Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, May 26, 2021

Via Zoom Platform

9:30 a.m. – 11:00 a.m.

I.	Announcements	Tania Greason/April Siebert
II.	SUD Updates	Judy Davis
III.	NCQA Updates	April Siebert
IV.	New DWIHN Policies Review:	
	a. Assessment	Ebony Reynolds
	b. Habilitation Support Waiver (HAB)	Jim Kelly
	c. Wraparound	Monica Hampton
	d. Treatment Plan Training Procedure	Daniele Dobija
V.	MDHHS 90 Day Follow Up Review	Starlit Smith
VI.	CRSP Remote Reviews	Starlit Smith
VII.	Critical Events & Sentinel Events Processing	Sinitra Applewhite
VIII.	Mission Based Performance Indicator	Justin Zeller
	• Quarter 2 (Due 6/30/2021)	
IX.	HSAG PMV Review	Tania Greason
X.	Provider Feedback	Group
XI.	Adjournment	

Quality Operations Technical Assistance Workgroup Meeting

Wednesday, May 26, 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		
Tania and April discussed with the group the following announcements: • DWIHN will begin to utilize the Zoom Platform for virtual meetings effective May 1, 2021. • DWIHN is proud to host our third training event with MDHHS on the requirements for the Behavior Treatment Plan Review Committees (BTPRC) with the focus on Occupational Therapy (OT) Evaluations/Scripts. The training will occur on Tuesday June 8, 2021 via Zoom Link from 1:00 p.m. to 2:30 p.m. Facilitators: Mr. Price Pullins, Chief Psychologist and Ms. Charlyss Ray, Licensed Occupational Therapist from MDHHS will facilitate the training. Providers are encouraged to register for the training information can be found on DWIHN's website. • Congratulations are in order for DWIHN's Crisis Intervention Team CIT Program and Andrea Smith, on receiving the Gold CIT certification.		
Action Items	**Assigned To**	**Deadline**
None Required.		

2) Item: SUD Updates – Judy Davis
Goal: Review of SUD 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		
Judy Davis informed the workgroup of the following SUD updates: • DWIHN's SUD unit is working on a grant to implement a high school SUD recovery services with providers. • Received 3 million dollars in funding for prevention treatment and subsidy services from MDHHS for its response to the Covid-19 pandemic. • DWIHN is working with Wayne State University to expand the Naloxone initiative which will include a vending machine option. If you are interested in having a vendor machine at your location please contact Judy Davis. • SUD is receiving additional funding from the American Rescue Plan. • SUD will continue working with PCE to implement into MH-WIN assessment tools for ASAM. All SUD providers can use the assessment tools beginning October 1, 2021 and SUD will notify providers of upcoming training dates. • August is Opiate Overdose Awareness month. PHIP's are to participate in this initiative during the month of August to bring awareness about opiate overdose within our communities. • DWIHN is offering free Narcan kit. Orders will be taken from providers and delivered free of charge. • The Gambling Residential Programs were started in January 2020. If providers are aware of an individual with gambling additions, they can be eligible for this residential treatment program. Individuals can receive treatment regardless of insurance or if they reside in Wayne County. DWIHN's SUD will review and add additional providers to this initiative.		
Action Items	**Assigned To**	**Deadline**
None Required.		

3) Item: NCQA Update - April Siebert
Goal: Update for NCQA Reaccreditation
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 group that DWIHN has been accredited for an additional three years though NCQA in which we scored 92.49 points out of 100 points. DWIHN is excited about that this accreditation and it shows how DWIHN continues to strive to be a world class integrated health organization and dedicated to providing the highest quality of healthcare for our members. April also thanked our providers for their assistance and making certain that our members receive the best high quality of care, noting that we would not be able to make this achievement without our provider network ongoing efforts and diligence to our members served.		
Action Items	**Assigned To**	**Deadline**
None Required.		

