



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, June 30, 2021

Via Zoom Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|--|--|
| I. | Announcements | Tania Greason/April Siebert |
| II. | SUD Updates (tabled) | Judy Davis |
| III. | BH-TEDS | Natasha King |
| IV. | Over and Under Utilization Management (UM) Report | John Pascaretti & Rhianna Pitts |
| V. | DWIIHN Wraparound Policy/Procedure (tabled) | Monica Hampton |
| VI. | MDHHS Finding Next Step | Starlit Smith & April Siebert |
| VII. | CRSP Remote Reviews | Starlit Smith |
| VIII. | Critical Events/Sentinels Events Processing | Carla Spight-Mackey & Sinitra Applewhite |
| IX. | Behavior Treatment Advisory Committee (BTAC) <ul style="list-style-type: none">• Quarterly Data Analysis Report (Quarter 1 &2) | F. Nadeem |
| X. | Mission Based Performance Indicator <ul style="list-style-type: none">• Quarter 2 (Due 6/30/2021)• Data Analysis (Quarter 1 &2 FY 2020-21) (tabled) | Tania Greason & Justin Zeller |
| XI. | HSAG PMV Review | Tania Greason |
| XII. | Provider Feedback | Group |
| XIII. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, June 30, 2021

Via Zoom Platform

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements –April Siebert and Tania Greason

Goal:

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>April Siebert informed the workgroup that DWIHN is currently exploring implementation of a behavioral health home model. We are currently advocating with local agencies on becoming a lead entity under the current model with the State. We are also exploring some mobile services as it relates to pre-crisis and crisis intervention, vaccinations etc. DWIHN has also began to review and implement the options of becoming a certified community behavior health provider which will allow for implementation of an integrated care model. There are highlights on DWIHN’s website noting major partnerships within the communities, these partnerships allow for us to improve our system through working with our community partners. The QI unit welcomes new staff members Sabrina Bergan, LMSW and Micah Lindsey, RN to the team.</p>		
Action Items	Assigned To	Deadline
None Required.		



2) Item: SUD Updates – Judy Davis (tabled)

Goal:

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

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

<Notes on discussion>

Discussion/Decisions Made		
Action Items	Assigned To	Deadline
Tabled until next meeting August 2021		



3) Item: Behavioral Health Treatment Episode Data Set (BH-TEDS)_ - Natasha King

Goal: Review of BH-TEDS Requirements

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>Natasha King presented a BH-TEDS overview to the workgroup. Each BH-TEDS record captures member information within a specific time period. A mental health treatment client is a person who has received mental health services, including support services, or an assessment. OBRA-Assessments are the only services that do not require a BH-TEDS submission to MDHHS. Record types include the following:</p> <ul style="list-style-type: none"> ○ Admission – M – Initial MH Start Record - Submitted at mental health treatment initiation, which is the first face-to face billable, non-brief-screening (H0002), Non-crisis-only (H2011, S9484, T1023, 90839, 90840), Non-OBRA-Assessment only (99304-99310) service in an episode of care. Examples: initiation of MH assessment, authorization for on-going services, or treatment or supports encounter. A separate M record is submitted for each CMHSP paying for MH services. ○ Update – U - MH Update Record - Record type submitted, <u>at least annually</u>, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation. U records do not close an episode. ○ Discharge – E - MH Service End Record - Submitted when an individual completely terminates MH services at a CMHSP. If an individual does not formerly discharge (i.e. stops showing for up for services): <u>1) submit an E record when no MH services have taken place for approximately 90 days.</u> This is a guideline. Use clinical judgment when making final determination. ○ Crisis – Q -Crisis Event Record – Record type submitted for a crisis event (H2011, S9484, T1023, 90839 or 90840) when there is not an open episode for the individual receiving crisis services <p>Validation Edits:</p> <ul style="list-style-type: none"> ○ An M (admission record) will not be accepted for an individual who already has an open MH admission at the same CMH (Provider ID). ○ An MH Update record must have an existing M record (admission record). <ul style="list-style-type: none"> • An Update record is required whenever an individual’s MI or IDD designation changes as designations are in the numerous calculations 		



