



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, February 23, 2022

[Via Zoom Link Platform](#)

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|---|---|
| I. | Announcements | April Siebert |
| II. | SUD Updates | Gregory Lindsey |
| III. | NCI Survey Updates | Margert Keyes-Howard |
| IV. | MDHHS Waiver Full Site Audit Review (March 14 – April 22, 2022) | Starlit Smith & QI Performance Monitor Team |
| V. | Overview of QI Monitoring Self Review Findings | Sabrina Bergman |
| VI. | Michigan Mission Based Performance Indicator Quarter 1 <ul style="list-style-type: none">• Quarter 1 Due to MDHHS on 3.30.2022 (Exceptions for 4a and 4b)• Quarters 1-4 Analysis | Justin Zeller & Tania Greason |
| VII. | PI# 2a Update Best Practice (Provider Discussion) | Tania Greason |
| VIII. | Critical and Sentinel Event Processing Update | Carla Spight-Mackey & Sinitra Applewhite |
| IX. | Provider Feedback | Group |
| X. | Adjournment | |



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9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements – April Siebert, QI Director

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		
April Siebert informed the workgroup that DWIHN will host two (2) informational meetings next month. The ABA provider meeting will be held on Monday February 28, 2022 from 1pm – 2:30 pm and CRSP meeting will be held on Monday March 7, 2022 at 11 am via zoom link.		
Action Items	Assigned To	Deadline
None Required.		



2) Item: SUD Updates – Gregory Lindsey

Goal: SUD Provider Updates

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		
Gregory Lindsey provided the following SUD Provider Updates: <ul style="list-style-type: none"> SUD providers are able to submit applications for renewal, new level of care, and new provider information to the SUD Unit. SUD gambling conference will be held on March 3 and 4, 2022. 		
Action Items	Assigned To	Deadline
None Required.		

3) Item: NCI Survey Updates – Margaret Keyes-Howard, CS

Goal: NCI Survey Update

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		
Margaret Keyes-Howard informed the workgroup that DWIHN NCI Survey information submitted to MDHHS has been received and noted as positive. CS continues to work with MDHHS for securely submitting and transmitting the required paperwork to MDHHS. CS has reduced the number of staff making copies of the NCI survey and the survey interviews will begin in April 2022 both in person and virtual. DWIHN is in collaboration with Wayne State University Development Disability Institute (DDI) for conducting the NCI survey.		
Action Items	Assigned To	Deadline
CS, Margaret Keyes-Howard will continue to update the workgroup with final results and findings which are expected to be complete by spring/summer of 2022.	CS (Margaret Keyes-Howard)	July 2022



4) Item: MDHHS Waiver Full Site Audit Review (March 14 – April 22, 2022) – Starlit Smith, QI Administrator

Goal: Review and update of the MDHHS Waiver Review

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>The MDHHS Waiver full site audit review will be held on March 14 – April 22, 2022. DWIHN’s QI staff is working with providers for gathering and uploading required documents for the audit. QI staff will identify any barriers with receiving required information and share the audit review findings with the selected providers. Also, QI will be requesting information from selected providers, if providers have any issues on concerns, please contact the QI Performance Monitors’ Danelle, Sara and Dayna.</p>		
Action Items	Assigned To	Deadline
<p>DWIHN’s QI staff will continue to update the workgroup with progress and final result findings from the MDHHS Waiver Full Site Review Audit.</p>	QI Staff	July 2022



5) Item: Overview of QI Monitoring Self Review Findings - Sabrina Bergman, QI Clinical Specialist

