, Michelle York, Ortheia Ward, Rachel Barnhart, Robert Spruce, Dr. Shama Faheem, Shana Norfolk, Shelley Meller, Sherry Scott, Tania Greason and Tiffany Thisse.

Members Absent:

April Siebert, Benjamin Jones, Dr. Bill Hart, Blake Perry, Carl Hardin Carla Spright-Mackey, Carolyn Gaulden, Cherie Stangis, Cheryl Madeja, Dalica Williams, Danielle Hall, Dhannetta Brown, Donna Smith, Eric Doeh, Fareeha Nadeem, Jennifer Jennings, Jennifer Smith, Jessica Collins, John Rykert , Judy Davis, June White, Kim Batts, Dr. Leonard Rosen, Melissa Hallock, Melissa Moody, Mignon Strong, Miriam Bielski, Nasr Doss, Oluchi Eke, Rakhari Boynton, Rotesa Baker Blackburn, Shirley Hirsch, Starlit Smith, Dr. Sue Banks, Taquaryl Hunter, Tiffany Hillen, Trent Stanford and Vicky Politowski.

Staff Present: , Tania Greason, Justin Zeller, Tiffany Thisse, Melissa Peters, and Aline Hedwood.

1) Item: Welcome: Tania Greason

2) Item: Introduction: Tania asked the group to put their names, email addresses and organization into the chat box for attendance.

3) Item: Approval of September 27, 2022 Agenda: approved with revisions by committee

4) Item: Approval of August 31, 2022 Minutes: tabled until next meeting



5) Item: Announcement/DWIHN Update: Dr. Shama Faheem, Chief Medical Officer

- DWIHN is working with our provider network to design programs to improve the quality of care for members. There were several trainings that focus on Individual Plan of Service (IPOS), Behavior Treatment Advisory Committee (BTAC) and the Home and Community Based Services (HCBS) Final Rule. DWIHN would like feedback from the CRSP in terms of how we can provide improvement with services that we provide to our members. DWIHN's overall goal is to ensure providers are receiving guidance on improving the Person Centered Planning documentation process, and complying with MDHHS and HSAG requirements.

6) Item: Access to Timeliness Reporting - Jacquelyn Davis, Clinical Officer Administrator

Goal: Monitoring of Access data to review and address barriers and develop strategies to work with the provider network.

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

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

Discussion		
Jacqueline Davis shared with the committee that as a regulatory requirement, DWIHN is to report and share with the provider network <i>Access of Timeliness to Reporting</i> data. DWIHN has been meeting with the CRSP providers on an ongoing basis every 30-45 days. Currently, we have identified that there are opportunities for improvement with completing the IBPS within 14 days of the requested appointment, for new members. In terms of deficits of available appointments, DWIHN will begin to share data with this committee to review barriers and possible interventions. When there are no appointments on the CRSP calendar, DWIHN will contact the providers for clarification. We are also requesting follow-up appointments for individuals discharged from an inpatient psychiatric admission within 7 days. The Access Center is now scheduling appointments for October and is requesting that providers have available appointments on the calendars for least at a month. As we continue to work with our provider network, we have identified that the main noted barrier continues to be a shortage of work staff.		
Provider Feedback		
Providers agree that the main identified barrier is shortage of staff, no additional feedback.		
Decision Made	Assigned To	Deadline
During the QISC meetings, data will be shared to discuss barriers and interventions for members receiving timely access to services.	QISC Members	Ongoing
Action Items	Assigned To	Deadline
The first preliminary report will be presented to the QISC during the next meeting.	Jacqueline Davis	November 30, 2022



7a) Item: DWIHN Performance Improvement Projects (PIP's) Initiation of Autism Services - Rachael Barnhart, CI ASD Benefit Program Administrator

Goal: Review and approval for continuation of the Initiation of Autism Services (PIP)

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

NCQA Standard(s)/Element #: **X QI# 11** CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Rachel Barnhart shared with the committee the barriers and interventions that the Children Initiative (CI) team has been reviewing. The main goal for the Initiation of Autism Services PIP is to Increase the number of eligible beneficiaries receiving Applied Behavior Analysis (ABA) within 90-days of Autism Benefit approval, with a subgoal to Increase the number of Behavior Technicians (BT) working within the Autism Benefit to increase the number of ASD Benefit members receiving Applied Behavioral Analysis within 90 days of approval. As part of the interventions, CI has reviewed the behavioral treatment labor force data to help increase the number of behavioral techs reaching out to our provider network inquiring if any providers were interested in working with ASD children. Training will be provided to the support coordinators and providers with the use of authorization forms and requirements. The overall goal of the training will be to reduce authorization returns while improving authorization timelines and assessment requirements. CI will host a work group to share system modifications and research to reduce turnovers, barriers, and interventions. Measurable interventions include the following:</p> <ul style="list-style-type: none"> ✚ Increased speed/efficiency <ul style="list-style-type: none"> ○ Members transferring from diagnostician to ABA provider occurs per request ○ Opening previously closed WSA members occurs daily ○ Approval of ADOS-2 Worksheets and entry into the WSA on a daily basis with the goal of zero pending requests daily ○ Diagnostic evaluations are uploaded within 10-days rather than 14+ days ○ Autism benefit provides assistance weekly to ABA providers to communicate the coordination of referrals <p>For additional information please review the PowerPoint presentation “QI 11: Autism Benefit” on the following highlighted areas below:</p> <ul style="list-style-type: none"> ● Quality Improvement ● Sub Goal ● Projected Meaningful Measurements ● Stakeholder Barriers & Interventions ● Measurements 		



