



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, February 24, 2021

Via Blue Jean Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|---|-----------------------|
| I. | Announcements | A. Siebert/T. Greason |
| II. | SUD Updates | K. Thomas |
| III. | NCQA Updates | G. Parker |
| IV. | DWIHN MCO Policies Review: <ul style="list-style-type: none">a. Credentialing Verification CVO Responsibilitiesb. Organizational Credentialing Recredentialing Procedure | R. Pope-King |
| V. | FY21 Case Record Review Tool | D. Dobija |
| VI. | Critical and Sentinel Review Processing | C. Spight-Mackey |
| VII. | Mission Based Performance Indicator <ul style="list-style-type: none">• March 3rd, 2021 | J. Zeller |
| VIII. | Provider Feedback | T. Greason |
| IX. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, February 24, 2021

Via **Blue Jean Platform**

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements – April Siebert & 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 and Tania Greason informed the workgroup of the following updates:</p> <ul style="list-style-type: none"> • Mr. Willie Brooks, CEO of DWIHN contract was not renewed, his last day as CEO will be February 26th, 2021. • Judy Davis has been appointed as the Interim Director of DWIHN’s SUD unit. • DWIHN is offering an additional tool to help our members and stakeholders with their mental wellness. The “Mental Health Check-Up” is on our website and is an anonymous, free assessment tool that anyone can take which will review your mental health and connect you to resources and assistance if needed. • DWIHN continues to provide updates regarding Covid-19 on our website for providers and members. 		
Action Items	Assigned To	Deadline
None Required		



2) Item: SUD Updates – Karra Thomas

Goal: Update for SUD Program

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>Karra Thomas informed the workgroup of the following updates for the SUD Program:</p> <ul style="list-style-type: none"> • Naloxone program has saved over 710 lives since the pilot has begun on December 31, 2020. • The 5th Annual Opium and Heroin Summit was held on November 12-13, 2020. • The SUD providers continue to hold virtual meetings throughout the communities. • Narcan trainings are available virtually and providers can complete trainings using the SUD mobile units. • SUD emergency grant 1st quarter October – December 2020 there were a total of 2,245 Covid-19 tests completed with 86 members testing positive in the treatment facilities and prevention programs there were a total of zero (0) reported deaths. • Communicable disease updates include the total number of members who received HIV testing 16. DWIHN’s SUD unit continue to distribute condoms throughout the metro-Detroit communities. • Effective, December 2020 there was a 2.4-million-dollar block grant cut in SUD treatment services. • DWIHN SUD Mobile Unit grant began on January 18, 2020. 		
Action Items	Assigned To	Deadline
None Required.		



3) Item: NCQA Update – April Siebert

Goal: Review progress of NCQA Re-Accreditation

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 shared with the workgroup that DWIHN is in the process of crossing the finish line with the NCQA submission uploads for our recertification review. Required documentation has been submitted to NCQA on February 17th, 2021. The week of March 10th, 2021, NCQA will provide DWIHN with the opportunity to answer and review questions that were identified by NCQA during the initial review. The next step consists of NCQA’s virtual file review which will begin on began on April 5th – 6th, 2021. The virtual review will consist of viewing documents and files from Utilization Management, Appeals, Complex Case Management and Credentialing.</p>		
Action Items	Assigned To	Deadline
None Required.		



**4a) Item: DWIHN MCO Policies Review – Ricky Pope-King
Credentialing Verification CVO Responsibilities**

Goal: Review of the Credentialing Verification Review Policy.