Goal: Review QI Self-Monitoring Results for FY 2021

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>Sabrina Bergman discussed with the workgroup that the QI monitoring team has analyzed the providers self-reviews for FY2021. There was a total of 274 Staff Record Reviews with an overall compliance score of 93% and a total of 735 Case Records (CRSP) reviews for a compliance score of 93%.</p> <p>Sabrina noted that overall, providers self-reviews are scoring similarly to DWIHN-led reviews with assessments completed timely. Providers have adapted and overcame many barriers in FY21 to ensure members continued to receive services. Please review Power Point “CRSP provider monitoring” on highlighted items below:</p> <ul style="list-style-type: none"> • CRSP Provider Self Reviews • CRSP Provider Monitoring • DWIHN Case Record Reviews FY 2021 • Trends area of improvement 		
Action Items	Assigned To	Deadline
<p>Providers Concerns:</p> <ul style="list-style-type: none"> • The health screening blood pressure requirement is not accommodating to the remote services being provided, members are not able to perform their own blood pressure screenings. • The provider notices some inconsistencies between DWIHN policy and what the tool indicates in the DWIHN Handbook, the policy says the handbook needed to be given initially but the audit tool says to provide annually and DWIHN will review the audit tool and the policy for consistency • The treatment plans DWIHN rolled out removed the ability for the providers to document in the plan that consumer received a copy of their IPOS within 15 days and the only way to do that is through a process note. <p>QI: DWIHN recognizes that remote BP screening causes barriers, however the providers can note when the last time members had a physical. DWIHN will review the policy and procedures and to make certain the audit tools are aligned as required. DWIHN will review the treatment plan for the 15 day receipt requirement.</p>	QI Monitoring Team	May, 2022



6) Item: Michigan Mission Based Performance Indicator Quarter 1 – Justin Zeller, Clinical Specialist QI

- Quarter 1 Due to MDHHS on March 30, 2022 (Exceptions for 4a and 4b)
- Quarters 1-4 FY2021 Analysis

Goal: Review of MMBPI Reporting Data for Q1 FY 2021

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		
Justin Zeller provided an overview of DWIHN’s PIHP Performance Indicator data for FY 2021 which outlines performance indicators PI #1, # 2a, #3, #4a, #4b, and #10. For additional information please review power point presentation “DWIHN Performance Indicators 2021PIHP” for scores, charts on data percentage for FY 2021 and this presentation will also be forwarded to providers.		
Action Items	Assigned To	Deadline
Provider Concerns: <ul style="list-style-type: none"> • In the future can QI provide the PI actual numbers so when the providers are reviewing their reports they can review percentages and trends for their individual organizations. QI is working with IT to implement the new CRSP risk matrix and the section where the provider individual rates and percentages of number of events will be calculated. The date for completion has not been determined. Information will be shared with the workgroup for progress and completion.	DWIHN IT Unit	TBD



7) Item: PI# 2a Update Best Practice (Provider Discussion) – Tania Greason, QI Network Administrator

Goal: Review and update for PI# 2a (Access/1st Request Timeliness)

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 informed the workgroup of updates 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> Updates for PI # 2a will be on the QOTAW agenda each month. Providers were instructed to continue and review their PI #2a data trends and barriers through the MMBPI “View Only” Module. During Q4 of FY 2021 the average for PI# 2 within the state was noted at 60.8% . DWIHN Q4 compliance score for Q4 was 44%. Q1 preliminary compliance score is noted at 52.1%.</p>		
Action Item	Assigned To	Deadline
<p>Provider question: For the initial biopsychosocial (IBPS) screening if a member is in MI Health Link does this have to be completed by a LMSW?</p> <p>QI: Yes, currently a LMSW is required to complete the initial IBPS. However, DWIHN is in the process of reviewing this information with our CCO and will provide an update to this workgroup as made available.</p>	CPI and CCO	TBD



8) Item: Critical and Sentinel Event Processing Update - Carla Spight-Mackey & Sinitra Applewhite