<ul style="list-style-type: none"> ○ If adding a record out of chronological sequence, the record will not process. Delete all records after the start/update/end date of the record to be added, then submit adds for all records in chronological order. <p>Once the services began the BH-TEDS record is submitted from the start date until a discharge or update is provided with key fields or SSN, provider, and ID number. There is one (1) admission per letter and one (1) BH-TEDS record per day, providers are <u>not</u> allowed to have two submissions on the same day. Please submit any questions to MHWIN Support Desk mhwin@dwihn.org or Nking1@dwihn.org. For additional information please review PowerPoint presentation “Behavioral Health Treatment Episode Data (BH-TEDS)” on the following highlighted topics:</p> <ul style="list-style-type: none"> ● Required TEDS ● Validation Edits ● Record Types ● Key Fields ● Changes 		
Action Items	Assigned To	Deadline
<p>Provider comments:</p> <ul style="list-style-type: none"> ● In April 2021, providers received an excel sheet listing of BH-TEDS errors. The excel sheet went to the President/CEO of each organization noting that the providers BH-TEDS scores were affecting financial reporting. ● The providers noted that they are currently having issues with the data collection for BH-TEDS. ● Providers service multiple counties outside of Wayne county. ● Natasha King explained that this is not a centralized system and the providers have their own PCE system which creates the BH-TEDS record and the providers are only allowed to create an admission. ● If a client is open to another provider the providers would not know and would not have the validations for MH_WIN. 		
Action Items	Assigned To	Deadline
<p>Providers will submit questions to DWIHN’s IT unit MHWIN Support Desk at mhwin@dwihn.org for additional TA.</p>	Providers	Ongoing



4) Item: Over and Under Utilization Management (UM) Report - Rhianna Pitts

Goal: Review of future reporting to providers for Over and Under Utilization Reports

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

NCQA Standard(s)/Element #: **XQI #1** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
Rhianna Pitts announced that DWIHN’s UM team will begin to present to this group data for over and underutilization reporting. This a HSAG reporting requirement. DWIHN will prepare provider specific utilization comparison reports for sharing and evaluation with our provider network. Data will include authorization requests, reverse claims, reverse approvals by providers, procedure codes, and disability designation comparisons.		
Action Items	Assigned To	Deadline
Providers Questions: <ul style="list-style-type: none"> Will data be provided directly to providers or shared at the meeting? Response: <ul style="list-style-type: none"> Reports will be shared with providers and presented during the QOTAW meetings. 		
Action Items	Assigned To	Deadline
Providers were informed to reach out to DWIHN’s UM unit at pihpauthorizations@dwihn.org with any questions regarding the authorization process.	Providers	Ongoing

5) Item: DWIHN Wraparound Policy/Procedure (tabled) - Monica Hampton

Goal:

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

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

<Notes on discussion>

Discussion/Decisions Made		
Action Items	Assigned To	Deadline
Tabled unit next meeting is August 2021		



6) Item: MDHHS Finding Next Step - Starlit Smith & April Siebert

Goal: Review of MDHHS HSW Review Findings and Next Steps

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>Starlit Smith informed the group that DWIHN’s MDHHS HSW follow-up review was conducted in March 2021. MDHHS has requested evidence that there is an effective implemented plan for our provider network with understanding of the MDHHS requirements and standards. The QI unit has worked with our provider network providing technical assistance (TA) as required. Implementation of ongoing Lunch and Learn trainings will begin in the early fall and will include our provider network support coordinators, managers and administrative teams. The purpose of the trainings will be to answer questions as well as present on MDHHS requirements and standards.</p>		
<p>April Siebert also informed the group that DWIHN has submitted the required POC to MDHHS and has continued to work with our provider network to adhere to all of the required POC documentation. MDHHS has fully accepted DWIHN’s POC. April reiterated that the QI performance monitoring team will continue to work with providers by offering Lunch and Learn trainings to focus on the following areas: BTP process, Writing Measurable Goals, IPOS and Assessment requirement standards. This fall the QI unit will also develop Case Managers/Support Coordinators quarterly meetings. These meetings will reach out to the staff that are actually completing the caseloads and providing the direct supports to our members served. We will focus on the challenges and barriers the frontline workers are having to assist with solutions that will allow for better measures and outcomes. The next MDHHS HSW review will occur in March of 2022 and we will need to ensure that our provider network understands and has fully implemented the required standards throughout our system.</p>		
Action Items	Assigned To	Deadline
<p>QI will implement Lunch and Learn trainings and Quarterly Supports Coordination/Case Management meetings.</p>	<p>QI Unit</p>	<p>September 2021 and Ongoing</p>