Provider Feedback		
Providers are in agreement with the review and approval of the noted PIP's.		
Decisions Made	Assigned To	Deadline
It was decided by the committee to continue the PIP with noted barriers and interventions. The Initiation of Autism PIP will be shared with this group during the February 2023 QISC meeting.	QISC Members	February 28, 2023
Action Items		
Dr. Faheem and the QISC members agree to continue the Initiation of Autism Services PIP with the noted barriers and interventions.	Dr. Faheem and QISC Members	September 27, 2022



7b) Item: DWIHN Performance Improvement Projects (PIP's) PHQ-9 - Ebony Reynold, Clinical Officer

Goal: Review and approval for continuation of the PHQ-9 (PIP)

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

NCQA Standard(s)/Element #: **X QI# 10** CC# ____ UM # ____ CR # ____ RR # ____

Discussion		
Ebony Reynolds discussed with the committee that DWIHN has submitted the PHQ-9 compliance percentage data to each assigned CRSP. DWIHN compliance percentage for PHQ-9 for adults is low. Providers are reminded to complete their quarterly PHQ-9 for members in which there is a depression level score of 10 or higher. The PHQ-9 PIP will be included as part of our NCQA recertification. DWIHN will also complete a Root Cause Analysis (RCA) with the clinical teams and IT to review if there are any errors with the calculation of compliance percentages.		
Provider Feedback	Assigned To	Deadline
Providers are in agreement with the approval of the PHQ-9 PIP, no additional feedback.		
Decisions Made	Assigned To	Deadline
After review and analysis of the PHQ-9 data, Ebony Reynolds and Sherry Scott will share with the Committee the outcome data for discussion of barriers, interventions, and recommendations	Ebony Reynolds and Sherry Scott	January 23, 2023
Actions Items	Assigned To	Deadline
DR. Faheem and the committee agreed to continue the PHQ-9 PIP as written with barriers and interventions noted.	Dr. Faheem and QISC	September 27, 2022



7c) Item: DWIHN Performance Improvement Projects (PIP's) PHQ-A – Marika Orme, CI Special Project Specialist

Goal: Review and approval for continuation of the PHQ-A (PIP)

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

NCQA Standard(s)/Element #: X QI# 11 CC# UM # CR # RR #

Discussion		
<p>Marika Orme discussed with the committee, the purpose of the PHQ-A PIP which is to increase the use of the Patient Health Questionnaire-9 modified for Adolescents (PHQ-A) by providers and practitioners within the contracted provider network. There are two measurements: 1) Completing intake for members ages 11-17 with SED 2) Percent of Compliance Follow-up. During Quarter 1, DWIHN scored 98.26% for the percent of intakes with a 98.3% compliance score for Quarter 2. Interventions for FY-2021 include communication submitted to 13 children’s providers (Executive Directors/CEOs and Directors of Children’s Programs) with quarterly compliance data specific to the number of PHQ-A screenings completed at intake and the number of follow-up PHQ-A Screenings completed within the 16week time frame. Interventions also include the provider’s requirement to investigate and provide feedback for non-compliance findings and providers required to watch the PHQ-A Video with the completion of a survey collecting the staff name and organization. As of August 2022, 457 clinical staff, an increase from 433 in July, have viewed the video (data collected via Survey Monkey). For additional information please review the presentation “PHQ-A PIP Updates” on the following highlighted areas below:</p> <ul style="list-style-type: none"> • Quality Improvement Activity • Baseline Goals • FY 2022 Performance Data • FY 2022 Measurement Summary • Intervention Implementation FY 2021 • Intervention of Implementation 		
Provider Feedback		
Providers are in agreement with the approval of the PHQ-A PIP, no additional feedback.		
Decisions Made		
It was decided by the committee to continue the PIP with noted barriers and interventions. Updates for the PHQ-A PIP will be shared with the committee during the February 2023 QISC meeting.	Marika Orme	February 28, 2023
Action Items	Assigned To	Deadline



Dr. Faheem and the committee approved to continue with this PIP, as written with barriers and interventions noted.	Dr. Faheem and QISC	September 27, 2022
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7d) Item: DWIHN Performance Improvement Projects (PIP's) Phone Abandonment - Donna Coulter, CS Administrator Member Engagements

Goal: Review and approval for continuation of the Phone Abandonment PIP

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

NCQA Standard(s)/Element #: **X QI# 11** CC# ____ UM # ____ CR # ____ RR # ____

Discussion		
<p>Donna Coulter shared with the committee the outcome data, barriers, and interventions noted for the Phone Abandonment PIP. CS develop this project to ensure that the abandonment remains below 5%. The goal of this project is to identify and address operational barriers contributing to call abandonment. The methodology will involve a PDSA (Plan, Do, Study, Act) process (Institute Healthcare Improvement, 2010). The PDSA is a process of continuous improvement, and involves five steps as described below:</p> <ol style="list-style-type: none"> 1. Collect data on the identified process you wish to change 2. Conduct a review of the literature for best practices 3. Identify barriers and interventions to improve the process or quality of member care 4. Run meaningful and measurable interventions, as well as analyze the findings 5. Take action and implement the next phase of interventions to improve or hold the changes. <p>Barriers were noted for turnover in staff and moving the access center from WellPlace to in-house. Noted interventions for the project included Forming a PDSA Workgroup, identifying opportunities for improvement based on questionnaires (forecasting and resourcing), and simulating a test of the Erlang method to see the number of staff needed. DWIHN's Customer Service unit will continue to study and monitor the call center, have regular talks about improvements put in place in terms of abandonment, and properly forecast the number of staff needed to address the problems. For additional information please review PowerPoint presentation "Reducing the Call Abandonment Rate at the DWIHN Call center UPDATE (PIP for Q111 (Element B))".</p>		

