Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, August 21, 2019
Second Floor Training Room
9:30 a.m. – 11:00 a.m.

I.	Announcements	T. Greason
II.	Substance Use Disorder (SUD) Provider Update	J. Davis
III.	Policy Review	
	○ Quality Improvement Program Procedure	A. Siebert
	○ Quality Assessment Performance Improvement	A. Siebert
	○ Customer Service Member/Enrollee Appeals	Dorian Johnson
	○ Service Provider and Practitioner Updates and Changes	W. Williamson
	○ Member Grievance	W. Williamson
IV.	Michigan Mission Based Performance Indicator (MMBPI)	T. Greason/J. Zeller
	○ Reporting Overview	
	i. Quarter 2	
	ii. Quarter 3 (MDHHS)	
	1. Due to MDHHS September 30, 2019	
V.	MMBPI (PCE Module Reporting)	
	○ Access Center - Wellplace	K. Quinn
	○ PCE	B. Henry

Mission:

We are a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.

Vision:

To be recognized as a national leader that improves the behavioral and overall health status of the people in our community.

Values:

We are a person centered, family and community focused organization.
We are an outcome, data driven and evidence-based organization.
We respect the dignity and diversity of individuals, providers, staff and communities.
We are culturally sensitive and competent.
We are fiscally responsible and accountable with the highest standards of integrity.
We achieve our mission and vision through partnerships and collaboration.

Next Meeting Scheduled for Wednesday September 18, 2019.

Mission:

We are a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.

Vision:

To be recognized as a national leader that improves the behavioral and overall health status of the people in our community.

Values:

We are a person centered, family and community focused organization.
We are an outcome, data driven and evidence-based organization.
We respect the dignity and diversity of individuals, providers, staff and communities.
We are culturally sensitive and competent.
We are fiscally responsible and accountable with the highest standards of integrity.
We achieve our mission and vision through partnerships and collaboration.

DETROIT WAYNE MENTAL HEALTH AUTHORITY

(Wellplace and PCE)

PCE Module

Michigan Mission Based Performance Indicators (MMBPI)

Overview of PCE Performance Indicator Module

- Kelly Quinn
  - Wellplace - Chief Operating Officer
- Brandon Henry
  - PCE Systems – Software Developer

PERFORMANCE INDICATOR 1

The percent of all adults and children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.

Definitions and Instructions "Disposition" means the decision was made to refer, or not refer, to inpatient psychiatric care.

1. If screening is not possible due to intoxication or sedation, do not start the clock.

2. Start time: When the person is clinically, medically and physically available to the CMHSP/PIHP. a. When emergency room or jail staff informs CMHSP/PIHP that individual needs, and is ready, to be assessed; or b. When an individual presents at an access center and then is clinically cleared (as needed).

3. Stop time: Clinician (in access center or emergency room) who has the authority, or utilization management unit that has the authority, makes the decision whether or not to admit. 4. After the decision is made, the clock stops but other activities will continue (screening, transportation, arranging for bed, crisis intervention).

5. Documentation of start/stop times needs to be maintained by the PIHP/CMHSPS.

PERFORMANCE INDICATOR 2

The percent of new persons receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service.

1. Consumer contacts the Access Center to request services.
2. Access Center staff completes the clinical screening in MHWIN and schedules appointment with the provider of choice within 14 days.
3. If the consumer requests an appointment outside of the 14 days, Wellplace will offer alternative options within 14 days. If consumer chooses appointment outside of 14 days, Wellplace staff will mark the exception and document the reasons for the exception and alternatives that were offered.
4. If the provider of choice does not have available appointments within 14 days, Wellplace will provide the consumer with alternative options within 14 days and/or contact provider to request earlier appointments. If consumer chooses the appointment outside of 14 days, Wellplace staff will mark the exception and document reasons for the exception and alternatives that were offered.
5. Consumer is mailed an appointment letter and welcome packet. Phone calls or text message reminders of appointments will also be sent if consumer agrees receiving them.

PERFORMANCE INDICATOR 3

The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional.