7) Item: CRSP Remote Reviews - Starlit Smith

Goal: Review of CRSP Remote Reviews

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>Starlit Smith informed the workgroup that the QI unit has started conducting remote provider reviews. Coordination continues with DWIHN’s CS unit allowing for providers <u>not</u> to have several audits/reviews occurring at different times. QI will also begin to coordinate with units to minimize the number of provider reviews. The CSRP provider will be notified of the upcoming review with a 30 day notification window. Providers must be audit ready and in some instances the provider will <u>not</u> receive a 30 day notification i.e. requested review by leadership or if the provider has not been reviewed during the current FY. Q2 Self-Monitoring Case Records reviews must complete and entered in MH-WIN by July 1st, 2021. Q3 case records will be submitted to selected providers on July 1, 2021. Starlit asked providers to look at their scores; complete combined reports and review areas in which scores are noted below 95%. Providers must have a valuable plan for review of increasing compliance scores. Reviews must include analysis of barriers and interventions that would allow for a 95% or greater compliance score. The QI unit is available for TA as requested.</p>		
Action Items	Assigned To	Deadline
<p>Providers’ comments/questions:</p> <ul style="list-style-type: none"> • Providers are completing remote nursing assessments and may not have all the required elements on the assessment i.e. blood pressure, height and weight. • Providers commented that typically, the aforementioned elements are provided during face-to-face meeting not in a Telehealth meeting. • If psychiatric visits are not happening face-to-face the members will not have certain test(s) due to the visit not occurring in person. 	<p>Providers will continue to bring information to the workgroup for discussion. QI will review comments/questions and include the appropriate units to address questions.</p>	<p>On-going</p>



8) Item: Critical Events/Sentinel Events Processing - Carla Spight-Mackey & Sinitra Applewhite

Goal: Review and updates for processing CE/SE

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

NCQA Standard(s)/Element #: **X QI #1** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Carla Spight-Mackey informed the workgroup that the QI team is currently in the process of closing out FY 2019-20 critical and sentinel events. Requests for additional information has been submitted to providers, without the required documentation, QI will not be able to close the event. <u>All information must be submitted by July 1, 2021</u>. An example of required documentation includes if a member is taken to the hospital, urgent care or doctor office the staff is required to have documentation of the visit including the discharge summary. It is a requirement that documentation from a licensed professional are included as part of the CE/SE file. Providers must complete a Root Cause Analysis (RCA) for all sentinel events. The investigation and plan of action to address that sentinel event is required to be addressed within <u>5</u> days of the critical event and must be completed with all documentation uploaded within <u>30</u> business days. Appropriate follow-up documentation to prevent an event from occurring again is REQUIRED in every event in the “Action Taken” section of the CE/SE MH_WIN module. Documentation must be attached to the event which include Progress Notes, Updated Plan, Crisis Plan, Behavior Tx Plan. Providers and required staff must continue to sign up for CE/SE trainings. The next CE/SE Event Training webinar will be held on July 15, 2021 from 9:00 a.m. – 11:30 a.m. Please send staff name, credentials, position, email address and staff MHWIN numerical ID to cmackey@dwihn.org.</p>		
Action Item	Assigned To	Deadline
<p>Providers to continue and submit required supporting documentation as requested. FY 2019-2020 supporting documentation must be provided by July 1, 2021.</p>	<p>Providers</p>	<p>July 1, 2021</p>



9) Item: Behavior Treatment Advisory Committee (BTAC) - Fareeha Nadeem
Quarterly Data Analysis Report (Quarter 1 &2)

Goal:

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

NCQA Standard(s)/Element #: **X QI #1** CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion/Decisions Made		
<p>Fareeha Nadeem provided an overview of the BTAC data analysis for Quarter 1&2. Detroit Wayne Integrated Health Network (DWIHN) started Behavior Treatment Advisory Committee (BTAC) in 2017. The committee is comprised of DWIHN providers, members, DWIHN staff, Psychiatrist, Psychologist, and the Office of Recipient Rights. The BTAC’s responsibility includes review and monitor the implementation of network BTP Review Committees and evaluate each Committee's overall effectiveness. DWIHN has conducted three (3) trainings on Behavior Treatment Procedure and is fully in compliance with MDHHS Behavior Treatment Requirements. DWIHN submits quarterly data analysis reports on system-wide trends of BTP to MDHHS. Also, there is a <i>Behavior Treatment</i> notification banner (MH-WIN) for each member that has a Behavior Treatment Plan, the development of the banner is to assist with a more effective monitoring process within our provider network.</p> <p>For additional information please review PowerPoint presentation “Behavior Treatment Advisory Committee Summary of Data Analysis FY 2020-2021 Q1 and Q2” on the following highlighted areas:</p> <ul style="list-style-type: none"> • Background • Accomplishments • Total BPT review • Reported 911 Call and Critical/Sentinel Events • Restrictive & Intrusive Interventions • Use of Medication • Recommendations 		
Action Items	Assigned To	Deadline
None Required		



10) Item: Mission Based Performance Indicator Quarter 2 (Due 6/30/2021) - Tania Greason & Justin Zeller