Provider Feedback		
Providers are in agreement with the approval of the Phone Abandonment PIP, no additional feedback.		
Decisions Made	Assigned To	Deadline
It was decided by the committee to continue the PIP with noted barriers and interventions. Updates for the Phone Abandonment PIP will be shared with the committee during the February 2023 QISC meeting	Donna Coulter/Bonnie Herndon	February 28, 2023
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC approved to continue with the Phone Abandonment PIP as written with barriers and interventions.	Dr. Faheem and QISC	September 27, 2022



8) Item: Follow Up Item: Customer Service (CS) Echo Adult – Preliminary Results - Margaret Keyes-Howard, Customer Service Experience Coordinator

Goal: Review and updates for the Echo Adult Survey – Preliminary Results

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

NCQA Standard(s)/Element #: X QI# 5 CC# ____ UM # ____ CR # ____ RR # ____

Discussion		
<p>Margaret Keyes-Howard shared with the group that the ECHO Adult Survey – Preliminary Results report for FY 2021 is posted on the DWIHN website. The purpose is to assess the experiences of adults who have received mental health or substance use disorder services through DWIHN in the previous 12 months. DWIHN provided the Center with a randomly selected list of 4,305 members, out of the approximately 77,000 adults receiving services. There were three measures with scores of less than 50%:</p> <ol style="list-style-type: none"> 1. Perceived Improvement (29%) 2. Getting treatment quickly (46%) 3. Office Wait (44%) 		
Provider Feedback	Assigned To	Deadline
Providers requested that the ECHO Adult and Children Survey data be shared with the group for review prior to the next scheduled meeting.		
Decisions Made	Assigned To	Deadline
The QISC will review and prepare for discussion of barriers, improvements, or suggestions during the next QISC.	QISC Members	November, 2023
Action Items		
CS and QI will submit the ECHO Adult and Children Survey data to the committee for review prior to the next scheduled QISC meeting.	Margaret Keyes-Howard and Tania Greason	October, 2022



9) Item: PI# 2a Data Analysis Best Practices (Provider Discussion) - Justin Zeller, QI Clinical Specialist

Goal: Review of MMBPI PI#2a

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

NCQA Standard(s)/Element #: X QI# 4 CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
Justin Zeller shared with the committee the MMBPI data for PI #2a (<i>The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service</i>). DWIHN scored 59% for Q2 FY-2022 which was a significant improvement from Q2 FY-2021. During Q3 FY-2022 DWIHN scores decreased to 38%. Q4 FY-2022 will not be finalized until the end of December 2022. Currently, we are 38.5%. DWIHN’s CPI, QI, Access, and MCO units continue to meet with the CRSP in efforts to improve outcomes.		
Provider Feedback	Assigned To	Deadline
Providers agreed that the continued collaborative meetings are necessary to address the identified barriers.		
Decisions Made	Assigned To	Deadline
DWIHN’s CPI, QI, Access, and MCO Units will continue to meet with CRSPs in efforts to improvement outcomes for PI# 2a.	CPI, QI, Access and MCO	Ongoing
Action Items		
None Required.		



10) Item: MMBPI “View Only” Module 4a Exceptions (data due to MDHHS 9/30/2022) - Justin Zeller, QI Clinical Specialist

Goal: Review of MMBPI “View Only” Module

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

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

Discussion			
Justin Zeller discussed with the committee the MMBPI “View Only” module. This module will allow providers the ability to review their PI data on an ongoing basis. Providers are required to reach out to Justin Zeller, QI unit if they are requesting additional training or do not have access to the module. Providers are requested to review Q4 PI# 4a and make exceptions where applicable. Exceptions are due on or before September 29, 2022, as data is due to MDHHS on September 30, 2022.			
Provider Feedback			
Providers agreed to continue to monitor their organization data as required with no additional feedback.			
Decisions Made		Assigned To	Deadline
Assigned CRSP providers will review the MMBPI “View Only” module on an ongoing basis and contact the QI unit as needed for TA or access to the module.		CRSP Providers	Ongoing
Action Items		Assigned To	Deadline
Assigned CRSP providers are to review PI# 4a and make applicable exceptions for no shows, cancellations and or member requests to schedule outside of 7 days.		CRSP Providers	September 29, 2022