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>Ricardo Pope-King provided an overview of <i>DWIHN's Credentialing Verification CVO Responsibilities Policy</i>. To purpose of the policy is to provide guidelines for Detroit Wayne Integrated Health Network (DWIHN) contracted Credentialing Verification Organizations.</p> <p>DWIHN has contracted with the CVO Medversant Technology LLC. DWIHN PHIP and CMHSP contract mandates that DWIHN has an adequate and trained workforce and provider's organizations can provide a wide range of services through credentialing. The contracted Credentialing Verification Organization (CVO) must provide primary source verification (PSV) of the Credentialing Applications received from DWIHN's direct contractors/providers and their practitioners that are required to be credentialed according to the DWIHN Credentialing/Recredentialing Policy.</p> <p>Additional CVO responsibilities include the following:</p> <ul style="list-style-type: none"> • CVO will complete the PSV within 60 calendar days of receipt of a clean credentialing application. • CVO will verify of the credentials for all DWIHN employees that provide consumer screening, access services and utilization management decisions. • Once a credentialing decision is made by the Credentialing Committee and approved by the Medical Director or their designee, the CVO generates the notification of the credentialing status to the direct contractor or practitioners within 60 days of the decision. • CVO notifies direct contractors and practitioners of the upcoming expiration of their credentials 90 before the expiration and provides a link to the Recredentialing Application. • CVO notifies direct contractors and practitioners of incomplete files and date of pending termination of the application process. • CVO provides reports to the DWIHN on the status of credentialing activities and files each month. Direct contractors can view the progress of the organization and practitioner applications. • CVO will meet with DWIHN staff weekly to address any credentialing issues and concerns. • The responsibilities of a CVO are once the provider get a completed application with all the supporting documents MCO will verify those items and MCO train the providers how to complete their application every other week. 		



<ul style="list-style-type: none"> • The assigned providers will complete the organization application and upload current presentations, documents, licenses, evidence of Medicaid and Medicare enrollment, CHAMP enrollment, MPI number and evidence of the provider’s insurance and use DWIHN correct address and listed workers compensation insurance and verify they are enrolled in the system for award management or any exclusion. For services that are enrolled by MDHHS and providers must submit evidence of enrollment with applications from microsite. • MCO training a link will be sent to the provider designed individuals and they have five days to complete the application and submit the documents to Medversant, they use LARA , Macbeth and SUD to verify all license and certifications and provider’s clinicians must submit the appropriate documentation for CEU’s. • DWIHN responsibilities include the following: <ul style="list-style-type: none"> ○ DWIHN staff will monitor 100% of unclean files and validate 10% of clean files verified by the CVO. ○ DWIHN Credentialing Unit maintains a current database/master list of all practitioners working in credentialed organizations (this includes Child Mental Health Professional pre-admission reviewers, autism professionals), including licensures/certifications/registration numbers and expiration dates. 		
Action Items	Assigned To	Deadline
None Required		



4b) Item: DWIHN MCO Policies Review - Organizational Credentialing Recredentialing Procedure – R. Pope-King

Goal: Review of MCO Policy Organizational Credentialing and Recredentialing Procedure

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>Ricardo Pope-King provided an overview of the Organizational Credentialing and Recredentialing Procedure. The purpose of this procedure is to provide guidelines for credentialing and re-credentialing organizations (potential providers) prior to contracting with DWIHN. DWIHN’s credential all providers wishing to provide behavioral and/or substance use disorder treatment to DWIHN enrolled members. This includes behavioral health care facilities in the following settings: Inpatient. Residential and Outpatient. process. Organizations contact DWIHN Credentialing Unit to begin the credentialing/recredentialing process. If providers want to add a new locations or services contact the credentialing unit via email PIHPcredentialin@dwihn.org. After your organization contacts MCO you will receive documents for completion. All credentialing and recredentialing documentation must be retained for each credentialed provider and include the following: Initial credentialing and all subsequent recredentialing applications; Information gained through the primary source verification; any other pertinent information used in determining whether or not the provider met credentialing or recredentialing standards and records shall be maintained as documented in DWIHN’s Record Retention Policy. If you need additional information contact Ricky at via email r1kings@dwihn.org. Both the Credentialing Verification CVO Responsibilities and Organizational Credentialing Recredentialing Procedure policies are posted on DWIHN’s Policy website.</p>		
Action Items	Assigned To	Deadline
None Required		