Goal: Review of Quarter 2 MMBPI data

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 # ____

<Notes on discussion>

Discussion/Decisions Made	Assigned To	Deadline
Justin Zeller informed the workgroup that the 2 nd quarter MMBPI data is due to the state June 30 th . Data is reported to MDHHS 90 days after each quarter. Providers commented that Justin has worked with the provider network providing exceptional assistance and answering questions as it relates to PI-4a (7-day Follow-Up) and PI# 2a (New Non-Emergent Services). Currently exceptions are allowed for PI# 4a if the member does not show or schedule an appointment outside of the 7-day follow-up visit after an inpatient psychiatric hospitalization. Providers are required to review their data through the MMBPI “View Only” module to make exceptions where applicable.		
Action Items	Assigned To	Deadline
Providers to continue and review MMBPI data through the “View Only” module, making exceptions for PI#4a as applicable.	Providers	Ongoing



11) Item: HSAG PMV Review – Tania Greason

Goal: Review of HSAG PMV Review

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 # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Tania Greason shared with the workgroup that DWIHN is under contract with MDHHS for three external quality reviews (EQR). HSAG completes three separate reviews as required by MDHHS which include Performance Measurement Validations (PMV), Performance Improvement Project (PIP) and Compliance Monitoring review. DWIHN HSAG PMV review was held on June 16th, 2021. The purpose of the PMV review is to assess if the MMBPI performance indicators is accurate based on the MDHHS reporting requirements. The final results from the PMV review will be received by September 30, 2021, once received, the results will be shared with the group. During the PMV review, it was noted that providers must document in MH-WIN when members do not show or reschedule appointments. Providers must also follow DWIHN’s re-engagement policy. The Re-engagement policy will be finalized within the next month, once final, notification will be provided to the group for review and implementation.</p>		
Action Items	Assigned To	Deadline
<p>Providers will be notified of the final completion for the re-engagement policy. CS will review the re-engagement policy with the workgroup once finalized.</p>	<p>Providers/DWIHN CS unit</p>	<p>September 30, 2021</p>

NEXT MEETING: Wednesday, August 25, 2021 [via Zoom Platform](#)

ADJOURNMENT: 11:09 a.m.

ah_07.12.2021

BH TEDS
Behavioral Health Treatment
Episode Data Set

Required TEDS

- A mental health treatment client is a person who has received mental health services, including support services, or assessment.
- OBRA-Assessment only services do not require a BHTEDS be submitted.

Record Types:

- **Admission – M – Initial MH Start Record** - Submitted at mental health treatment initiation, which is the first face-to face billable, non-brief-screening (H0002), Non-crisis-only (H2011, S9484, T1023, 90839, 90840), Non-OBRA-Assessment only (99304-99310) service in an episode of care. Examples: initiation of MH assessment, authorization for on-going services, or treatment or supports encounter. A separate M record is submitted for each CMHSP paying for MH services.
- **Update – U - MH Update Record** - Record type submitted, at least annually, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation. U records do not close an episode

Record Types:

- **Discharge – E - MH Service End Record** - Submitted when an individual completely terminates MH services at a CMHSP. If an individual does not formerly discharge (i.e. stops showing for up for services): 1) submit an E record when no MH services have taken place for approximately 90 days. This is a guideline. Use clinical judgment when making final determination.
- **Crisis – Q -Crisis Event Record** – Record type submitted for a crisis event (H2011, S9484, T1023, 90839 or 90840) when there is not an open episode for the individual receiving crisis services

Validation Edits:

- An M (admission record) will not be accepted for an individual who already has an open MH admission at the same CMH (Provider ID).
- An MH Update record must have an existing M record (admission record).
 - An Update record is required whenever an individual's MI or IDD designation changes as designations are in the numerous calculations
- If adding a record out of chronological sequence, the record will not process. Delete all records after the start/update/end date of the record to be added, then submit adds for all records in chronological order.

Dates:

- There can only be one Service Start Record (M) with the same key fields per date
- There can only be one service Update or End record (U, E, D) with the same key fields per date.
- There can only be one Crisis Event Record (Q) with the same key fields per date.
- Since provider ID is a key field, which would differentiate a MH record from an SUD record, an M and A may be submitted on the same date. Similarly, a U and D, or an E and D, may be submitted on the same date.

Dates:

- There cannot be a Service Start and Update (M and U) on the same date.
- There cannot be an Update and End (U and E) on the same date.
- A Service Start and Service End record on the same date is allowable. That is, an A and D are allowable on the same date and an M and E are allowable on the same date.
- A Crisis Event (Q) record may be submitted at any point regardless of the status of a MH or SUD episode.

