



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, January 27, 2021

Via Blue Jean Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|---|-------------------------------|
| I. | Announcements | A. Siebert/T. Greason |
| | a. Updates to email addresses | |
| | b. DWIHN Website (Take a Screening) | |
| II. | SUD Updates | Judy Davis |
| III. | NCQA Updates | Gail Parker |
| IV. | CS Survey Updates | Margaret Keyes-Howard |
| | a. ECHO Adult & Children Survey | |
| | b. NCI Survey | |
| V. | MDHHS 1915 (C) Waiver Findings | S. Denny/D. Dobija |
| VI. | Self- Provider Monitoring (FY 2021 1 st Quarter) | Starlit Smith |
| VII. | Mission Based Performance Indicator | Justin Zeller & Tania Greason |
| | • 4 th Quarter Data (submitted 1/4/2021) | |
| | • Performance Indicator Workgroup January 28, 2021 | |
| VIII. | Critical and Sentential Event Update (add on) | Sinitra Applewhite |
| IX. | Provider Feedback | T. Greason |
| X. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, January 27, 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: Share Announcements with Workgroup.

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>Tania Greason and April Siebert informed the workgroup of the following:</p> <ul style="list-style-type: none"> • Please send via email to tgreason@dwihn.org or ahedwood@dwihn.org if you would like to add or delete a staff member from QOTAW meeting roster. • The Provider Performance Indicators Workgroup meeting is rescheduled for February 28, 2021. • Please review and share with your staff “Take A Screening for a Mental Health Checkup” on DWIHN Website free to all. • DWIHN has a new Medical Director Dr. Leonard Rosen, Dr. Rosen has an extensive resume working within the CMH system, most recently with Oakland County. • DWIHN Access Call Center will be fully implemented by February 1st, 2021. 		
Action Items		
None Required		
Assigned To		Deadline



2) Item: Substance Abuse Disorder (SUD) Updates – Judy Davis

Goal: Review and updates for the SUD programs

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>Judy Davis informed the workgroup of the following updates for the SUD programs:</p> <ul style="list-style-type: none"> • SUD has received 2.4 million dollars cut in block grants dollars for treatment services in December 2020. • SUD received funds for individual leaving the jail programs for case management, relapse prevention services. • Effective January 1, 2021 all SUD providers with license and. providers who operate FQAC agencies for SUD has expired, the providers can still provide services to members. • SUD Naloxone program to date has helped to save 710 lives. Providers that are interested in training and Narcan kits, please reach out DWIHN’s SUD unit via email. • The SUD mobile unit is doing covid-19 testing in the communities from October – December 2020 they completed 2245 covid-19 tests. • The Access Center has received over a total of 1313 screenings for SUD services in December 2020 • SUD will be sending to Providers an update that will be required for the reporting log. • SUD MDOC contract began on April 20, 2021 to date DWIHN only received 72 referrals. • SUD oversight policy board meeting will be held every 3rd Monday of each month and the next meeting February 15, 2020. • The next SUD Treatment Providers meeting will be held on February 24, 2020 		
Action Items	Assigned To	Deadline
None Required		



3) Item: NCQA Update – Tania Greason

Goal: Update for 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>Tania Greason informed the workgroup of the following regarding the upcoming NCQA accreditation review:</p> <ul style="list-style-type: none"> • February 16th, 2021 all documentations must be uploaded to NCQA IRT electronic system. • NCQA onsite/remotely review is schedule for April 2021. • A decision from NQCA will be rendered in May or June 2021. 		
Action Items	Assigned To	Deadline
None Required		



4) Item: CS Survey Updates – Margaret Keyes-Howard

- ECHO Adult & Children Survey
- NCI Survey

Goal: Review of the ECHO and NCI survey’s

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		
<p>Margaret Keyes-Howard discussed with the workgroup the outcomes of the ECHO Adult & Children Survey to include the following:</p> <ul style="list-style-type: none"> ● Echo Adult Survey <p>The purpose of the Echo Adult Survey is to assess the experiences of adults who have received mental health or substance use disorder services through DWIHN in the previous 12 months.</p> <ul style="list-style-type: none"> ○ 966 DWIHN members responded to the survey. ○ 752 members reported receiving services in the past year (82% of the 915 who responded to this question). ○ Respondents differed from the sample in that they: <ul style="list-style-type: none"> ▪ were more likely to have a primary disability designation of severe mental illness (81%), compared to the sample(75%); ▪ were less likely to have a guardian (10% vs. 15%); and ▪ were more likely to be dual eligible (32%), compared to the sample (26%). ○ DWIHN scored well on several of the ECHO reporting measures, notably members reporting receiving information on patient rights (91%) and confidence in the privacy of their information (91%). ○ There were three measures with scores of less than 50%: <ul style="list-style-type: none"> ▪ Perceived improvement (31%); ▪ Office wait (36%); and ▪ Getting treatment quickly (43%). ● Compared to 2017, more members reported treatment helped “a lot” and more rated their overall treatment a “9” or “10” (the highest rating). 		