5) Item: FY 2021 Case Record Review Tool- Danelle Dobija

Goal: Review of 2021 Clinical Case Record Review Tool

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>Danielle Dobija provided an overview of the FY 2021 case record tool revisions. DWIHN has developed a Case Record Review Tool Workgroup. The purpose of the workgroup is to update the monitoring tool for use in FY 2020-2021. Areas that were included in the updates include ensuring standards/questions in the tool are in line with regulatory requirements and also to eliminate redundancies and look for continuity and consistency of language within the audit tools. The workgroup included DWIHN Quality Improvement personnel and Provider Quality personnel:</p> <ul style="list-style-type: none"> • Lincoln Behavioral Services • Starfish Family Services • The Guidance Center <p>All the updates were driven by the Federal and State regulation requirements, revisions were made in the following areas:</p> <ul style="list-style-type: none"> • Verbal consent in place of signatures • General documentation sections • Assessment Section • Implemented person centered planning • Plan of Services Documentation section • Coordination of Care • Target case management/Support coordination • Medication/Psychiatric • Use of Restrictive and/or Intrusive intervention BTPRC requirement • Home Base (new section) • Wraparound Fidelity Standards • Autism Spectrum Disorder Program Requirements 		



<p>There were no noted changes to the following sections:</p> <ul style="list-style-type: none"> • Habilitation Supports Waiver • Assertive Community Treatment (ACT) • Intensive Crisis Stabilization Services • Crisis Residential Services <p>For additional information please review QI power point presentation “Quarterly Case Record Review Tool FY 2020/21”.</p>		
Action Items	Assigned To	Deadline
<p>Danielle Dobija will provide the workgroup with a word document with the questions on tools, allowing for the workgroup to review the tool. The tool will also be in MH-WIN and available for use after final approval. Tania will send out a copy of this power point out to the group today 2/24/2021</p>	<p>Danielle Dobija Tania Greason</p>	<p>March 1, 2021</p>



6) Item: Critical and Sentinel Review Processing - Carla Spight-Mackey and Sinitra Applewhite

Goal: Review of CE/SE Reporting

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 # ___

<Notes on discussion>

Discussion/Decisions Made	Assigned To	Deadline
<p>Carla Spight-Mackey and Sinitra Applewhite informed the workgroup of the following updates:</p> <ul style="list-style-type: none"> • Critical event trainings are scheduled on Thursday’s March, 18, April 15, and May 20, 2021, managers and supervisor must register staff members. Providers are to submit staff names and credentials with staff’s MH-WIN ID number via email to cmackey@dwihn.org for registration. . CRSP staff who enter critical/sentinel events must have the appropriate credentials to review the scope of the service and complete the CE/SE entries. • Behavior Treatment & Administrative Category: The administrative category name has been changed from other to administrative. Behavior treatment was <u>added</u> to collect the documentation due to the providers inability and underreporting of critical/sentinel events for members who have behavior treatment plans. This current update allows for reporting of psychiatric hospitalizations, behavior stabilization, 911 calls and monitoring of the use of Behavior Treatment Plans. • ICO’s (MI Health Link) reporting: This additional area of reporting is captured for ICO monitoring of CE/SE . Reportable categories are captured in the sub-categories of the administrative review. DWIHN reports to the ICO’s five (5) reportable areas that are required by MDHHS. The state is requiring ICO’s to report the data in which DWIHN’s collects from the assigned providers. • Policy -procedural changes forthcoming: After approval, the updated policy and procedures for Critical/Sentinel and Death Reporting Events will be reviewed with the workgroup and posted on DWIHN’s website. • Death reporting process: DWIHN will no longer utilize the paper process for the Reporting of Report of Recipient Deaths (RORD). The RORD is now electronic in MH-WIN and is located in the demographic section of the member’s records “<i>report of death DWIHN version</i>”. Providers are <u>not</u> to fax or upload the RORD paper forms through the CE/SE reporting module. • Data Pull Feature: The CRSP’s now have the ability to generate their CE/SE data through the MH-WIN module. Please forward two (2) representatives that will be responsible for generating the data to the attention of Carla Spight-Mackey. The two (2) staff identified are required as the 		