4a) Item: DWIHN New Policies: Assessment Policy – Ebony Reynolds
Goal: Review of Assessment Policy 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		
Assessment Policy – Ebony Reynolds • It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that assessments which are appropriate to the needs of each person referred for services delivered by DWIHN provider networks be conducted, and that authorizations of levels-of-care and development of individual plans of service be consistent with the findings of these assessments. • The purpose of this policy establishes the standards and procedures to assure that authorization of levels-of-care and development of individual plans-of-service are based upon thorough assessments appropriate to the needs of each person referred for services delivered through DWIHN provider networks. • The assessment policy must be completed to determine individual clinically appropriate levels of care and determine the member treatment plan goals and objectives. • All adults 18 years and older with serious mental illness (SMI) and/or substance use disorder (SUD) should be screened for depression at intake using the Patient Health Questionnaire (PHQ-9). Individuals with a current or past history of moderate to severe depression should have a repeat PHQ-9 at least quarterly. The PHQ-A should be used for all youth ages 11-17 to assess depression. • DWIHN telemedicine is allowed for telephonic screening along with the assessment. • For additional information please power point "DWIHN Assessment Policy".		
Action Items	**Assigned To**	**Deadline**
None Required		

4b) Item: Habilitations Support Waiver (HSW) – Jim Kelly
Goal: Review of HSW Policy and Procedure Updates
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: ☐ QI #___ ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___
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Discussion/Decisions Made		
Habilitation Support Waiver (HSW) – Jim Kelly The HSW policy was reviewed in July of 2020 revisions were made related to the support coordinator incentive program, the HSW procedure was reviewed in April 2021. MDHHS is changing how PHIP's report recertifications and adding new application to the MDHHS reporting system. DWIHN is required by MDHHS to utilize 99% or more of the slots that are allocated. Providers are encouraged to continue to identify members that could benefit from the HSW program. CRSP providers are required to review applications for accuracy and completion prior to submission to DWIHN. HSW applications will be sent back to the providers if more information is needed. For additional information please review PowerPoint presentation "Habilitation Supports Waiver–1915(c) (HAB *or* HSW Waiver) Policy & Procedure" for the following highlight areas: • Maintain & Increase Utilization • Application • Annual Recertification • Quality • HSW Procedure • Supports Coordinator Role • Designated Provider Agency HSW Contact/Reviewer • MDHHS Quality Review		
Action Items	**Assigned To**	**Deadline**
None Required		

4c) Item: DWIHN Wraparound Policy – Monica Hampton (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		
This policy will be tabled for the next meeting in June 2021		
Action Items	**Assigned To**	**Deadline**
Wraparound Policy to be reviewed at next meeting in June 2021.	M. Hampton	June 30, 2021

4d) Item: DWIHN Treatment Plan Planning Procedure – Danielle Dobija
Goal: Review of Treatment Plan Planning 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		
Treatment Plan Planning Procedure – Danielle Dobija Danielle Dobija discussed with the group the process for member Treatment Planning. The Treatment Planning process is attached to DWIHN's IPOS policy. The purpose of the training is to ensure the appropriate trainings are provided to staff who are responsible for implementing the supports and services identified in the plan. This includes training on a member's individual plan of service (IPOS), Wraparound Plan of Care (POC), crisis plan, behavior treatment plan (BTP), or other clinical treatment plan as authorized in the member's IPOS. The trainings are to be provided by the primary case holder or clinical specialists providing the services. If a member has a Behavior Treatment Plan (BTP) the psychologist <u>must</u> train all support staff on the BTP. The training log form captures all the critical information that is required for MDHHS. The training log is available on DWIHN's website and is attached to the Treatment Planning procedure and IPOS policy. For additional information please review the PowerPoint presentation "Treatment Plan Planning Training Procedure for Support Staff Policy" on the following highlighted areas: - New document - Amendment - Trainings - Exceptions - The required documentation - Trainings may take place virtually to meet the needs of the member and their staff. - Roles and Responsibilities - Training Log (attachment)		
Action Items	Assigned To	Deadline
None Required.		