Goal: Review of CE/SE Processing

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 and Sinitra Applewhite reminded the workgroup of the following for completing CE/SE's through the MH-WIN Module:</p> <ul style="list-style-type: none"> • When you are entering an CE/SE (MH-WIN Module) please indicate Who, What, When, Where, Why and How. Please include information related to the member's hospitalization discharge, post discharge and follow-up treatment. • Please make certain prior to entering a CE/SE for a member death that the provider must verify the primary source and contact ORR to receive a death log number. Please included the primary source hospice, funeral home, or member's obituary as verification. Please review page 27 of the CE/SE guidance manual regarding reporting death to DWIHN-ORR a report of death cannot be entered without a death log number. • Providers are required to document in the action section the legal name of every staff member involved in the CE/SE, detailing what happened and include the date, time, location and the cause of the event. Information should also include if applicable, where was the member transported, why were they transported, what type of treatment or care did they received. • Each provider is required to have staff trained on CE/SE reporting. New training dates have been implemented and will occur on the on the 2nd Thursday of each month. There will be no trainings sessions in July or August 2022. QI asked the managers and supervisors to sign staff up for training and submit staff members name, credentials, title, MH_WIH ID #, and email address at less 10 days prior to training. The staff must score at less 80% in order to receive access to the CE/SE training modular. For additional information please review handout presentation" CE/SE incomplete documentation" 		



Action Items	Assigned To	Deadline
<p>Provider Concerns: Providers stated they have questions regarding the 24 hours requirements to get the information to DWIHN because the providers may not have all the primary information within 24 hours.</p> <ul style="list-style-type: none">• QI request ORR to present at the QOTAW meeting.• QI will upload the CE/SE Event training manual on DWIHN website.	QI Carla Spight-Mackey	May, 2022

9) Item: Provider Feedback: NONE

NEXT MEETING: Wednesday, March 30, 2022 @ 9:30 a.m. – 11:00 a.m. [via Zoom Link Platform](#)

ADJOURNMENT: 11:03 a.m.

ah_02.28.2022

CRSP Provider Monitoring

DWIHN Case Record Reviews

FY20 Quarter	Total Audits	Overall Score
1 st	33 audits	92%
2 nd	60 audits	89%
3 rd	13 audits	90%
4 th	12 audits	94%
Total	118 case records reviewed	Overall Score: 91%
	Total Audits	Overall Score
Staff Record Reviews**	274	93%



CRSP Provider Self Reviews

CRSP Self Reviews	
Total Audits	Overall Score
1 st	95%
2 nd	91%
3 rd	94%
4 th	93%
21 CRSPs assigned 35 cases each = 735 case records	Overall Score: 93%

Trends

- Overall, provider self-reviews are scoring similarly to DWIHN-led reviews.
- Assessments tend to be thorough and completed timely.
- Providers have adapted and overcame many barriers in FY21 to ensure members continued to receive services.

Trends (Cont.)

- Areas for Improvement:
 - Providing members a copy of their IPOS within 15 days
 - Guardianship Papers
 - Basic health screening (height, weight, BMI, and blood pressure) for members who have not visited a PCP
 - Explaining/offering peer support services
 - IPOS includes specific services, supports and treatment identified in the plan of service, include the specific amount, scope, and duration of services (no ranges).
 - The individual plan of service contains goals in the members own words and objectives that are measurable and time-limited (i.e., SMART).

Questions?