<p>staff that will generate and review each organizations CE/SE data. It is imperative that each organization ensures monitoring and are HIPAA compliant with sharing information to staff that are identified as “need to know” personnel only.</p> <p>All CRSP are responsible for utilizing the peer review process. Providers must review cases with staff that have appropriate credentials to review the standard of care and the required scope of service with noted minutes documenting the peer review cases.</p>		
Action Items	Assigned To	Deadline
CRSP to submit two (2) staff that will be responsible for generating and reviewing CE/SE data and reports.	Clinically Responsible Providers	March 30, 2021



7) Item: Michigan Mission Based Performance Indicator- Justin Zeller

Goal: Review of MMPBI Data and Provider Indicator Workgroup

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		
The next performance indicator workgroup meeting will be held on March 3, 2021 from 1:30 pm – 3:00 pm. The workgroup will be discussing and reviewing the criteria for the 30 day follow-up appointment with a Mental Health Professional. Justin Zeller informed the workgroup that Q4 PI#10 data Plans of Corrections and due by the end of the day on Friday February 25 th , 2021, all plans are to be submitted through MH-WIN secure email. The workgroup will also review Q1 PI # 2a, DWIHN currently has the lower scores for this indicator. Effective with Q3, the PIHP's are not allowed to include "exceptions" for PI # 2a, 2e and 3, MDHHS has not set a benchmark for the aforementioned indicators.		
Action Items	Assigned To	Deadline
Providers to review data for PI #10, 2a,2b,2e and 3 for review and discussion at the next scheduled Provider Performance Indicator Workgroup.	Providers/QI Team	March 3, 2021

Provider Questions/Comments

Providers from NSO and ACC discussed identified questions with DWIHN's Access Center. To date, there has been questions with members and guardians making multiple attempts for screening and services. Tania Greason informed the workgroup that DWIHN's Access Center is reviewing all required information and has begun to review and answer provider concerns and or questions. Tania will forward the workgroup's concerns to Ms. Miriam Bielski is DWIHN's Access Center Director and recommend that Ms. Bielski present at the QOTAW workgroup meeting scheduled for March 2021. Tania also asked the group to send her detailed email's describing their identified questions with the Assess Center, all questions will be forwarded to Miriam Bielski for review and appropriate follow-up.

NEXT MEETING: Wednesday, March 24, 2021 [via Blue Jean Platform](#)

ADJOURNMENT: 12:05 p.m.

ah_03.08.2021

Quarterly Case Record Review Tool

FY 2020 – 2021



Quarterly Case Record Review Tool FY 2020 - 2021

Agenda:

- Identify revisions to the Quarterly Case Record Review tool for FY 2020 – 2021
 - Revisions, additions, and deletions

Quarterly Case Record Review Tool FY 2020 - 2021

Case Record Review Tool Workgroup

- DWIHN Quality personnel
- Provider Quality personnel
 - Lincoln Behavioral Services
 - Starfish Family Services
 - The Guidance Center

Thank You!

Quarterly Case Record Review Tool FY 2020 - 2021

Purpose of Workgroup

- Update monitoring tool for use in FY 2020 – 2021
- Ensure standards / questions in the tool are in line with regulatory requirements
- Eliminate redundancies
- Look for continuity / consistency of language in the tool

Note: Following the MDHHS 1915(c) Waiver Review there were some additional changes made to the case record review tool after the workgroup concluded.

Quarterly Case Record Review Tool

FY 2020 - 2021

- Driven by Federal and State regulations;
 - Code of Federal Regulations
 - Mental Health Code
 - Medicaid Provider Manual
 - MDHHS Policies / Technical Requirements
 - DWIHN Policies & Procedures

Quarterly Case Record Review Tool FY 2020 - 2021

Verbal Consent in place of Signatures

Scoring Guidelines:

For all standards requiring a dated signature, documentation of verbal consent will be accepted for documents dated 3/20/2020 and later.