5) Item: MDHHS 90 Day Follow-Up Review – Starlit Smith

Goal: Review of MDHHS 90 Day Follow-Up Review

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		
Starlit Smith informed the group that DWIHN has received notice from MDHHS to submit evidence demonstrating that the identified compliance issues have been corrected and systems are in place to ensure compliance. There is a great amount of work that must be completed within the network to ensure full compliance. Providers are required to ensure staff and supporting staff are trained on each members IPOS. Providers are also encouraged to read and review the BTPRC policies that are available on DWIHN's website. Supporting documentation is due to MDHHS on June 5th, 2021 demonstrating evidence that areas of non-compliance have been addressed. DWIHN's QI unit will continue to work with providers to make certain we are in full compliance.		
Action Item	**Assigned To**	**Deadline**
DWIHN QI unit will continue to work with providers to submit supporting documentation/evidence as required from MDHHS.	QI Unit and assigned providers	June 5th, 2021

6) 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		
Starlit Smith reviewed with the group updates from the CRSP remote reviews. Many providers have completed the 1st quarter case record reviews. Areas have been identified for improvement and providers must continue to develop Corrective Action Plans (CAPS) addressing scores below 95%. Overall scores are noted lower in the areas of Behavior Treatment, Coordination of Care and Autism. At this point, DWIHN's QI unit will continue to work with providers for any questions related to reviewing of charts and answering of any questions. Providers also are required to submit and review MH-WIN case record combined reports for monitoring and follow-up. If an individual has a legal guardian, court documents/petition must be placed in the members clinical record. Please review the 1st Quarter FY 20/21 Self-Monitoring Case Record Review Findings report for additional information.		
Action Items	**Assigned To**	**Deadline**
DWIHN's QI unit will request the Finance Unit to review the ATP policy and answer questions related to children. Providers are to review the 1st Quarter FY 20/21 Self-Monitoring Case Record Review Findings and compare it to their combined case record review scores. The group will discuss and review identified barriers and suggestions for improvements.	DWIHN's QI Unit Assigned Providers	June 30, 2021.

7) Item: Critical Events & Sentinel Events Processing - Sinitra Applewhite
Goal: Update for processing of CE/SE (MH-WIN)
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	Assigned To	Deadline
Sinitra Applewhite informed the committee of the following updates: • The next CE/SE training will be held on June 17th, 2021 please make certain to register for the training by sending an email to Carla Spright-Mackay. • CE/SE event training is required to be completed annually. • Report of Recipient Death (RORD) form is complete electronically in MH_WIN. • Do <u>not</u> send paper copies of the RORD form to DWIHN. • QI will provide additional training to providers for completing the RORD form in MH_WIN. • The death reporting procedure has been updated and is available on DWIHN's website.		
Action Items	**Assigned To**	**Deadline**
None Required.		

8) Item: Mission Based Performance Indicator - Justin Zeller

Quarter 2 (Due to MDHHS on 6/30/2021)
Goal: Review of MMBPI Data Submission and Requirements
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI #4 ☐ CC# ____ ☐ UM #____ ☐CR # ____ ☐ RR # ____

<Notes on discussion>

Discussion/Decisions Made		
Justin Zeller informed the committee that DWIHN's QI unit has received the majority of the completed reports with notes for Performance Improvement Plans. Providers that have been assigned to complete Performance Improvement Plans for Quarter 1 are <u>required</u> to submit plans to the attention of Justin Zeller on or before June 2, 2021. DWIHN's HSAG PMV review is scheduled for June 16th, 2021, the review will include evaluation of Quarter 1 MMBPI data. Quarter 2 MMBPI data is due to MDHHS on June 30, 2021. QI will forward Quarter 2 compliance reports to assigned providers by June 2nd, corrections msut be completed in MH-WIN by June 26th, 2021. Providers are required to continue review of the MMBPI data at their organizations through the MMBPI "View Only" module. This review should be ongoing within their organizations allowing for applicable exceptions and reviewing of recidivist members to improve reported outcomes.		
Action Items	**Assigned To**	**Deadline**
Justin Zeller will forward reminder emails to assigned providers to review Quarter 2 data. Applicable exceptions must be entered in MH-WIN by June 26th, 2021.	Assigned Providers	June 26th, 2021

