



Detroit Wayne Integrated Health Network SEDW Plan of Correction Overview

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Overview

- ▶ 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.

Administrative Procedures

A.3.3 Claims are coded in accordance with MDHHS policies and procedures. (PM I-1)

(incorrect CPT code for Wraparound for several months of the SEDW).

Remediation:

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

E.2.1 Level of Care evaluations are completed accurately. (evidence: sub-scores on CAFAS are consistent with notes and assessments in the record) (PM-B-3)

(LOC evals not occurring quarterly, nor do scores in evals match scores in assessments).

F.3.1: Parent was informed of right to choose among qualified providers. Evidence: Parent signature on Choice assurance.

F.3.2: Parent was informed of their right to choose among the various waiver services. Evidence: Certification form/Administrative Records/Clinical Records

Remediation:

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

P.3.1 The IPOS is developed through a person-centered process that is consistent with Family-Driven, Youth-Guided Practice and Person Centered Planning Policy Practice Guidelines. (PM-D-3)

Lack of evidence of choice voucher being offered:

Lack of evidence of preplanning being completed before the IPOS meeting

Remediation:

Completed an SEDW provider training on 1.25.21

Implementation of Person Centred Planning

P.3.3 The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care provider. (PM-D-2)

Lack of evidence of Coordination of Care with Primary Care Physician:

Remediation:

Completed an SEDW provider training on 1.25.21

Implementation of Person-Centered Planning

P.3.4 IPOS for enrolled consumers is developed in accordance with policies and procedures established by MDHHS.

Evidence:

1. IPOS contains meaningful and measurable goals and objectives.
2. Prior authorization of services corresponds to services identified in the IPOS. (PM-D-4)

Lack of measurable Objectives:

Lack of measurable Objectives, and recommendation for services in specific amt scope duration

Remediation:

Developing a specific IPOS training to occur by March 31st, 2021

Plan of Service Documentation Requirements

P.6.1 Services and supports are provided as specified in the IPOS including type, amount, scope duration and frequency. (PM D-7)

Services do not appear to be provided as recommended in the IPOS, per documentation available:

Along with above citations, the following **Technical Assistance** is being provided: Effective immediately, please discontinue the use of ranges (including language such as “at minimum”, “up to”) in reflecting the amt scope duration and frequency of recommended services. For best practice, these need to be specifically identified/recommended, with the amendment process used to adjust those levels of service, as the individual/family’s needs change.

Remediation:

Developing a specific IPOS training to occur by March 31st, 2021

Plan of Service Documentation Requirements

P.6.4 The IPOS was updated at least annually

REPEAT CITATION

P.6.5 The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant's needs (evidence: IPOS is updated if assessments/ quarterly reviews / progress notes indicate there are changes in the condition). (PM D-6)

Remediation:

Completed an SEDW provider training on 1.25.21

Waiver Participant Health & Welfare

G.1 Individual provided information/education on how to report abuse/neglect/exploitation and other critical incidents. (Date(s) of progress notes, provider notes that reflect this information.).

G.2 Individual served received health care appraisal.
(Date/document confirming _____)

Remediation:

Completed an SEDW provider training on 1.25.21

Staff Qualifications

Q.3.1 Clinical service providers and Wraparound facilitator are credentialed by the CMHSP prior to providing services. (Evidence: personnel records and credentialing documents – including licensure and certification and required experience for child mental health professionals). (PM C-1)

| *Insufficient evidence of CMHP:*

Remediation:

Completed an SEDW provider training on 1.25.21

Additional Remediation

- ▶ 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 providers