- Source: MDHHS Memo Subject: Accept Verbal Consent for Services, 3/20/2020 & DWIHN Memo RE: Telehealth – IPOS Signatures, 10/28/2020

Quarterly Case Record Review Tool

FY 2020 - 2021

Verbal Consent in place of Signatures

- Source: MDHHS Memo Subject: Accept Verbal Consent for Services, 3/20/2020 & DWIHN Memo RE: Telehealth – IPOS Signatures, 10/28/2020
- Effective 3/20/2020, written consent requirements were temporarily suspended. Verbal consent shall be documented in the Electronic Health Record (EHR) including who provided the verbal consent. It is expected that a written consent will be obtained at the next in-person appointment. All attempts to obtain written consent should be documented in the member's record.

General Documentation Section

#1.

Added to Reference section: “For Medicaid beneficiaries, the member is required to be informed that their ability to pay is zero and obtain the signature of the member / legal representative.”

General Documentation Section

#4.

Added to Reference section: the location of the Member Handbook on the DWIHN website:

- Member tab,
- Member Engagement/Advocacy,
- Member Handbook

General Documentation Section

#5.

Revised the Reference section: “Please Note: The documentation must be a legal copy of the guardianship document and not a printout from an internet site. Websites such as court view do not identify which powers were assigned by the court.”

General Documentation Section

#7. (revised)

Self-Directed Services (formerly Self-Determination for adults & Choice Voucher for minors in the Serious Emotional Disturbance Waiver* and the Children's Waiver Program) was explained and offered to the individual and or legal representative. Applies to all adult populations and minors in the SEDW & CWP.

General Documentation Section

#7. Added to reference section

Self-Directed Services (formerly Self-Determination for adults & Choice Voucher for minors in the Serious Emotional Disturbance Waiver* and the Children's Waiver Program) was explained and offered to the individual and or legal representative. Applies to all adult populations and minors in the SEDW & CWP.

Reference*For children in the SEDW, if the minor is in the child welfare system (court wards) the child is ineligible for the Self-directed services and the standard should be scored "N/A"

General Documentation Section

#9. (revised)

- Changed “21 and under” to “. . under 21”

General Documentation Section

#10.

Added to Reference section: “Evidence needs to include a dated signature acknowledging receipt of Recipient Rights information / the “Your Rights When Receiving Mental Health Services in Michigan” handbook. This meets the MDHHS Habilitative Supports Waiver requirement that the member / legal representative be provided information / education on how to report abuse / neglect / exploitation and other critical incidents.”

Assessment Section

#3. Added PHQ-A Requirement (effective 2/01/2019)

Adults with a serious mental illness (SMI) and/or substance use disorder (SUD), or adolescents (age 11 - 17) with serious emotional disturbance (SED), had a Patient Health Questionnaire (PHQ-9 for adults, PHQ-A for adolescents) completed at intake.

Assessment Section

#4. Added PHQ-A Requirement

Adults / Adolescents (ages 11 – 17) with a positive PHQ-9 / PHQ-A screen, defined as a score of 10 or greater, have a follow up screen within three (3) months.

Implementation of Person-Centered Planning

#3.

Add to Reference section: “This may be found in the IBPS, Case Management assessment or other assessment as part of the PCP process.”

Implementation of Person-Centered Planning

#4.

Add to Reference section: “Incorporation of natural supports may be located in the Pre-Plan and or the IPOS.”

Implementation of Person-Centered Planning

#7.

Add to Reference section: “Note: For Habilitation Waiver beneficiaries, the PCP process should include non-congregate community activities and or identify barriers with plans to overcome barriers to non-congregate community activities.”

Plan of Service and Documentation Requirements Section

#2.

Add to Reference section: “SMART stands for Specific, Measurable, Achievable, Relevant, and Time-bound.”

Plan of Service and Documentation Requirements Section

#3. Revised

Specific services, supports and treatment identified in the plan of service, include the *specific* amount, scope, and duration of services (*no ranges*).

Reference

Amount, Scope, and Duration needs to be included with the goal / objective/ interventions; authorizations and / or explanation of benefits and estimated/prospective cost of services alone is insufficient.

Plan of Service and Documentation Requirements Section

#4.