9) Item: HSAG PMV Review – Tania Greason
Goal: Update of HSAG PMV Review
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems X Quality ☐ Workforce
NCQA Standard(s)/Element #: X QI #4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___
<Notes on discussion>

Discussion/Decisions Made		
Tania Greason shared with the group that the HSAG PMV review is scheduled for June 16th, 2021. DWIHN has submitted all the documentation as requested for the review. QI will inform the workgroup of the outcomes once received from HSAG. The draft report will be submitted to DWIHN on September 4th, 2021, allowing for the opportunity for feedback.		
Action Items	**Assigned To**	**Deadline**
DWIHN's QI unit will share with workgroup draft (preliminary findings) once received from HSAG	Tania Greason	September 30, 2021

10) Item: Provider Feedback – Group
Goal: Provider Discussion and Feedback
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		

Provider Question: What is driving the CRSP termination notifications sent to providers over the past three weeks. Notices are submitted directly to the organization's CEO and the members are actively receiving more than one service within the past 30 Days.
 	
Answer: QI was not aware of the CRSP termination notification but will reach out to internal unit to obtain more information and reports back to the providers. QI asked the providers to send Tania the members name and MH_WIN ID number.
 	
Provider Question: Who does providers contact to obtain Office Recipients Rights booklet for their agencies and can providers pick up booklet from DWIHN Office?
 	
Answer:
  1. Contact Mignon Strong, Deputy Director of ORR via mstrong@dwihn.org.
  2. DWIHN is not open for public use however you can coordination with the department for in person pick from the office.
 	
Provider Comment: BHTEDS was never discussed in this meeting and the provider want to ensure that everything was received for BHTEDS.
 	
Answer: Yes, BHTEDS will be address at the next quality meeting in June 2021.		

Action Items	**Assigned To**	**Deadline**
1. BHTEDS review will be scheduled for the June, 2021 QOTAW meeting 2. Review with DWIHN Crisis/Access team the CRSP member termination notices submitted to providers (CEO). 3. If there are additional topics that the providers would like to discuss in the QOTAW meetings, please send Tania or April an email a week prior to the meeting for follow-up and addition to the agenda topic items.	Tania Greason Tania Greason Providers	June 30, 2021 August 25, 2021 Ongoing

NEXT MEETING: Wednesday, June 30, 2021 via Zoom Platform

ADJOURMENT: 11:00 a.m.

ah_6.03.2021

Review of:

1. Policy – Last reviewed 12/2020 (due 12/2022)

2. Procedure – Last reviewed 04/2021

Policy – Maintain & Increase Utilization

- Providers will maintain current usage

- Providers will establish a procedure for identifying new/additional candidates for the HSW –
  - Have an intellectual disability (no age restrictions)
  - Reside in a community setting
  - Medicaid eligible and enrolled
  - Would otherwise need the level of services similar to an ICF/IID
  - Once enrolled, receives at least one HSW service per month
    - Community Living Support Staff, Out of Home Nonvocational Habilitation, Prevocational Services and/or Supported Employment

Policy – Application

- Assist identified candidates in application process
- Initiate Enrollment request:
    - HSW certification form
    - Signed release of protected health information
    - Review of current abilities and needs (Level of Care – Performance of Major Life Activity Form
    - Copy of current IPOS including the amount, scope & duration of each service needed developed using the PCP process (specific HSW goal with "active treatment)
    - Other supporting documentation, e.g., evaluations or professional notes, IEP for school-aged applicants (note if not in school)
- Review all applications for accuracy and completion prior to submission
- Respond promptly to "pend backs," issues and questions from DWIHN and MDHHS

Policy – Annual Recertification

- Confirm ongoing eligibility
  - Complete annual level of care assessment
- Ensure timely submission of required documents
- Respond promptly to "pend backs," issues and questions from DWIHN and MDHHS

Whenever it occurs, agencies must also advise DWIHN of any:
- Change in enrollment status
- Termination from the HSW Program
- Change in residency (to "non-community" or out of County)
- Report of Death

Policy – Quality

- Establish and implement quality assurance and improvement activities.