Key Fields:

- Payer ID
- State Provider ID
- Unique PIHP ID
- Service Start Date

Changes:

- A Change can be made to an existing record without going through all the layers if you are **not changing a key field**.
- Submit a Change record with the corrected information in the field(s) that contains the error and the original responses in all of the other fields so that the record can pass the edits when read into the BHTEDS system.
- When correcting a non-key Service Start record, a Change to the M record is only required. When correcting a non-key Service Update/End record, a Change to all U/E records accepted into the data system that need correction.

Questions:

- Please submit questions to the MHWIN Support Desk
- mhwin@dwihn.org



Behavior Treatment Advisory Committee Summary of Data Analysis FY 2020-2021 Q1 and Q2

*Prepared by: Fareeha Nadeem, M.A., LLP.
Clinical Specialist, Quality Improvement*



Background

- ❖ Detroit Wayne Integrated Health Network (DWIHN) started Behavior Treatment Advisory Committee (BTAC) in 2017;
- ❖ The Committee is comprised of DWIHN network providers, members, DWIHN staff, including Psychiatrist, Psychologist, and the Office of Recipient Rights;
- ❖ To review the implementation of network Behavior Treatment Plan Review Committees and evaluate each Committee's overall effectiveness;

Background Continued....

- ❖ To review system-wide Behavior Treatment Plan Review Committee processes issues, including trends, approvals, disapprovals, and terminations of Behavior Treatment Plans;
- ❖ To reviews system-wide Behavior Treatment Plan Review Committees' trends and patterns compared to performance indicators such as psychiatric hospitalization, behavior stabilization, 911 calls, Critical and Sentinel Events, and reductions or increase in the use of Behavior Treatment Plans.



ACCOMPLISHMENTS

- ❖ DWIHN offered three trainings on Behavior Treatment Procedures with MDHHS;
- ❖ DWIHN is in full compliance with Behavior Treatment Requirements, based on the recent HSW Review;
- ❖ DWIHN submits quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS;
- ❖ During the COVID pandemic, DWIHN issued HIPPA compliant virtual review and approval guidelines;
- ❖ Behavior Treatment notification banner for each member on the Behavior Treatment Plan has been added to DWIHN's MH-WIN for effective monitoring;

