



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, June 24, 2020

Via Blue Jean Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|--|-------------|
| I. | Announcements | T. Greason |
| II. | Substance Use Disorder (SUD) | J. Davis |
| III. | DWIHN Telehealth Survey Results | A. Siebert |
| IV. | MDHHS Annual Review of DWIHN (members interview) | D. Dobija |
| V. | Remote Provider Audits | S. Denney |
| VI. | Medicaid Claims Verification Review (1 st & 2 nd Quarters) | S. Smith |
| VII. | Assertive Community Treatment (ACT) | E. Reynolds |
| VIII. | Behavior Treatment Workgroup (BTC) <ul style="list-style-type: none">• Annual Analysis – FY 2018-19• Analysis of 911 Calls• Tracking of Critical/Sentinel Event data | F. Nadeem |
| IX. | HSAG Review Results (add on) | T. Greason |
| X. | Mission Based Performance Indicator <ul style="list-style-type: none">• 2nd Quarter Data (due to MDHHS June 30th)• New reporting requirements – Quarter 3: Indicators 2a, 2b, and 3• Performance Indicator Providers Workgroup will convene July 29th | T. Greason |
| XI. | Provider Feedback | T. Greason |
| XII. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, June 2, 2020

Via [Blue Jean Platform](#)

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcement – 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		
<ul style="list-style-type: none"> DWIHN has updated our website which is user friendly and easy to access. DWIHN’s QI unit introduced and welcomed new hire Dayana Stevens, Clinical Specialist Questions regarding the UM Guidelines should be submitted through DWIHN’s email address pihauthorizations@dwihn.org. 		
Action Items	Assigned To	Deadline

2) Item: Medicaid Claims Verification Review 1st and 2nd Quarters – Starlit Smith

Goal: Review process for Medicaid Claims Verification Review

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		
DWIHN is required to perform annual Medicaid Claims Service Verification reviews to assess the validity of claims and encounters submitted by Network Providers. Starlit Smith informed the workgroup that DWIHN’s QI unit is currently in the process of completing the Medicaid Claims verification for FY 2019-2020. QI has forwarded to providers the audit tool and a listing of identified claims for 1 st and 2 nd quarters. Providers are to review and provide documentation for each question as outlined on the tool. Supporting documentation must be submitted back to DWIHN by secure mail and utilizing the message box in MH-		



WIN. Each selected provider will receive information including the process/information for any questions and or additional assistance which may be required. The Medicaid Claims Service Verification request have been forwarded to both the QI Directors and the CEO of the providers organizations.		
Action Items	Assigned To	Deadline
Providers to complete and submit requested documentation to the assigned DWIHN staff.	Assigned Network Providers	September 30, 2020

3) Item: Substance use Disorder (SUD) Updates – Judy Davis

Goal: Update of DWIHN’s SUD program

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: **X QI # 2** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<ol style="list-style-type: none"> DWIHN’s SUD Unit has completed the 6th Annual Recovery Self-Assessment survey where the clients measure their perception on how DWIHN is doing in its recovery-oriented system of care overall DWIHN received an 80% satisfaction rate. The PHIP Directors are having discussions on changing the universal policy implementing the GAIN as the universal biopsychosocial assessment tool that should be in effect by October 2020 however the SUD PIHP’s Directors are looking at another tool which is called the ASAM Biopsychosocial Assessment Tool and does not require a lot of training. MDHHS has approved a two dollar increase for SUD agencies that provide residential and withdrawal management services. SUD has begun to accept MDOC claims population effective April 2020, currently SUD is sending out information to the SUD providers letting them know that you have MDOC claim at your agency. DWIHN IT unit have a system in place where the SUD providers can go into MH-WIN and identify their client to check if they are MDOC and began to report the monthly reports to the appropriate Probation Officers or Parole Agent. The SUD providers will receive an email from Judy Davis or someone from SUD indicating that they have a MDOC claim and you can begin to send out monthly progress notes to the designated Probation Officers or Parole Agent. 		
Action Items	Assigned To	Deadline