<p>Echo Children Survey</p> <p>The purpose of the ECHO Children Survey is to assess the experiences of families whose children who have received mental health or substance use disorder services through DWIHN in the previous 12 months</p> <ul style="list-style-type: none"> ○ 1,532 parents/guardians of DWIHN members responded to the survey. ○ 1,123 reported receiving services in the past year. ○ Respondents were less likely to have a primary disability designation of severe mental illness (64%), compared to the sample (60%) and more likely to have a developmental disability (39%) than the sample (35%). A higher percentage of respondents' children were receiving autism services (27%), compared to the sample (23%). ○ DWIHN scored well on several of measures, notably parents/guardians reporting receiving information on patient rights (95%), confidence in the privacy of their information (93%), and completely discussing the goals of their child's treatment (93%). <p>There were four measures with scores of less than 50%:</p> <ul style="list-style-type: none"> ■ Perceived improvement (25%); ■ Getting treatment quickly (42%); ■ Overall rating of counseling and treatment (49%); and ■ Amount helped (49%). <p>CS is preparing for the Echo Survey for both the Children and adults for FY2021. Questions will include looking back at the last 12 months on how the COVID-19 pandemic has impacted DWIHN's members services, experience, grievances and incidents reports.</p> <ul style="list-style-type: none"> ● Margaret also discussed with the providers that DWIHN will be requesting their members experience customer satisfaction, or any kind of surveys related to consumer satisfaction to be submitted as part of our review process for FY 2021. 		
<p>NCI Survey:</p> <ul style="list-style-type: none"> ● To date, CS has not completed the NCI survey, the process has been delayed due to the COVID-19 pandemic. ● CS will continue to reach out to assigned providers for assistance with completing the consents and demographic information for the NCI surveys. 		
Action Items	Assigned To	Deadline
CS will work with IT to post the ECHO Adults & Children survey on the DWIHN's Website	CS	2/1/2021



5) Item: MDHHS 1915 (C) Waiver Findings SED Sara Denny & Danielle Dobija

Goal: Review of the MDHHS 1915 (C) Waiver Findings

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>Danielle Dobija and Sara Denny provided an overview of the MDHHS 1915 (C) Waiver Findings .</p> <p>Sara Denny provided the following overview for the SED Waiver:</p> <ul style="list-style-type: none"> ○ During the 2020 MDHHS SEDW Review there were a total of 13 citations ○ This included the review of 14 clinical records and dozens of professional and non-professional staff records. ○ One citation was a repeat from the previous cycle, 1 were all first time citations. <p>Remediation for each cited standard include the following:</p> <ul style="list-style-type: none"> ○ Administrative Procedures <ul style="list-style-type: none"> ○ Clarified the process of when to switch from traditional wraparound CPT code (H2021) to SEDW wraparound code (H2022) ○ Completed an SEDW provider training on 1.25.21 ○ Eligibility <ul style="list-style-type: none"> ○ Coordinated a process for monthly CAFAS monitoring between Children’s Initiatives and Quality ○ Completed an SEDW provider training on 1.25.21 ○ Implementation of Person Centered Planning <ul style="list-style-type: none"> ○ Completed an SEDW provider training on 1.25.21 ○ Developing a specific IPOS training to occur by March 31st, 2021 ○ Waiver Participant and Health and Welfare <ul style="list-style-type: none"> ○ Completed an SEDW provider training on 1.25.21 ○ Staff Qualifications <ul style="list-style-type: none"> ○ Completed an SEDW provider training on 1.25.21 ○ Additional remediation for providers <ul style="list-style-type: none"> ○ Providers have made individual remediation to case records ○ Ongoing quarterly monitoring of SEDW clinical records and staff records ○ Monthly CAFAS monitoring ○ Upcoming IPOS training for SEDW provider 		



Sara Denny provided the following overview for the SED Waiver:

- **A.3.1.** If a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process.
- **P.2.8:** Services requiring physician signed prescription follow Medicaid Provider Manual requirements.