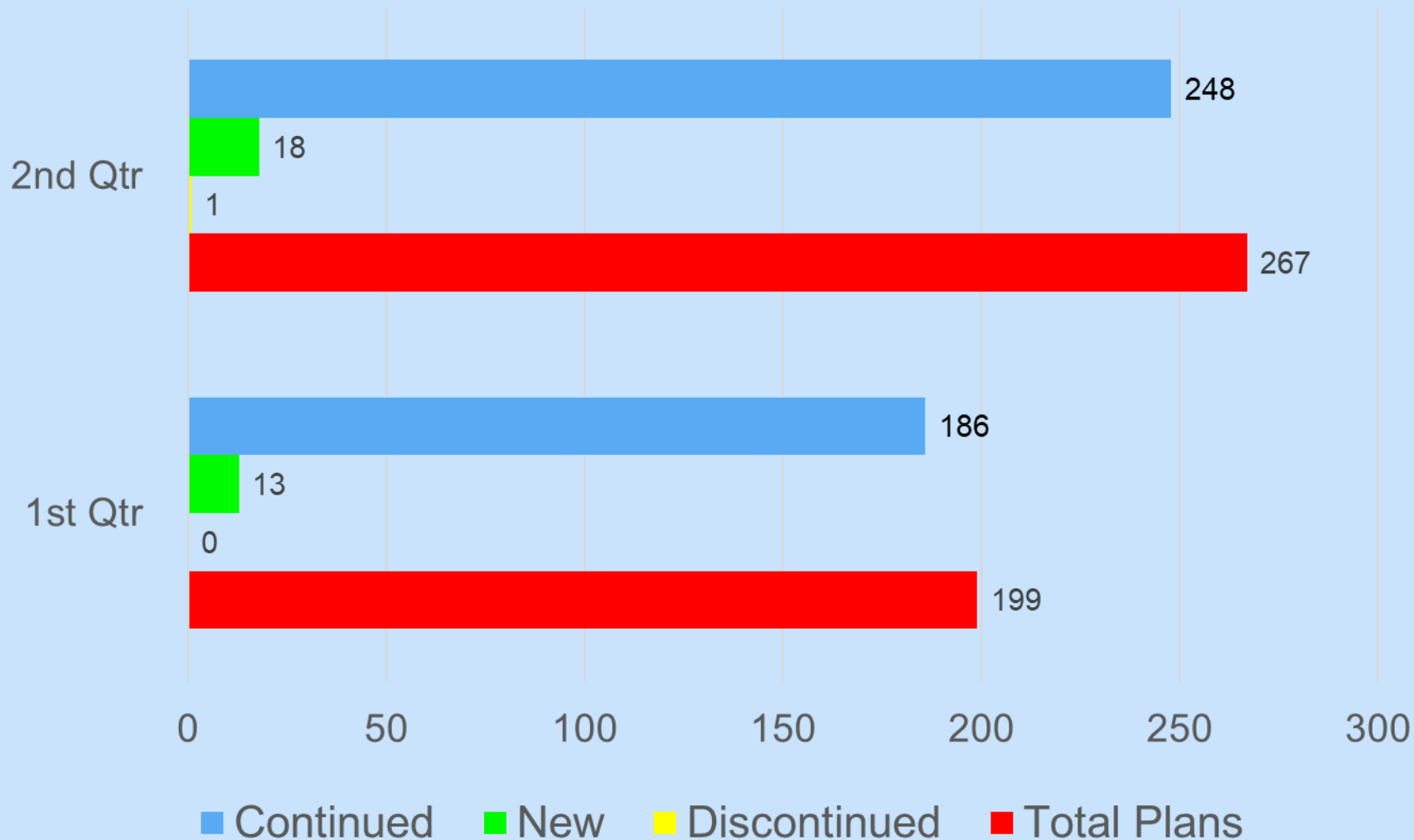


ACCOMPLISHMENTS Continued.....

- ❖ With effect from October 1, 2020, DWIHN has delegated the responsibility of Behavior Treatment reviews to DWIHN's Clinically Responsible Service Providers (CRSP);
- ❖ Twenty one Mental Health CRSP have established BTPRC and three have joint BTPRC;
- ❖ Behavior Treatment Category is now live in MH-WIN Critical and Sentinel Reporting Module to improve under-reporting the four reportable sub-categories. *(the four reportable sub- categories for the members on BTP Death, Emergency Hospitalizations – including Emergency Medical Treatment; and Use of Physical Management).*