Add to Reference section: Located in the “Supports for Well-Being and Safety” section of the IPOS

Plan of Service and Documentation Requirements Section

#8.

Added to Reference section: “Note: Evidence of providing a copy of the IPOS may be found in the EMR rather than documented in the IPOS.

Scoring guidance: look for evidence of documented efforts to provide a copy of the IPOS to the individual / legal representative.

Plan of Service and Documentation Requirements Section

#9. (revised in bold)

There is evidence in the record that services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency as specified in the service plan. **Note: Do not score the delivery of case management / supports coordination services here.**

Reference:

Note: The delivery of case management / supports coordination services needs to be scored in the case management / supports coordination section.

Plan of Service and Documentation Requirements Section

#13. NEW!

Yes / No Question, **No Points given**

Does the record / IPOS document the use of restrictive and or intrusive interventions, including protective devices. If the answer is "Yes", then the "Use of Restrictive and / or Intrusive Interventions / BTPRC" section **MUST** be completed.

Plan of Service and Documentation Requirements Section

#13. NEW!

Yes / No Question, No Points given

Does the record / IPOS document the use of restrictive and or intrusive interventions, including protective devices. If the answer is "Yes", then the "Use of Restrictive and / or Intrusive Interventions / BTPRC" section MUST be completed.

Reference

"Protective device" means a device or physical barrier to prevent the member from causing serious self-injury associated with documented and frequent incidents of the behavior. Examples include helmets, bedrails, and wheelchair seat belts / restraint straps / safety harness. Any device or equipment that restricts movement or access to the environment must be monitored.

Plan of Service and Documentation Requirements Section

#13. NEW!

Yes / No Question, No Points given

Does the record / IPOS document the use of restrictive and or intrusive interventions, including protective devices. If the answer is "Yes", then the "Use of Restrictive and / or Intrusive Interventions / BTPRC" section MUST be completed.

The purpose of this question is to alert the reviewer to review the record for restrictive interventions that *may* require BTPRC approval; then audit the record for compliance with BTPRC technical requirements.

Coordination of Care

#1, 3, and 5

Edited (in bold) the reference section to:

“A signed consent to release / request information is insufficient. Evidence can include **the document disclosure log (for PCE users)**, proof of faxing, or progress notes documenting the US Post mailing or faxing of consent forms.”

Coordination of Care

#7. New!

There is evidence of the member receiving a follow up appointment with a Mental Health Practitioner within 30 days of discharge from an inpatient hospitalization.

Targeted Case Management / Supports Coordination

#4. New!

There is evidence that Case Management/Supports Coordination services are provided as prescribed in the IPOS.

Medication/Psychiatric

#7. New!

Yes / No Question, **No Points given**

For individuals prescribed medication that is not the standard treatment for their condition or is outside the standard dosage range, the record includes a documented rationale for the medications prescribed.

Medication/Psychiatric

#7. New!

For individuals prescribed medication that is outside the standard dosage range for their diagnosed condition, or to treat a diagnosed condition that is not the standard treatment, is the prescribed medication used to manage or control behaviors? If the answer is “Yes”, then the “Use of Restrictive and / or Intrusive Interventions / BTPRC” section MUST be completed.

The purpose of this question is to alert the reviewer to review the record for prescribed medications that may require BTPRC approval; then audit the record for compliance with BTPRC technical requirements.

Medication/Psychiatric

#7. New!

For individuals prescribed medication that is not the standard treatment for their condition or is outside the standard dosage range, the record includes a documented rationale for the medications prescribed.

Reference

Absent documented rationale by the treating psychiatrist for the medications prescribed, there is the assumption that medications are being prescribed for behavior mgt/control, which would require BTPRC oversight.

Medication/Psychiatric

#7. New!

Scoring guidelines

Only score “Yes” if the record clearly documents the rationale for the prescribed medication and that it is being prescribed to treat the individual’s diagnosis and not control or manage behaviors.

Score “No” if the record lacks a documented rationale by the treating psychiatrist. The “Use of Restrictive and / or Intrusive Interventions / BTPRC” section MUST be completed (starting with question # 5).