Sabrina Bergman, LMSW

Performance Monitor

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313-344-9099 ext. 3530



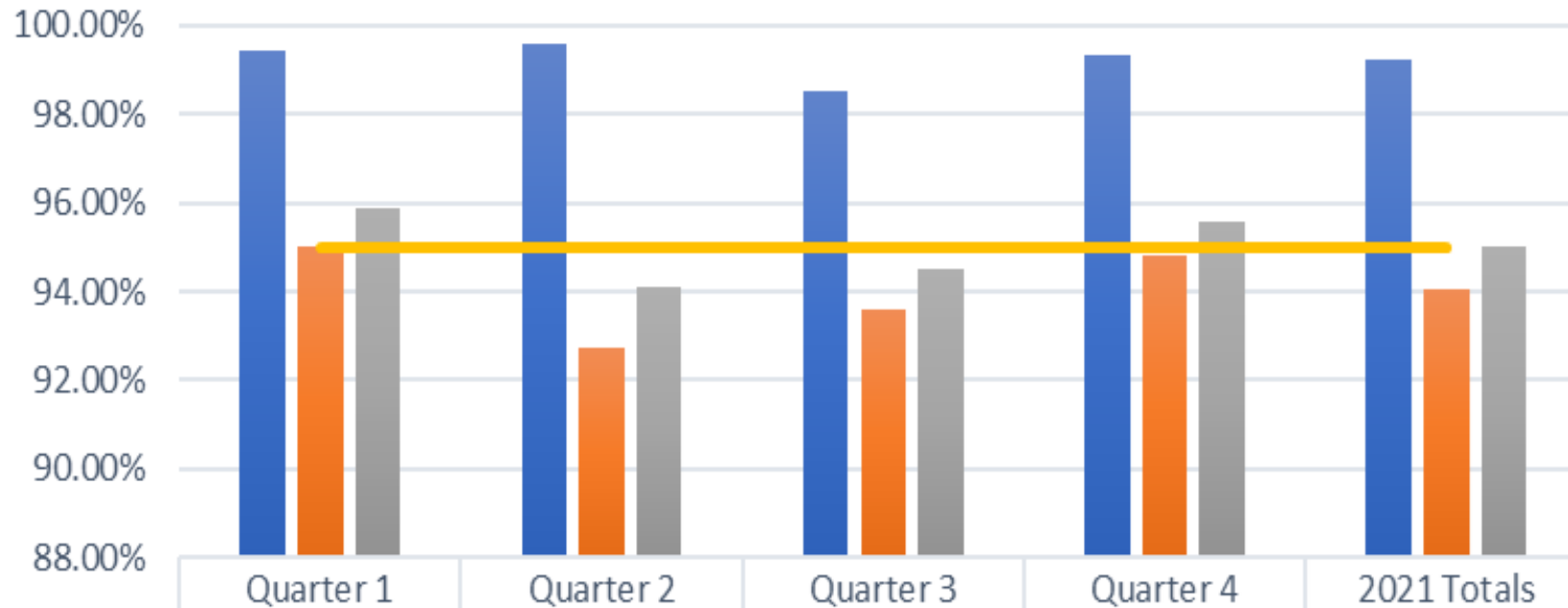


DWIHN Performance Indicators

2021 PIHP DATA

Performance Indicator #1

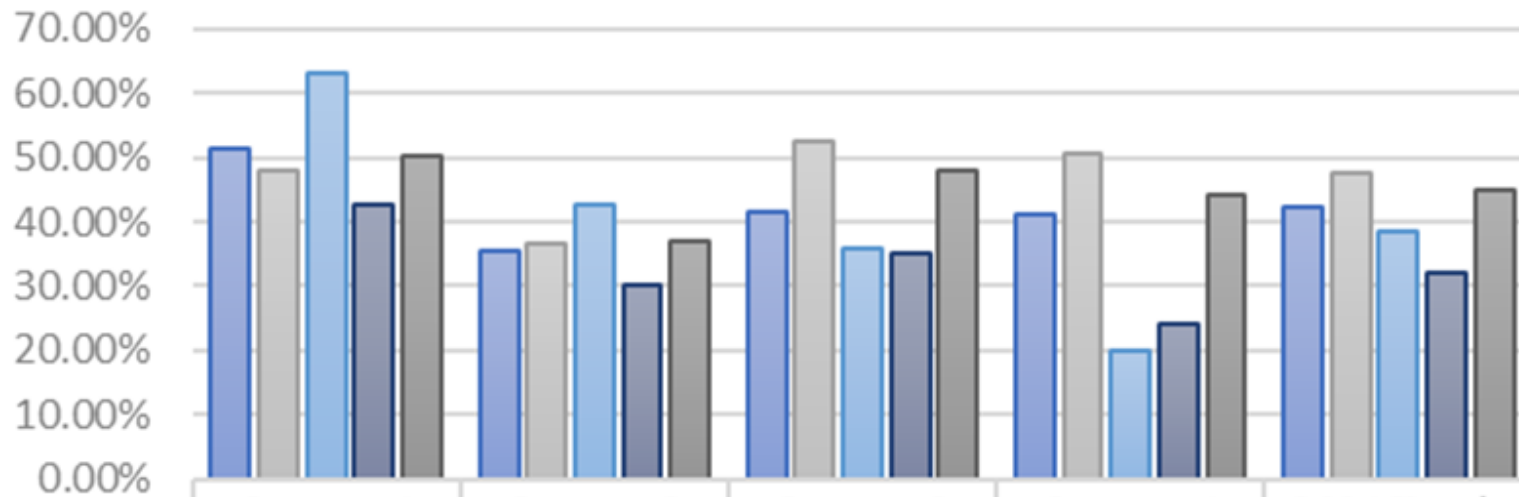
2021 PIHP Performance Indicator #1



Child	99.41%	99.56%	98.51%	99.34%	99.21%
Adult	95.04%	92.74%	93.58%	94.82%	94.05%
All Populations	95.88%	94.08%	94.49%	95.59%	95.01%