New Business Next Meeting: Tuesday November 3rd, 2022

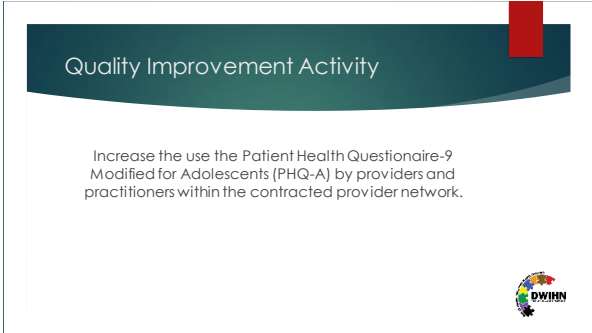
Adjournment: 2:015 pm

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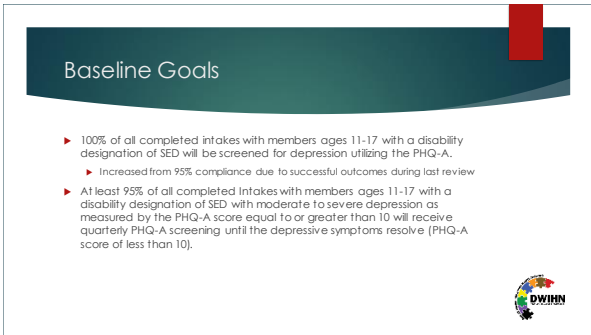
PHQ-A PIP Update

MARKA ORME
SPECIAL PROJECTS SPECIALIST
9/22/22



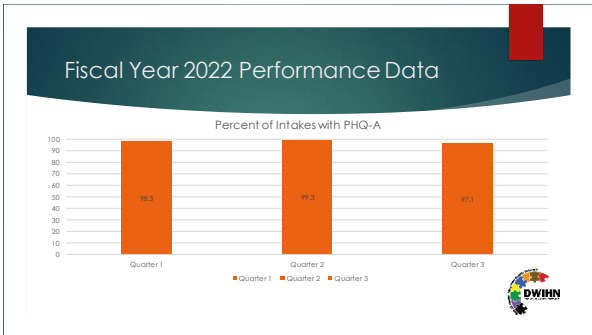
Quality Improvement Activity

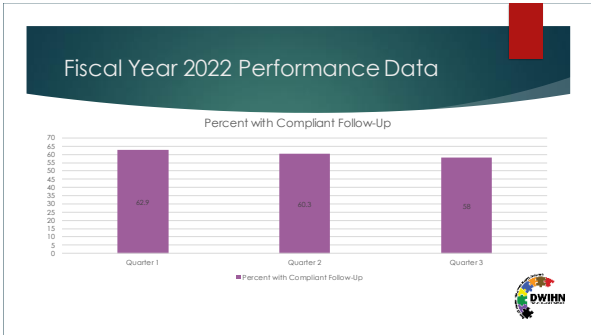
Increase the use the Patient Health Questionnaire-9 Modified for Adolescents (PHQ-A) by providers and practitioners within the contracted provider network.



Baseline Goals

- ▶ 100% of all completed intakes with members ages 11-17 with a disability designation of SED will be screened for depression utilizing the PHQ-A.
 - ▶ Increased from 95% compliance due to successful outcomes during last review
- ▶ At least 95% of all completed intakes with members ages 11-17 with a disability designation of SED with moderate to severe depression as measured by the PHQ-A score equal to or greater than 10 will receive quarterly PHQ-A screening, until the depressive symptoms resolve (PHQ-A score of less than 10).





Fiscal Year 2021 Measurement Summary

- ▶ Percent of Intakes with PHQ-A = 98.2%**
 - ▶ Up from 96.3 FY21
- ▶ Percent with Compliant Follow-Up = 60.4%**
 - ▶ Up from 46.6% FY21

**Average of first three quarters of FY21

DWIIHN

Interventions Implemented FY21

- ▶ Letters continue to be sent to 13 children's providers (Executive Directors/CEOs and Directors of Children's Programs) with quarterly compliance data specific to the number of PHQ-A screenings completed at intake and the number of follow-up PHQ-A Screenings completed within the 16 week time frame
 - ▶ Letters sent at the end of each quarter
 - ▶ February 2022: Began requiring providers (Q2) to investigate reason for non-compliance and report back findings to SPS.
- ▶ Each provider was asked to have staff watch PHQ-A Video and then confirm that they viewed it by completing a survey which will collect their name and organization they represent
 - ▶ As of August 2022 457 clinical staff, up from 433 in July, have viewed the video (data collected via Survey Monkey)

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Interventions to be Implemented

- ▶ SPS to create a survey to explore:
 - ▶ What providers have in place in their EMRs to remind staff to complete the PHQ-A when necessary?
 - ▶ Who among their staff are completing PHQ-A's?
 - ▶ How providers are ensuring that PHQ-A screenings and follow up care is continuing for cases who are unassigned to a clinician (due to staff turnover, etc.)?
 - ▶ Other ideas?

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What other interventions can be implemented to increase compliance within the provider network?





REDUCING THE CALL
ABANDONMENT RATE AT THE
DWIHN CALL CENTER UPDATE

(PIP FOR Q111 (ELEMENT B))