Score “N/A” if the prescribed medication is within the standard dosage and is standard treatment for the diagnoses condition.

Use of Restrictive and or Intrusive Interventions / BTPRC

Revised with several new questions.

Purpose of revisions to improve auditing activities to ensure compliance with BTPRC requirements.

Use of Restrictive and or Intrusive Interventions / BTPRC

#1. New!

For members residing in a residence where there are restrictions / limitations in place for another individual receiving services in the same setting, there is evidence in the record that the member who does not need limitation has been given an accommodation to ensure full access, other housing options, and chooses to continue receiving services in that setting with the limitation in place.

Use of Restrictive and or Intrusive Interventions / BTPRC

#2. New!

If the restrictive or intrusive intervention(s), including protective devices, is required for a medical reason and is used to assist the individual with functioning independently and or to prevent injury related to involuntary movement such as seizures or spasticity, there is evidence of a current assessment clearly documenting the medical condition.

See scoring instructions below (next slide).

Use of Restrictive and or Intrusive Interventions / BTPRC

#2. New!

Scoring Instructions

“N/A” if there is evidence of BTPRC review of the restrictive or intrusive intervention(s) in the record.

“Met” if the record clearly identifies a qualifying medical condition for the use of the intervention / protective device.

“Not Met” if the record does not provide a clearly identified qualifying medical condition for the use of the restrictive or intrusive intervention(s) and there is no evidence of BTPRC review.

Use of Restrictive and or Intrusive Interventions / BTPRC

#2. New!

Scoring Instructions

The assessment must clearly document the individual's medical condition and the purpose of the restrictive or intrusive intervention(s) or protective device in language more specific than “health and safety” (i.e., why does the individual require the intervention; what is the specific health condition/safety concern).

Use of Restrictive and or Intrusive Interventions / BTPRC

#3. New!

If the restrictive or intrusive intervention(s) or protective devices is assessed to be required for a clearly identified medical condition, there is evidence of a current physician, OT, or PT order for their use.

Use of Restrictive and or Intrusive Interventions / BTPRC

#4. New!

If the restrictive or intrusive intervention(s) assessed to be required for a clearly identified medical condition, there is evidence of consent for their use and documented safety measures to prevent injury or death.

Use of Restrictive and or Intrusive Interventions / BTPRC

#5. Revised

If the restrictive or intrusive intervention(s), including prescribed medication, is needed to address (control or manage) seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at imminent risk of physical harm, there is evidence of a functional behavior assessment prior to the development of the Behavior Treatment Plan.

Use of Restrictive and or Intrusive Interventions / BTPRC

#5.

If the restrictive or intrusive intervention(s), including prescribed medication, is needed to address (control or manage) seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at imminent risk of physical harm, there is evidence of a functional behavior assessment prior to the development of the Behavior Treatment Plan.

Consultative Note:

For the prescription of medications to manage / control behaviors, utilize the emergent BTPRC process, if necessary.

Use of Restrictive and or Intrusive Interventions / BTPRC

#6 - 12.

The remaining BTPRC section of the tool remains the same.

Case Record Review Tool

No changes to the following sections:

Habilitation Supports Waiver

Assertive Community Treatment (ACT)

Intensive Crisis Stabilization Services

Crisis Residential Services

Home Based

#2. New!

Services provided by home-based service assistants / paraprofessionals must be clearly identified in the Family-Centered IPOS.

Wraparound Fidelity Standards

#8. (removed)

#14. (removed)

Removing Community Care teams from standards; these two questions removed

Wraparound Fidelity Standards

#21.

Removed last sentence (The transition plan was approved by the Community Team.)

Autism Spectrum Disorder Program Requirements

Revised!

The case record review tool now only includes standards for providers who provide Supports Coordination **only** for beneficiaries receiving the Autism Benefit.

Providers of ABA services will be audited with a separate ABA tool.

Quarterly Case Record Review Tool FY 2020 - 2021

Questions?



Thank you!

Quarterly Case Record Review Tool

FY 2020 - 2021

DWIHN Quality Improvement

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