Remediation to include Training:

- Environmental Modification and Enhanced Medical Equipment and Supplies Authorization procedure Dates & Times
- Mon., 2/01/2021 – 1:00pm
- Tue., 2/02/2021 – 11:00am
- Wed., 2/03/2021 – 8:30am
- Thur., 2/04/2021 – 2:00pm
- **F.2.1** Individual had an ability to choose among various waiver services.
- **F.2.2** Individual had an ability to choose their providers.
- Two New performance Measures
- **G.1** Individual provided information / education on how to report abuse / neglect / exploitation and other critical incidents.
- **G.2** Individual served received health care appraisal.
- **P.5.1.** Specific services and supports that align with the individual’s assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS.

Remediation to include Training:

- To address HSW requirements identified in F.1.1, F.2.1, G.1, G.2, and part of P.5.1 (Smart Habilitative Goal & Objective writing)
- Dates & Times
- TBD - Mid February
- Monitoring Activities
- TBD – Coming soon!
- **P.2.1** The individual plan of service adequately identifies the individual’s goals and preferences.
- **P.2.3.** Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes.
- **P.2.4.** The individual plan of service is modified in response to changes in the individual’s needs.



<ul style="list-style-type: none"> ○ P.2.5. The person-centered planning process builds upon the individual’s capacity to engage in activities that promote community life. ○ P.2.6. Individual plan of service addressed health and safety, including coordination with primary care providers. ○ P.2.7: The individual plan of service is developed in accordance with policies and procedures established by MDHHS. <p style="text-align: center;">Evidence:</p> <ul style="list-style-type: none"> ○ pre-planning meeting, ○ availability of self-determination, and ○ use of PCP process in developing IPOS <ul style="list-style-type: none"> ○ P.5.1. Specific services and supports that align with the individual’s assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS. ○ P.5.2. Services and treatment identified in the IPOS are provided as specified in the plan, including measurable goals/objective, the type, amount, scope, duration, frequency and timeframe for implementing. <p>Remediation to include additional training;</p> <ul style="list-style-type: none"> ○ PCP / IPOS Training Part One: ○ P.2.1, P.2.7, P.5.1, & P.5.2 ○ PCP / IPOS Training Part Two: ○ P.2.3, P.2.4, P.2.5, & P.2.6 ○ DWIHN - monitoring activities <p>B.2. Behavioral treatment plans are developed in accordance with the Technical Requirement for Behavior Treatment Plan Review Committees</p> <ul style="list-style-type: none"> ○ Remediation: DWIHN - training provided January 19, 2021 <p>Q.2.1. The PIHP ensures that Waiver service providers meet credentialing standards prior to providing HSW services</p> <ul style="list-style-type: none"> ○ DWIHN POC – monitoring activities <p>Q.2.3. The PIHP ensures that non-licensed Waiver service providers meet the provider qualifications identified in the Medicaid Provider Manual</p> <ul style="list-style-type: none"> ○ DWIHN POC is being addressed with staffing providers. 		
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<p>Q.2.4 All HSW providers meet staff training requirements received training in the beneficiary's IPOS</p> <ul style="list-style-type: none"> ○ DWIHN POC- standardized form and procedure for documenting training. ○ Training to be scheduled prior to 3/15/2021 <p>All Remedial actions will be implemented no later than 3/31/2021. DWIHN will prepare and expect MDHHS follow up review to take place the week of April 25, 2021</p>		
<p style="text-align: center;">Action Items</p>	<p style="text-align: center;">Assigned To</p>	<p style="text-align: center;">Deadline</p>
<p>QI will have a training to address the HSW wavier requirements and goals with effective in February 2021. QI will also complete monitoring activities of providers for compliance of identified citations.</p>	<p>QI Unit</p>	<p>February, 2021</p>

6) Item: Self- Provider Monitoring (FY 2021 1st Quarter) - Starlit Smith

Goal: Review of Self-Provider Monitoring

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>

<p style="text-align: center;">Discussion/Decisions Made</p>		
<p>Starlit Smith discussed with the group the process for self-monitoring. Selected providers are required to complete self-monitoring as we utilize the data for development of continues quality improvement projects. DWIHN's QI unit is in the process of finalizing the standardized monitoring case record tool for FY 2020-2021. QI has included the input of our network providers and administrative staff with the development of the monitoring case record tool. The monitoring tool will include elements that are required from both the MDHHS contract and the Medicaid provider manual. The QI reviewers will also conduct remote monitoring of our provider network. Providers are completing the review of selected cases 60-70%. All providers are required to complete the review of assigned cases.</p> <p>Providers can also use the monitoring process to improve outcomes, trainings and identify where staff may need specific training at their organizations. For additional information please review handout" Final Self-Monitoring Report (FY 2019/20)".</p>		
<p style="text-align: center;">Action Items</p>	<p style="text-align: center;">Assigned To</p>	<p style="text-align: center;">Deadline</p>
<p>None Required</p>		