Donna Coulter
Bonnie Herndon

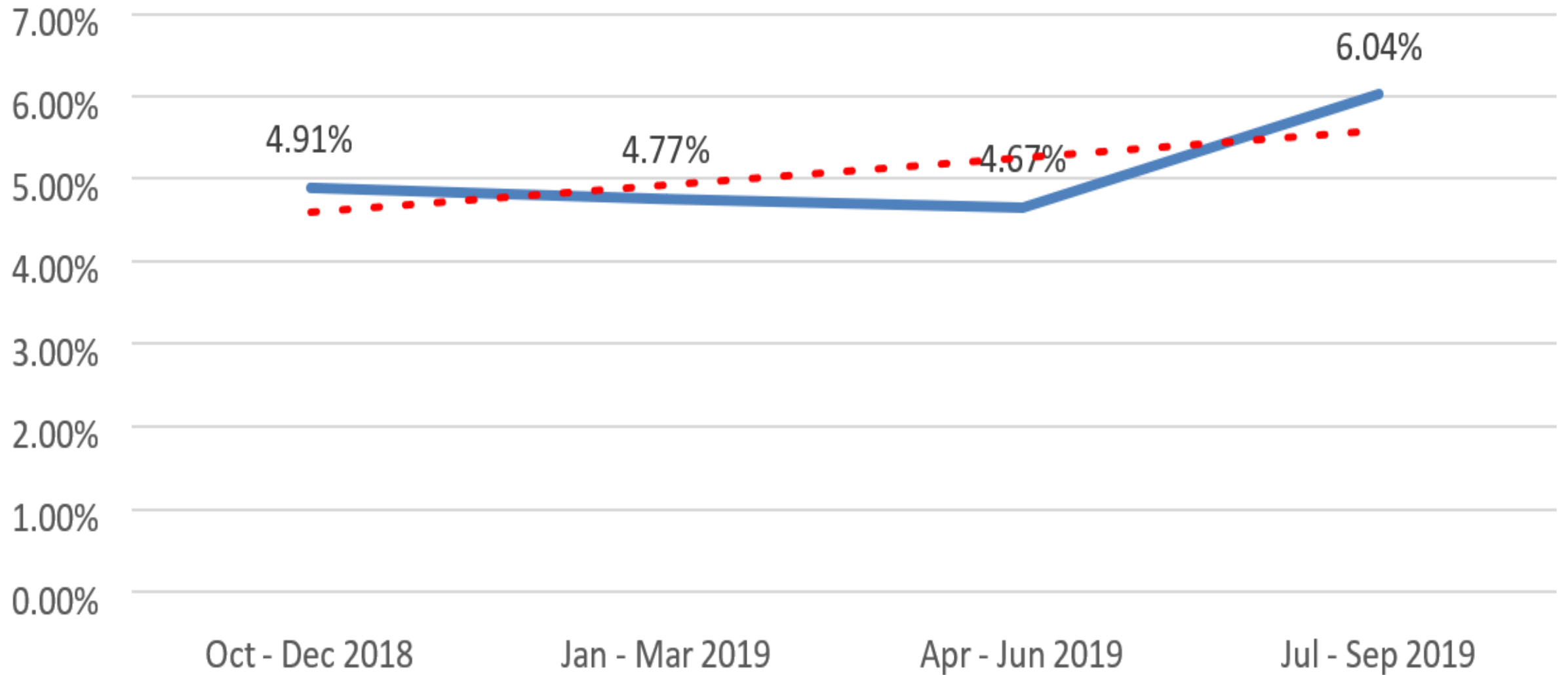
Purpose

- Initiated as a NCQA Service Project – Q11B (Effectiveness of the QI Program)
- Assessed on a standard of “meaningful improvement”
- Criteria:
 - The activity's relevance
 - Valid study design
 - Quantitative and qualitative analysis of results
 - Barrier analysis
 - Determination of opportunity for improvement
 - Strong, timely interventions
 - Significant improvement (statistical significance not require)

Background & Rationale

- In 2005, DWIHN delegated its call center function to the 24-hour call center, Wellplace
 - The DWIHN Customer Service department was assigned oversight
 - Call Center reported monthly, among other matters, on call center operations and outcomes, e.g., call abandonment
 - MDHHS standard $\leq 5\%$
- In 2018, Customer Service noted a problem with higher than usual number of abandoned calls
 - FY 2018 – 3.53%
 - Progressive uptick in the monthly rates
 - Administrative levels dissolved

Abandonment Rate By Quarter During the Baseline Period





GOAL

Call abandonment rate $\leq 5\%$ for 12 consecutive months.