DWIHN will:

- Provide training and technical assistance
- Monitor and promote utilization
- Review all applications and recertifications and ensure their timely submission
- Facilitate regular provider meetings
- Work with providers in fulfilling MDHHS' quality assessments
- Oversee Supports Coordinator Incentive Program

HSW Procedure

Supports Coordinator Role

- Identify potential applicant
- Review Program with participant
- Conducts appropriate assessments, develops goals via person-centered planning process, incorporates into Individual Plan of Service
- Completes application packet
  - HSW certification form
  - Signed release of protected health information
  - Review of current abilities and needs (Level of Care – Performance of Major Life Activity Form
  - Copy of current IPOS including the amount, scope & duration of each service needed developed using the PCP process (specific HSW goal with "active treatment)
  - Other supporting documentation, e.g., evaluations or professional notes, IEP for school-aged applicants (note if not in school)
- Submits packet to Supervisor or agency designated HSW reviewer

Designated Provider Agency HSW Contact/Reviewer

- Reviews packet
  - For completeness
  - Verifies determination of medical necessity
  - Assures compliance with active treatment standard
  - Reviews goal(s) to ensure they are habilitative, measurable, etc.
  - Verifies appropriate signature, credentials, authorizations, etc. are included
- Submits completed and reviewed packet to DWIHN.

DWIHN

- Review packet within 10 business days
  - Verifies completeness, accuracy, etc.

- Uploads packet to MDHHS

Pend backs/inquires should be responded to within 5 business days.

No response after 20 will result in application withdrawal.

Annual Recertification

- Initiates recertification 60 days or prior expiration
  - DWIHN provides notice of renewals coming due within 90 days on a monthly basis (as well as past due renewals)
- Completes annual level of care assessment
- Completes recertification forms with current IPOS
- Submits completed renewal packet 45 days prior to expiration
- DWIHN reviews packet and submits to MDHHS

MDHHS Quality Review

- Occurs quarterly
  - Providers are to submit required documents in timely and complete manner in accordance with due dates set by MDHHS
  - Focus Areas
    1. Administrative Authority
    2. Level of Care
    3. Qualified Providers
    4. Participant Centered Planning
    5. Participant Safeguards
    6. Financial Accountability

Questions?

We are eager to help...	
DWIHN HAB Waiver Team	
Jim Kelly jkelly@dwihn.org (313) 498-5048	Karen Poljanac kpoljanac@dwihn.org
habwaiver@dwihn.org	

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Treatment Plan Training for Support Staff

Overview of Process and Log

May 26, 2021

Zoom Platform

Purpose

To ensure the appropriate training has been provided to staff who will be responsible for implementing the supports and services identified in the plan. This includes training on a member's individual plan of service (IPOS), Wraparound Plan of Care (POC), crisis plan, behavior treatment plan (BTP), or other clinical treatment plan as authorized in the member's IPOS.

Process

When a new document (IPOS, POC; Crisis Plan; Behavior Treatment Plan or other clinical document) is developed, all staff who work directly with the member are to be trained on the specific, individual components of the plan. All staff are to be trained prior to documenting their first service to the individual under the plan.

Process

When a document Amendment is completed to add or change services, all staff who work directly on the amended treatment services, goals or objectives are to be trained on the specific, individual components of the service. All staff are to be trained prior to documenting their first service to the individual under the amended change.

Process

The trainings will be provided by the primary case holder / clinically responsible service provider and by each specialized professional within their scope of practice. If determined to be able to safely and accurately communicate the learned information, those in attendance can be considered qualified to train other staff, i.e., Train-the-Trainer.

Process

The required documentation is <u>DWIHN's Treatment Plan Training Log.</u> This form captures critical information required to meet all MDHHS and DWIHN requirements.

Training Log

DWIHN Documentation Training Log

This form is to serve as a Training Record. It is essential that this form be completed each time a plan is developed or revised and retained in the member's record.