7) Item: Michigan Mission Base Performance Indicators (MMBPI) – Justin Zellers & Tania Greason

- 4th Quarter Data (submitted 1/4/2021)
- Performance Indicator Workgroup January 28, 2021

Goal: Review of the 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
<p>Justin Zeller and Tania Greason informed the workgroup of the following:</p> <ul style="list-style-type: none"> • 4th Quarter MMBPI Data was submitted to MDHHS on 1/4/2021 • PI#2 and PI#3 no longer are able to include “Exceptions”, currently there are no benchmarks for those two indicators. • 4th Quarter, DWIHN has met the standards with the exception of PI#10 for adults scored 15.89% This is a significant improvement from the previous quarters. DWIHN’s has developed both external and provider workgroups to address the identified barriers. The inception of the workgroups has led to an improvement with the compliance score for Q4. • PI#2 biopsychosocial is 56% and was low in the 3rd quarter DWIHN is 8% behind the nearest PHIP and 13% below the average. The Provider Performance Indicator Workgroup (PPIW) will review and address the lower scores for PI#2. • QI will to send out 4th Quarter PI#10 out of compliance cases next week including the plan-of-correction request. 		
Action Items	Assigned To	Deadline
<p>Group to focus on PI#2a and discuss any issues/barriers at the next PPIW meeting in February 2021.</p>	<p>QI</p>	<p>March, 2021</p>



8) Item: Critical and Sentinel Event Updates – 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 #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Sinitra Applewhite discussed with the workgroup the process for submitting CE/SE reports through DWIHN’s MH-WIN module. Contracted Providers are expected to identify and respond appropriately to all sentinel events occurring in the organization or associated with services that the organization provides. The Clinically Responsible Service Provider (CRSP) is responsible for ensuring all data is entered related to Critical/Sentinel Events into the MH-WIN system in accordance with DWIHN policy and procedures: “Reporting Critical/Sentinel Events and Death Reporting Policy.</p> <ul style="list-style-type: none"> • The CRSP must ensure that all required supporting documentation is included in each event in accordance within the published timeframes (critical event/incident reports, sentinel events, plan of action, root cause analysis). • The CRSP must ensure that all staff entering data into the Critical/Sentinel Events module are qualified to review the event (i.e. licensed clinicians: behavioral health/medical), and monitor the implementation of corrective actions necessary to prevent the reoccurrence of the identified problem. • The CRSP will ensure that a Peer Review Committee is reviewing and documenting Sentinel Event reviews for the annual review process. • The Root Cause Analysis (RCA) must meet the following in order to be an acceptable Plan of Action: Clearly show the cause-and-effect relationship. <ul style="list-style-type: none"> ○ Use specific and accurate descriptors for what occurred, rather than negative and vague words. ○ Human errors must have a preceding cause. ○ Violations of procedure are not root causes, but must have a preceding cause. ○ Failure to act is only causal when there is a preexisting duty to act. ○ Ensure the Standard of Care for services is met. ○ RCA must be thorough, credible, and acceptable; if the response is unacceptable and will allow an additional 5 business days beyond the original submission period for the organization to resubmit its response. If the response is still unacceptable, further action will be recommended, and the organization’s contract may be impacted. 		



<p>Root cause analyzes:</p> <ul style="list-style-type: none"> a) QI will review the plan to ensure its acceptable b) Show cause an effect relationship c) Use specific and accurate descriptors for what has occur rather than negative words. d) Human error must have a proceeding cause, violations of procedure are not root causes. Failure to act is only casual when there is preexisting duty to act. e) Ensure standards of care for services is met f) Root cause analyze must be thorough or it want be acceptable however <p>Report of Death (DWIHN Version) section is to be completed in MH-WIN within 10 business days of the report of Death and Critical Event entry.</p> <p>Access to Critical/Sentinel Event data is now available. Each CRSP is asked to submit the names of your Data Team by 1/29/2021 to cmackey@dwihn.org.</p>		
Action Items	Assigned To	Deadline
<p>QI is requesting the CRSP to send two (2) names of staff members who will be responsible for generating their organizations documentation from MH-WIN via email to cmackey@dwihn.org no later than January 29, 2021.</p>	<p>CRSP Providers</p>	<p>1/29/2021</p>

Provider Questions/Comments

STEP have started a new art collaborative with launch Detroit in January 2021 and is an opportunity for artists in the studio and gallery who would like to develop their careers at the Progressive Detroit Resource Center. STEP will be opening an additional site sometime in February 2021. If you would like more information please reach out to Tamara White at STEP.

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

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