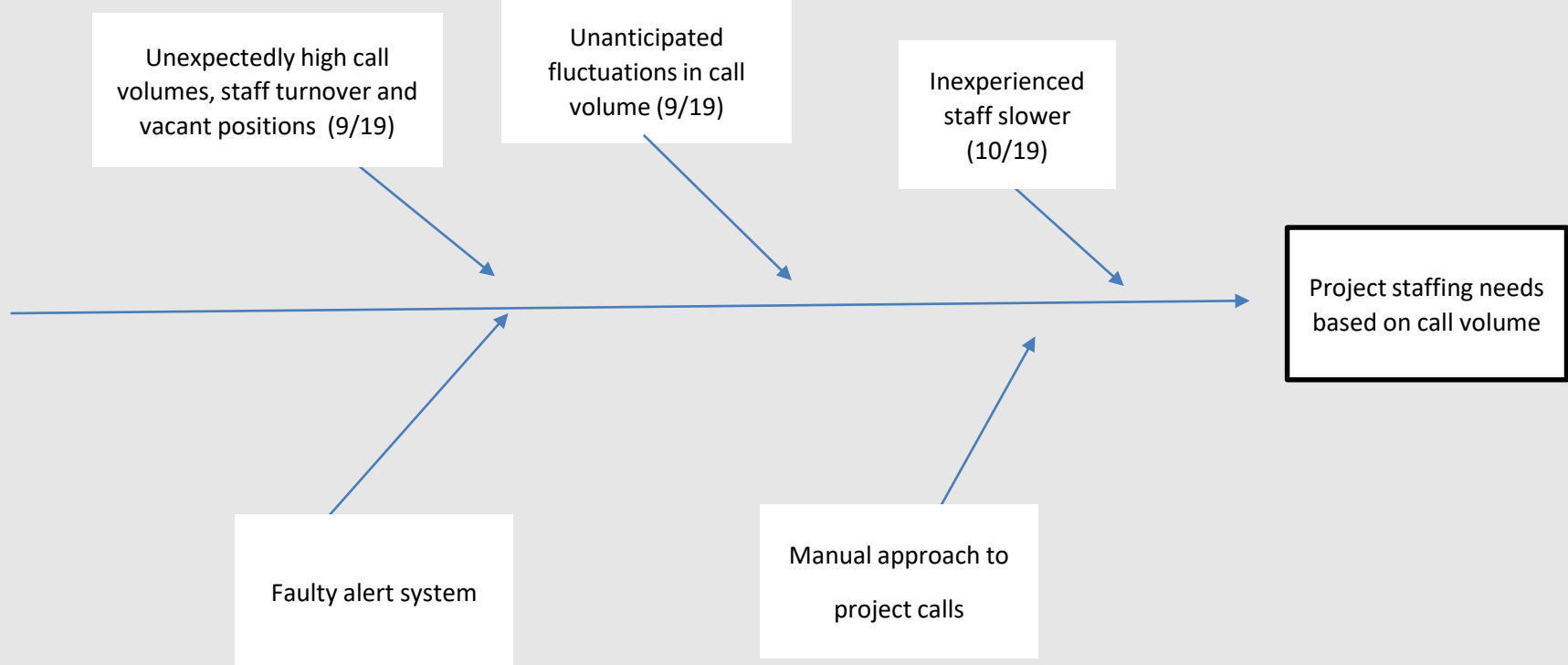
Methodology

The goal of this project is to identify and address operational barriers contributing to call abandonment.

The methodology will involve a PDSA (Plan, Do, Study, Act) process (Institute Healthcare Improvement, 2010). The PDSA is a process of continuous improvement, and involves five steps as described below:

1. Collect data on the identified process you wish to change
2. Conduct review of the literature for best practices
3. Identify barriers and interventions to improve process or quality of member care
4. Run meaningful and measurable interventions, as well as analyze the findings
5. Take actions and implement the next phase of interventions to improve or hold the changes.