Standard	95.00%	95.00%	95.00%	95.00%	95.00%

Performance Indicator #2a

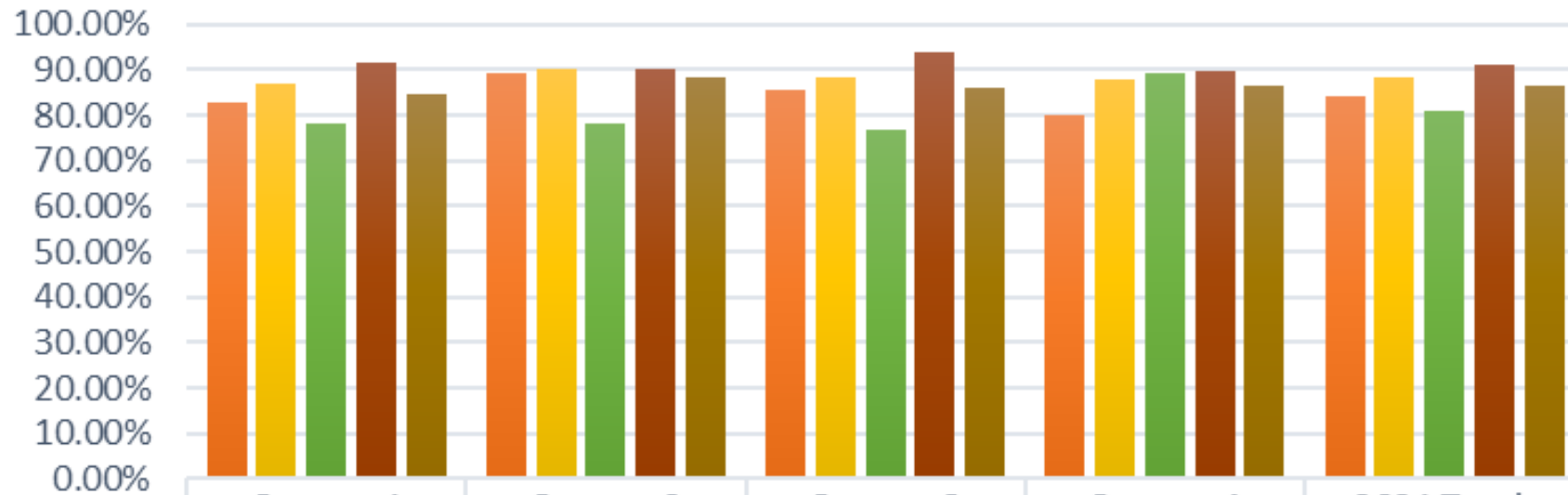
2021 PIHP Performance Indicator #2a



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	2021 Totals
MI/Child	51.45%	35.49%	41.67%	40.94%	42.28%
MI/Adult	48.02%	36.66%	52.66%	50.51%	47.45%
DD/Child	63.18%	42.45%	35.71%	19.76%	38.41%
DD/Adult	42.59%	30.00%	35.21%	24.05%	32.12%
All Populations	50.12%	36.82%	47.95%	44.33%	44.95%