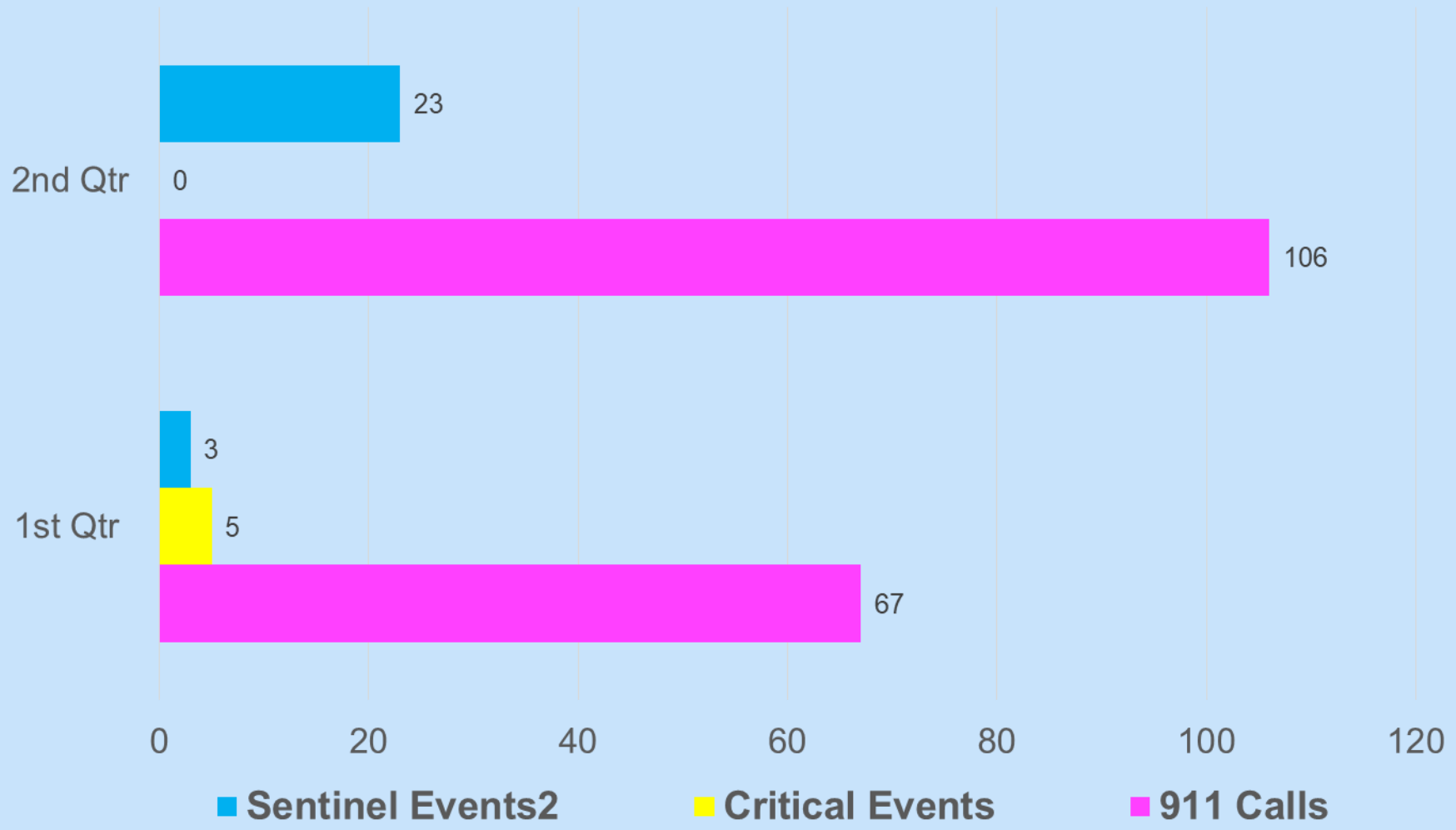


Total Behavior Treatment Plans Reviewed



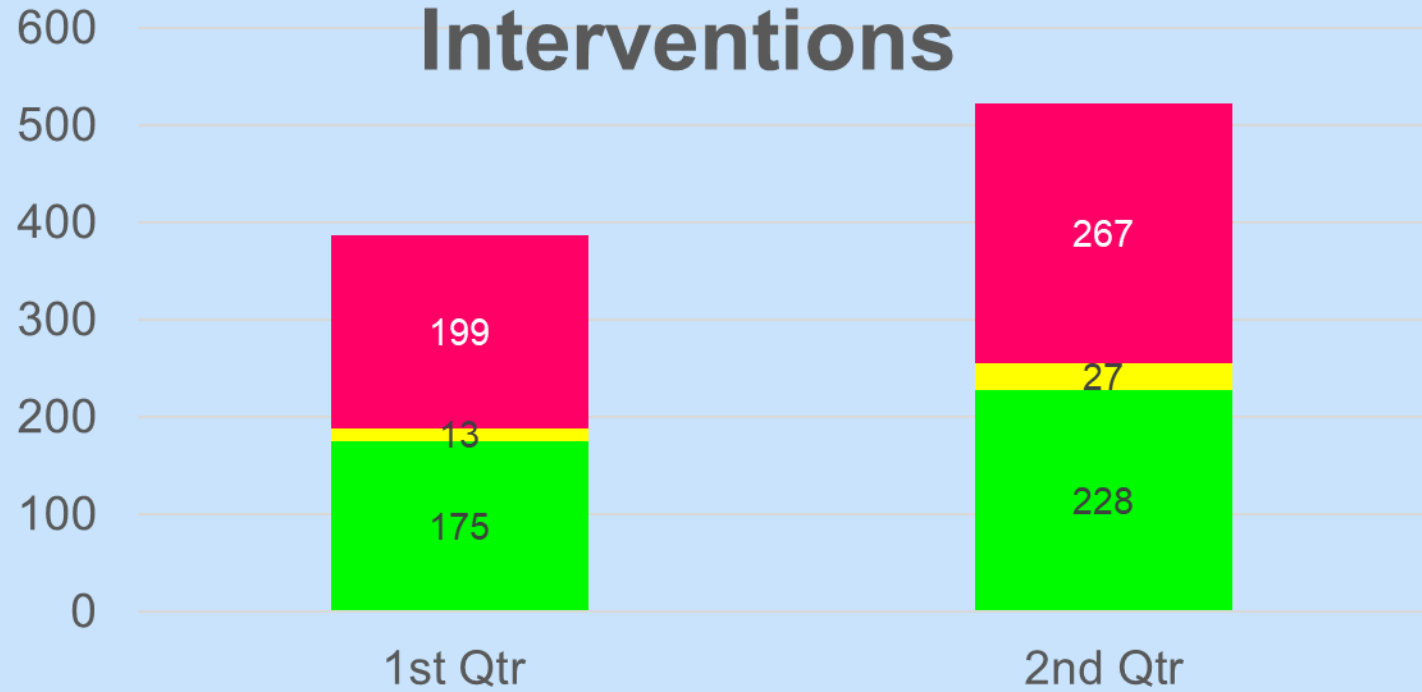


Reported 911 Calls and Critical/Sentinel Events



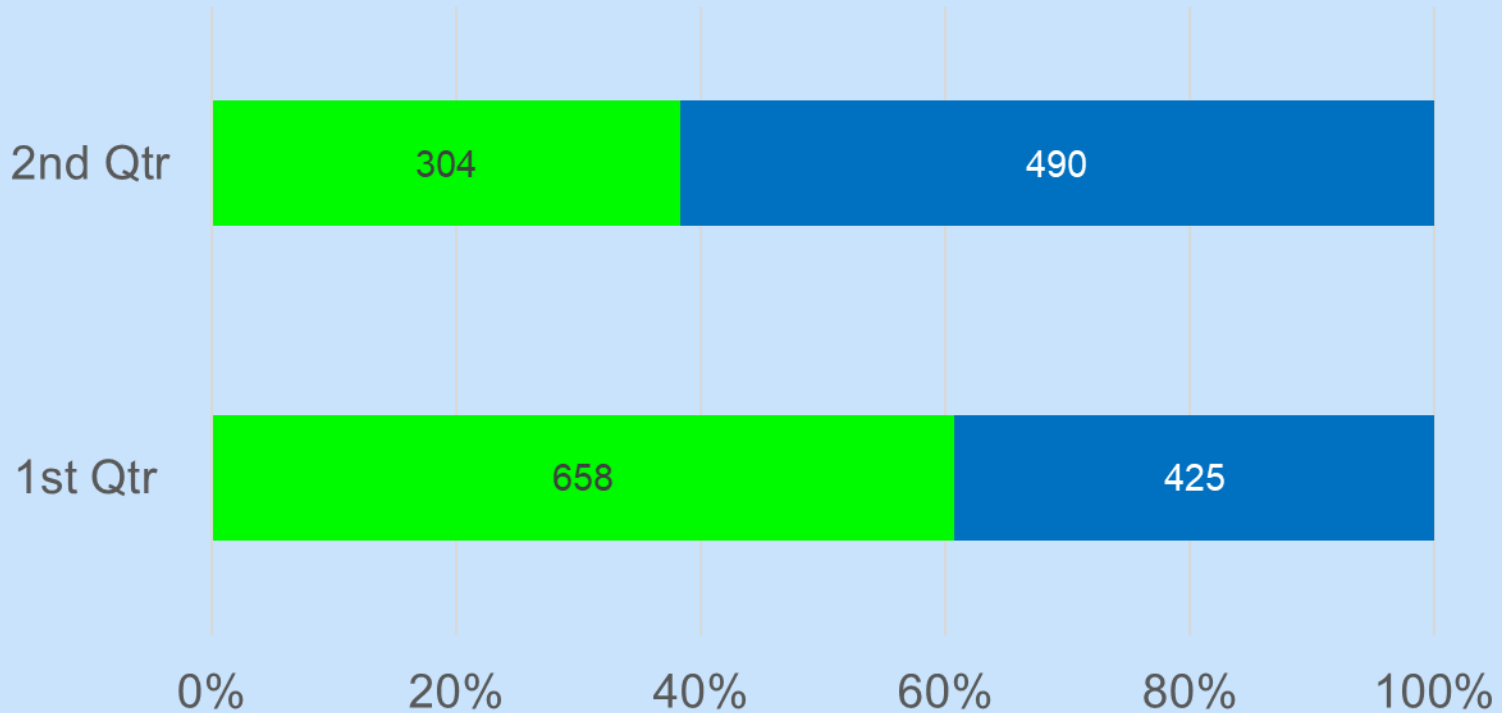


Restrictive and Intrusive Interventions



■ Restrictive ■ Intrusive ■ Positive Behavior Support

Use of Medication



■ Anti-Psychotic ■ Other-Psychotropic



RECOMMENDATIONS

- ❖ IPOS and Behavior Treatment Plans are specific, measurable, and are updated and revised per the policy/procedural guidelines;
- ❖ Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at PIHP level and regular consultations;
- ❖ Revisions in the Behavior Treatment section of the Case Record Review Tool/Policy;
- ❖ Each CRSP ensures the service site has member's IPOS and ancillary plans, before the delivery of services;



RECOMMENDATIONS

- ❖ Crisis Prevention Intervention (CPI) training is recommended to help reduce the high utilization of emergency department (ED) visits;
- ❖ Adherence to MDHHS requirements to document Behavior Treatment Plan Review;
- ❖ In-service training is provided by the appropriately licensed and credentialed clinician;
- ❖ Improve the under-reporting of the required data of Behavior Treatment beneficiaries. *(The four reportable sub-categories for the members on BTP Death, Emergency Hospitalizations – including Emergency Medical Treatment; and Use of Physical Management).*



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Your Link to Holistic Healthcare