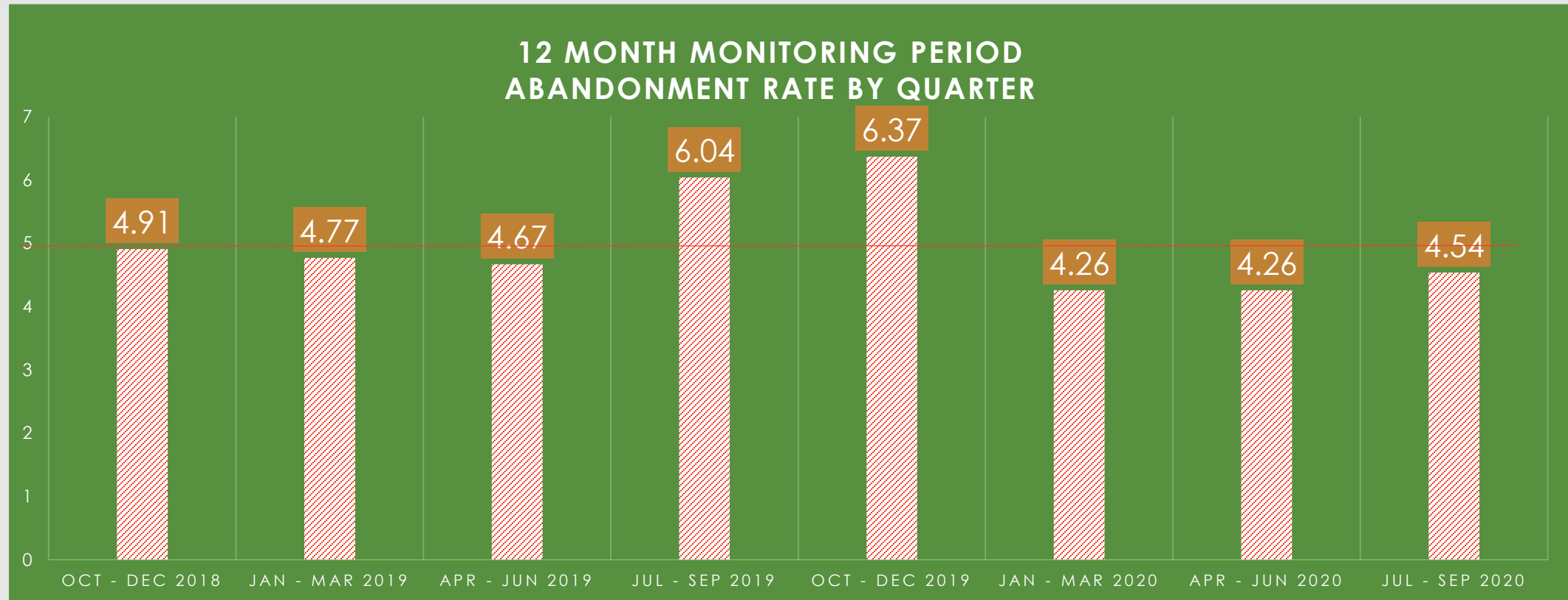
Fishbone Analysis



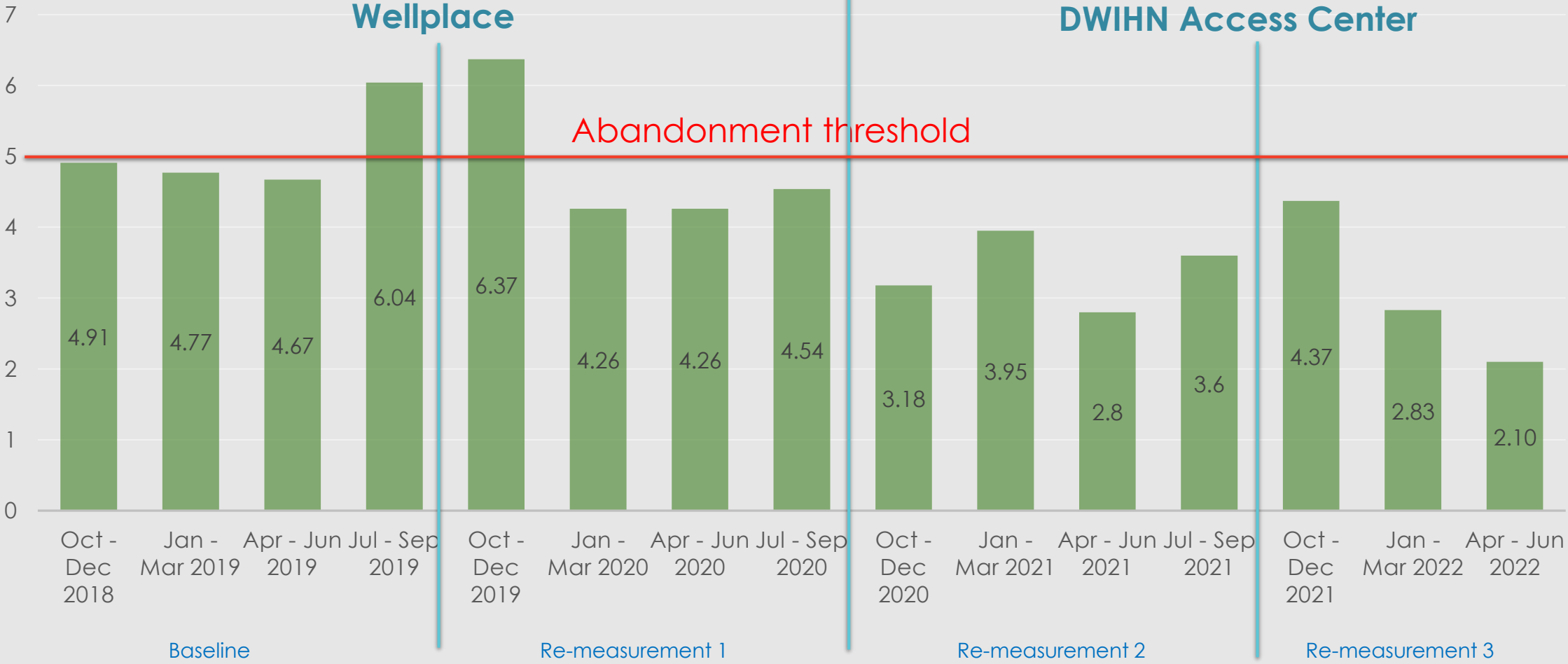
Interventions

- Formed PDSA Workgroup
- Identified opportunities for improvement based on questionnaires (forecasting and resourcing)
- Simulated a test of the Erlang method to forecast the number of staff needed

Wellplace 12 Month Monitoring



October 2018 – June 2022 Abandonment Rate by Quarter



Follow-up Steps

- Monitor DWIHN Access Center abandonment

QI 11: Autism Benefit

1



Quality Improvement

2

- Main Goal:
 - Increase the number of eligible beneficiaries receiving Applied Behavior Analysis (ABA) within 90-days of Autism Benefit approval.



Sub Goal:

3

Labor force to meet current demand

- Increase the number of Behavior Technicians (BT) working within the Autism Benefit to increase the number of ASD Benefit members receiving Applied Behavioral Analysis within 90 days of approval.

Projected Meaningful Measurements

4

Meaningful Measurement

- Number of behavior technicians per ABA Provider compared to number of enrolled members (Standard Ratio)



Stakeholder Barriers & Interventions

5

- Minimal coverage in high need areas
 - RFP completed adding an additional 5 sites
- Difficulty getting a response from SCs which delays authorizations
 - UM Specialist is added to delayed response emails to enforce follow through
 - DWIHN implemented alerts for providers to be forwarded to staff when authorizations are approved or returned
- SCs report not knowing the ABA case holder
 - IT added the ability for both ABA case holder and supervisor contact information to the members' chart
- High turnover with SCs; inability to determine case holder
 - CRSP contact information for leadership and SC/CM is updated automatically on a quarterly basis; ABA providers receive contact information to improve connecting
- CRSP Intake shortage for ABA services
 - Onboarded an additional 1/DD CRSP
- SCs are new to position and need training by ABA
 - Autism Benefit is providing CRSP ABA Refresher Trainers
- Hiring BTs is difficult
 - DWIHN hosted a virtual job fair
- ABA service fee schedules are not comparable to commercial insurance & rates vary between providers
 - DWIHN has provided several supplemental 5% provider rate increase
- ABA Providers choose other county and private insurance cases due to the higher ratio of supervision of BT
 - DWIHN updated SUG to best practice of 20% supervision for every 10 hours
- BTs are over hours to support shortage creating burnout causing senior BTs to quit
 - DWIHN will host a peer work group to share strategies, system modifications, and research to reduce turnover
- Staffing evening verses daytime cases
- BTs are paid hourly and poor attendance causes BTs to lose work hours
 - DWIHN establishing a Managing Service Interruptions, Transitions, and Discontinuation Training for FY22/23