Performance Indicator #3

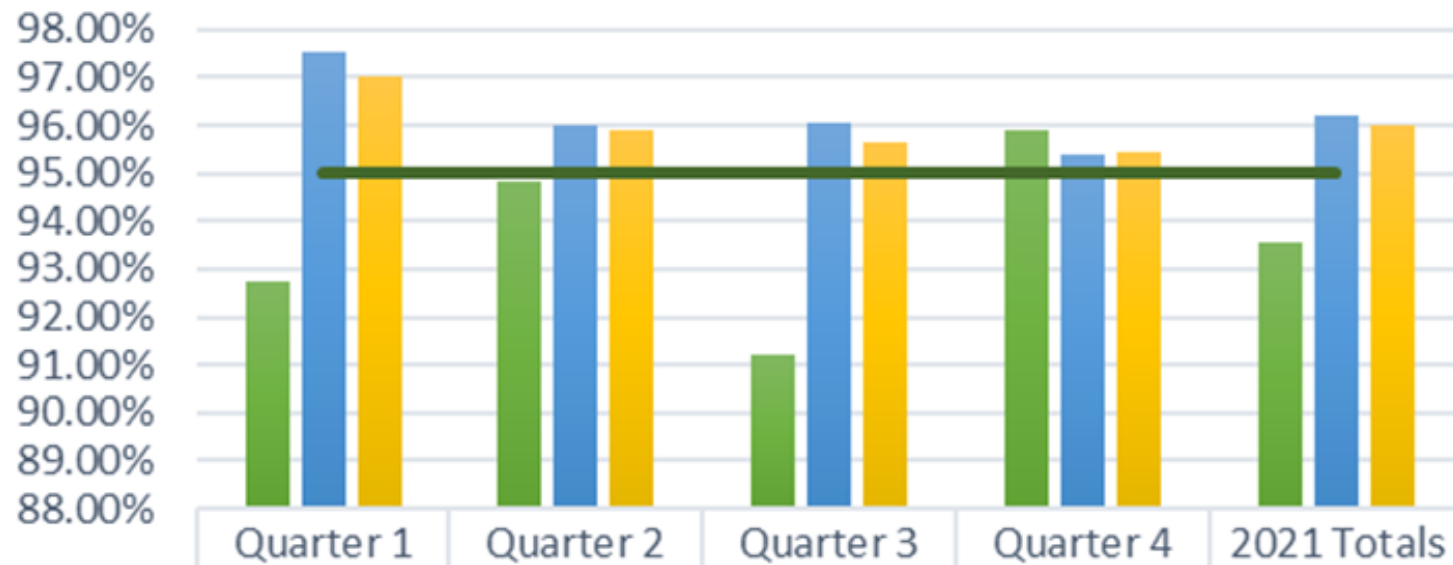
2021 PIHP Performance Indicator #3







	Quarter 1	Quarter 2	Quarter 3	Quarter 4	2021 Totals
MI/Child	82.70%	89.16%	85.40%	79.84%	84.29%
MI/Adult	86.93%	90.19%	88.44%	87.85%	88.28%
DD/Child	78.38%	78.02%	76.90%	89.38%	81.20%
DD/Adult	91.67%	90.00%	93.75%	89.74%	90.99%
All Populations	84.84%	88.40%	86.27%	86.46%	86.44%