1. Providers are responsible for documenting the status of all appointments and outcome of the intake appointment. This can be done through the calendar in MHWIN or on the non-emergent intake form. (For step-by-step instructions – see the Help tab in MHWIN).
2. Providers must change the status of the intake appointment that was scheduled by Wellplace from “Scheduled” to the appointment resolution (“Appointment Kept”, “Rescheduled”, “No Show”, “Cancelled”).
3. Providers must also document the outcome of the intake appointment. Data collected includes: Date of Face-to-Face Assessment (Intake), Outcome of Intake (Approved, denied), Start date for Ongoing Service, Service Provided (CPT).
4. This section also provides an opportunity to mark this indicator as an exception if the consumer rescheduled appointments or did not show to appointments. There is space to documents reasons for exception and dates of services offered.

PERFORMANCE INDICATOR 3

+Exception
○ Yes ○ No

Date of Request to Reschedule Assessment

Date of Face-to-Face Assessment (Intake)

Outcome of Intake
○ Approved for CMHSP Treatment
○ Denied/Referred Elsewhere
○ Deferred

Approved for Ongoing?
○ Yes ○ No

Exception for Ongoing Service
○ Yes ○ No

Date Ongoing Services Rescheduled **Start Date of Ongoing Service** **Service provided (CPT)**

Service Dates Offered and Exception Reasons

Denied for Ongoing?
○ Yes ○ No

Date Denied

Basis for Denial
if other:

2nd Opinion Requested?
○ Unspecified ○ Yes ○ No

Date 2nd Opinion Requested

Authorize Service After 2nd Opinion?
○ Yes ○ No

Consumer Refused Service?
○ Yes ○ No

Referred Elsewhere?
○ Yes ○ No

Where Referred

Rationale for referral

PERFORMANCE INDICATOR 4(a)

The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days.

1. Providers are responsible for entering available Hospital Discharge appointment slots into MHWIN so the Access Center can view current availability.
2. Inpatient Hospital staff contacts Access Center prior to consumer's discharge and requests a Hospital Discharge appointment for the consumer.
3. Access Center Staff schedule Hospital Discharge appointment at consumer's choice of provider (based on report from Hospital Staff) or if consumer does not have a choice, appointment is scheduled at current/active provider if available, last known provider if available or provider in close proximity to consumer's home.
4. Attempts are made to schedule appointments within 3 days of discharge. Provider is contacted to request additional appointments if none are available.
5. Hospital staff are provided with consumer's appointment information. Additionally, consumers are mailed a letter notifying them of the appointment. Phone calls or text message reminders of appointments will also be sent if consumer agreed to receiving them.

Detroit Wayne Mental Health Authority
DWMHA
Your Link to Integrated Healthcare

PERFORMANCE INDICATOR 4(b)

The percent of discharges from a substance abuse detox unit who are seen for follow-up care within 7 days

1. Substance Use Treatment Providers are responsible for documenting the follow-up appointment in the Treatment Referral section when completing the discharge form for the consumer.
2. If the consumer is stepping down to a lower level of care at the same provider, the provider can enter in date the consumer begins their next level of care.
3. If the consumer is changing to a new provider, the consumer should contact the Access Center prior to discharge to be screened and referred to the provider of their choice. The current provider will then document the intake appointment in the treatment referral.
4. There is an option for the provider to document if the client refused any aftercare services and document reasons for refusal/services offered.

PERFORMANCE INDICATOR 10

The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge.

Standard: 15% or less within 30 days

For some people with mental illness, the occasional use of psychiatric inpatient care is essential. However, rapid readmission following discharge may suggest that people were prematurely discharged or that the post discharge follow-up was not timely or sufficient. This indicator assessed whether CMHSPs are meeting the Department's standard of no more than 15 percent of people discharged from inpatient units are being readmitted within 30 days.

Exception Methodology Enter the discharges who chose not to use CMHSP/PIHP services

Next Continued Steps

- DWMHA:
  - Continue Performance Indicator Workgroup no less than Quarterly
  - Monthly reports MMBPI to be sent to providers
  - Provider ability to review MMBPI data

Questions