Member Name: _____   MHWIN #_____

Today's Date: _____   Today's Location: _____

Training Category:
- □ IPOS/POC   □ Physical Therapy Plan
- □ Plan Amendment   □ Speech Therapy Plan
- □ ABA Applied Behavioral Analysis (Autism Benefit)   □ Supported Employment Plan
- □ Behavior Treatment/Support Plan   □ Occupational Therapy Plan
- □ Other:_____   □ Vocational Plan

Date of Document selected above: _____

Staff being Trained

Check this box if training was completed virtually: ☐ include Start/Stop Times:_____/_____

Print Name	Sign Name	Title	Date

Staff providing Training

Check this box if training was completed virtually: ☐ include Start/Stop Times:_____/_____

Print Name	Sign Name	Title	Date

Process-Log

- All Documentation must be legible
- Each training session must be on separate log
  - Ongoing training sessions cannot be added to the form as a running list. When new staff are trained on a separate date you must have a separate form.
- All signatures must be dated and accompanied by a legible printed name.
- Form must be uploaded into the member's medical record in MHWIN, under Scanned and Uploaded documents, titled "DWIHN Training Log_DATE"
- All training documents must be maintained in the member's record.

Process-Log

Regarding **Train the Trainer**:

- Any staff that receives training and then trains others, must retain a copy of the initial training they received in the member's record.

- Evidence of the trainer training must be retained and available for review in order for future trainings they provide to be valid.

Virtual Training

Trainings may take place virtually to meet the needs of the member and/or their staff.

When done virtually:

- the trainings must take place via a secure platform;
- the staff receiving the training must have access to a copy of the document they are being trained on;
- The trainer must verify those in attendance and complete the training log, to include:
- The trainer will ensure that the training log is uploaded into MHWIN

Purpose

To ensure the appropriate training has been provided to staff who will be responsible for implementing the supports and services identified in the plan. This includes training on a member's individual plan of service (IPOS), Wraparound Plan of Care (POC), crisis plan, behavior treatment plan (BTP), or other clinical treatment plan as authorized in the member's IPOS.

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Print Name	Sign Name	Title	Date

Staff providing Training

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Print Name	Sign Name	Title	Date

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- The trainer will ensure that the training log is uploaded into MHWIN

MDHHS REQUIREMENTS FOR

BEHAVIOR TREATMENT PLAN REVIEW COMMITTEES

AND

OCCUPATIONAL THERAPY EVALUATIONS

DWIHN is proud to host the third training event with MDHHS on the requirements for the Behavior Treatment Plan Review Committees (BTPRC) with the focus on Occupational Therapy (OT) Evaluations/Scripts

Date/Time: Tuesday, June 8, 2021. From 1:00 p.m. to 2:30 p.m.

MDHHS Facilitators:

- **Mr. Price Pullins (Chief Psychologist)**

- **Ms. Charlyss Ray (Licensed Occupational Therapist)**

Objective:

- The objective of this training would be the MDHHS requirements for OT evaluations/scripts and BTPRC procedures, particularly for Restrictive Interventions, bedrails, helmets, belts, and mittens.

- MDHHS staff will provide clarity regarding the need for BTPRC oversight and/or review and the requirements for OT evaluations/scripts.

Intended Audience:

Current BTPRC members, OT evaluators, Recipient Rights staff, applicable QI staff, and others who may be responsible for writing or monitoring behavior treatment plans and occupational therapy evaluations/scripts.

To attend please use the link below:

Join Zoom Meeting
https://dwihn-org.zoom.us/j/98461916138?pwd=UGJoMVdrMjVPbCtKUGFVUm4yTHdnUT09

Meeting ID: 984 6191 6138
Passcode: 246728

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    888 788 0099 US Toll-free
    833 548 0276 US Toll-free
    833 548 0282 US Toll-free

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Passcode: 246728

Questions:

Please contact DWIHN Quality Improvement staff Fareeha Nadeem at fnadeem@dwihn.org