Performance Indicator #4a

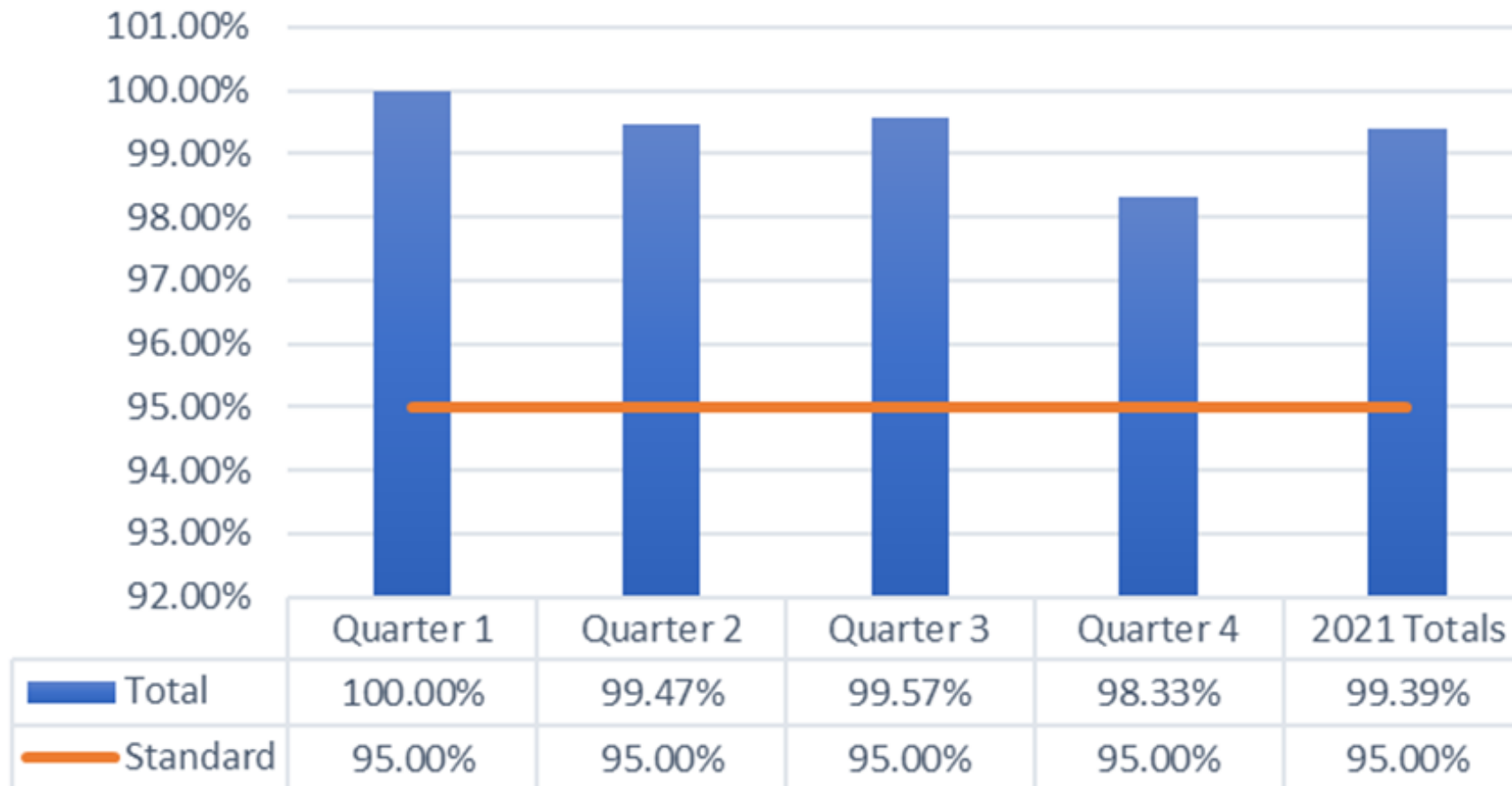
2021 PIHP Performance Indicator #4a



 Child	92.75%	94.83%	91.23%	95.92%	93.56%
 Adult	97.52%	95.99%	96.06%	95.41%	96.23%
 All Populations	97.00%	95.89%	95.66%	95.45%	96.00%
 Standard	95.00%	95.00%	95.00%	95.00%	95.00%