Other Interventions

6

- Pool resources on staff recruitment and advertising of the behavior technician position
- Provide empirically-based training to network administration on retention and job satisfaction for direct care workers
- Meet monthly with specific providers to review timelines with engagement issues, transfer and/or discharge.
- New engagement data report indicating individuals not receiving 1:1 based on claims

Other Measurable Interventions

7

Increased speed/efficiency

- Members transferring from diagnostician to ABA provider occurs per request
- Opening previously closed WSA members occurs daily
- Approval of ADOS-2 Worksheets and entry into the WSA on a daily basis with the goal of zero pending requests daily
- Diagnostic evaluations uploaded within 10-days rather than 14+ days
- Autism benefit provides assistance weekly to ABA providers to communicate coordination of referrals



Sub-Goal: Number of BTs compared to number of enrolled members.

8

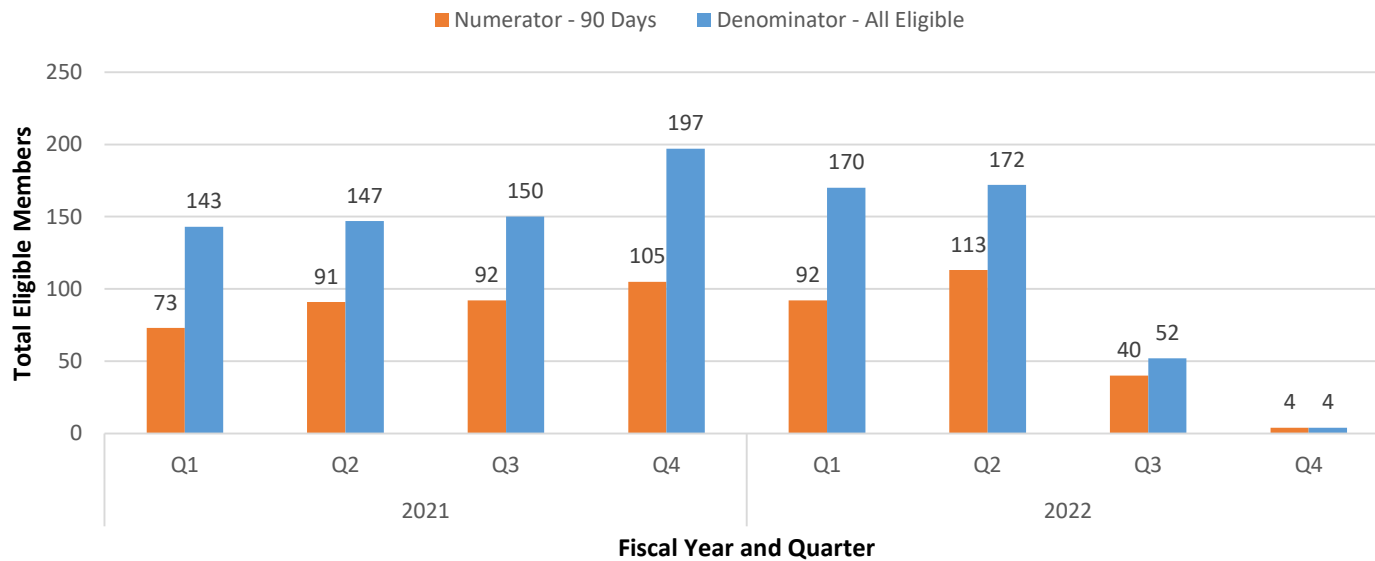
	Number of BTs	Number of Members	
BASELINE(Q1)	1290	2112	66 Q1-Avg 66%
JAN	1252	2131	69
FEB	1290	2139	65
MARCH	1320	2121	73 Q2-Avg 69%
APRIL	1374	2190	69
MAY	1370	2197	73
JUNE	1370	2197	73 Q3-Avg 72%
July	1321	2255	62
Aug	1227	2219	56
Sept			Q4-AVg...

Measurements

- **Outcome Measure:** The number of eligible beneficiaries receiving ABA services from a Behavior Technician within 90-days of Autism Benefit approval.

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal	Comparison to Benchmark/Goal
FY 21 4 th Quarter	baseline:	105	197	53%	100%	Under Goal
FY22 1 st Quarter	Re-measurement 4:	92	170	53%	100%	Under Goal
FY22 2 nd Quarter	Re-measurement 5:	113	172	66%	100%	Under Goal
FY22 3 rd Quarter	Re-measurement 6:	40	52	77%	100%	Under Goal
FY22 4 th Quarter	Re-measurement 7:	4	4	100%	100%	Under Goal

Total Eligible Members Accessing ABA within 90-days of Service Request



Questions?

11

Rachel Barnhart, LLP, LBA, BCBA

Rbarnhart@DWIHN.org

Cell: (313) 498-6382