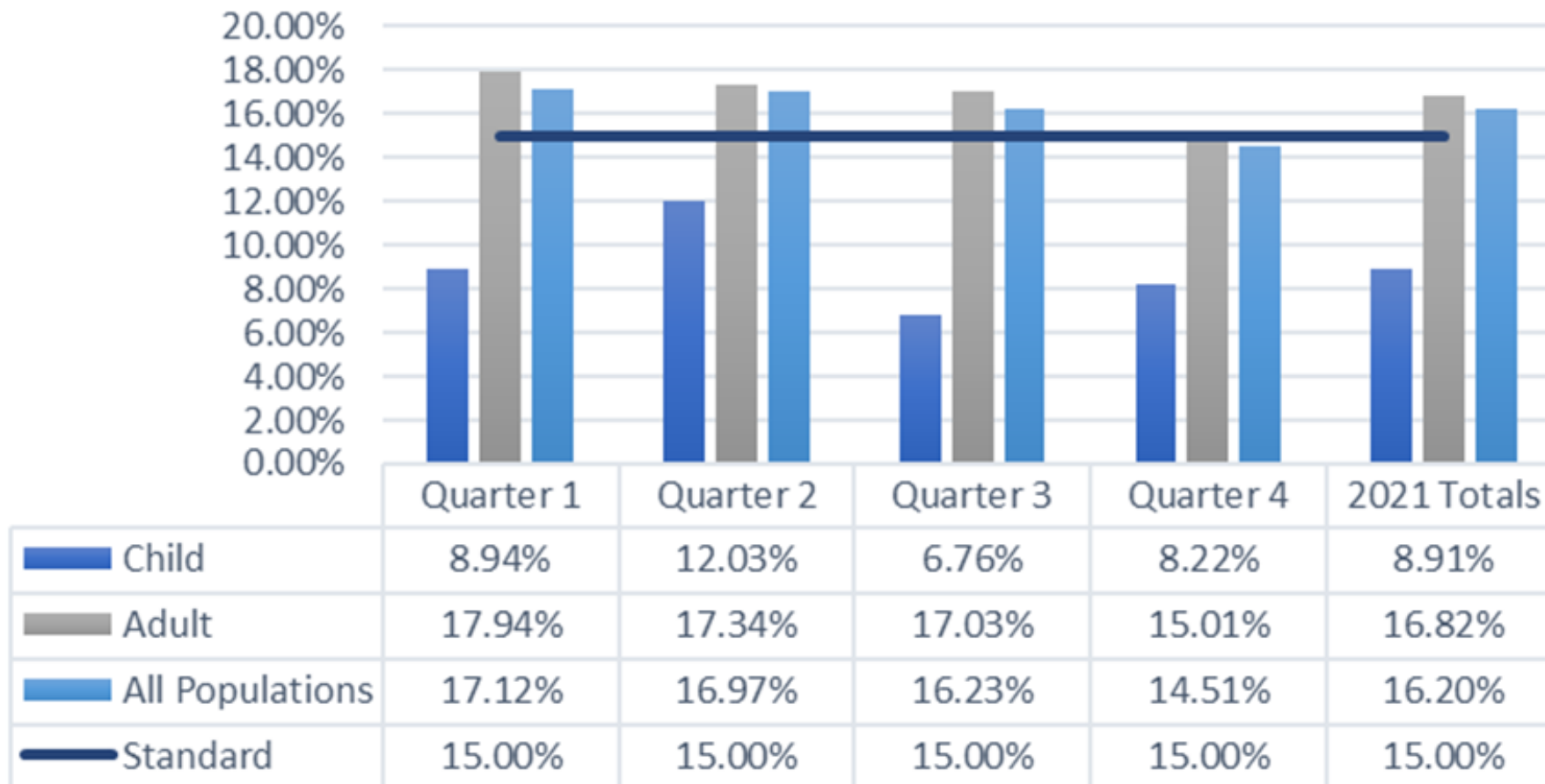
Performance Indicator #4b

2021 PIHP Performance Indicator #4b



Performance Indicator #10

2021 PIHP Performance Indicator #10



Critical/Sentinel Event Reporting Module Training

The next trainings are scheduled for:

SECOND (2nd) THURSDAY WEBINAR
9:00 a.m. – Noon

March 10
April 14
May 12
June 9
September 8

Registration closes one (1) week prior to the webinar



YOU WILL NOT BE ADMITTED AFTER 9:10 A.M.

Your camera MUST REMAIN ON for ENTIRE training

This training prepares participants for the electronic submission of the Critical & Sentinel Events into the MHWIN Critical/Sentinel Event Module.

Registration is required. Managers/Supervisors must register staff by email to cmackey@dwhn.org with **staff name and MH-WIN ID# (NOT USERNAME), organization, position, and email address.**