4) Item: DWIHN Telehealth Survey Results – April Siebert

Goal: Review and discuss findings from the Telehealth Survey

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems X Quality Workforce

NCQA Standard(s)/Element #: X QI #5 CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>The DWIHN telehealth questionnaire was submitted to the provider network on May 12th with a due/close date of May 24th, 2020. The telehealth survey questionnaire included 20 questions across several focus areas. DWIHN is focusing on how to better understand how telehealth is being used in its network during the pandemic, the pros and cons of the using telehealth services. The survey was emailed to 1000 <u>practitioners</u> in DWIHN’s provider network. Listed below are some of the key points from the DWIHN Telehealth survey:</p> <ul style="list-style-type: none"> a) The larger providers serving a 1000 or more members as using the Telehealth services and are primarily SUD providers and outpatient providers. b) 93% of the providers started using the Telehealth survey after March 13th, 2020. c) The types of devices that are utilized for the Telehealth services include the following 77% of staff utilize laptops, tablets and 36% used cell phones. d) DWIHN Telehealth sessions were being documented on process notes each session ranged from 45-60 minutes and the providers used Zoom to conduct these sessions. e) DWIHN use the data to collect and develop a process for improvement and other initiatives that will systematically enhance DWIHN’s capacity to address the needs of Telehealth services in our system. f) DWIHN found that 70% of the respondents that participated in the survey reported being satisfied using the Telehealth process. g) DWIHN will use this data to analyze and gather a better understanding of the Telehealth services within the network for developing processes for improvement, as DWIHN maneuvers through a new process of conducting business remotely and serving the members. 		



5) Item: MDHHS Annual Review of DWIHN (members interviews) – Daniel Dobija

Goal: Update for MDHHS Annual Review

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		
Daniel Dobija informed the workgroup that the MDHHS Annual Review is still in progress. In May 2020 QI reported that MDHHS reviewers were not going to proceed with the surveys and interviews for our members served. MDHHS has changed the protocol and will begin conducting interviews starting immediately. All the members that were selected to be interviewed have been notified and will receive a call from MDHHS within the next week.		
Action Items	Assigned To	Deadline
QI Unit will share MDHHS audit results with Workgroup after completion.	QI Unit/MDHHS	TBD

6) Item: Remote Provider Audits – Sara Denney

Goal: Review of Remote Provider Audits

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #11** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<ul style="list-style-type: none"> • QI has stated its annual reviews which will be conducted remotely. • QI will provide a 30 day notice to providers. • The remote reviews will utilize the current audit tools with providers downloading information either through MH-WIN (secure email) or via email. 		



Action Items	Assigned To	Deadline
Quality Improvement Unit to continue to conduct reviews remotely.	QI Unit	Ongoing

7) Item: Assertive Community Treatment (ACT) – Ebony Reynolds

Goal: Review of the ACT Program

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #10** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
The Clinical Practice Improvement (CPI) Team is responsible for the monitoring of DWIHN’s ACT services. Program Managers are assigned to members that meet global criteria through the appropriate levels of care. CPI has been reviewing members who are recidivist to determine if they can benefit from the ACT program. If it is determined that members can benefit from the program, CPI will reach out to providers for collaboration efforts. CPI is having ACT forum meetings every two weeks with the ACT team leads. The CPI unit works in conjunction with the CRSP providers regarding the ACT services that are available. CPI also has a pilot ACT stepdown model the has been recently implemented. As information becomes available the results from the Piolet program will be shared with the QOTAW.		
Action Items	Assigned To	Deadline
ACT stepdown piolet program information will be shared with the QOTAW as available.	Ebony Reynolds	Tentative – October 2020.

8) Item: Behavior Treatment Plan Workgroup (BTPC) – Fareeha Nadeem

Goal: Review BTPC Workgroup Structure

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #6** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
Fareeha Nadeem provided a brief overview for the background of BTAC which started in FY 2017. The BTAC Workgroup consists of DWIHN Staff, Chief Medical Officer, Psychologist, Office of Recipient Rights, and nine representatives within our provider network. The main function of the Workgroup is to review and analyze the functioning of the nine behavior treatment plans (BTPs) review Workgroups across		



<p>DWIIHN and review the effectiveness of each Workgroup. During FY 2018-19 DWIHN was in full (MDHHS) compliance with it BTP’s process. The BTAC has begun to conduct clinical case validations reviews for complex cases for the first time as a PIHP. Case validations reviews are required by MDHHS and they are different from services authorizations reviews. Fareeha provides ongoing consultation to our provider network to review complex cases that are also reviewed with our Chief Medical Officer through the BTC monthly meetings. DWIHN submits quarterly data analysis reports to MDHHS which will continue during this fiscal year. MDHHS has also provided DWIHN with technical assistance training to our provider network during FY 2018-19. Training was inclusive of how to correctly use and complete data sheets and what are the procedures and protocols for completing BTPs. For additional information please review PowerPoint presentation “DWIHN Behavior Treatment Advisory Workgroup (BTAC) Summary of Data Analysis Reports FY 2018-19” on the following below:</p> <ul style="list-style-type: none"> • Total Behavior Treatment Plans Submitted • Use of Medication • 911 Calls/Critical Events • Future plans for the BTAC 		
Action Items	Assigned To	Deadline
QI Unit to continue and submit findings and data analysis reports to the QOTAW.	Fareeha Nadeem	Ongoing

10) Item: Michigan Mission Based Performance Indicators (MMBPI) Update – Tania Greason

Goal: Update of MMBPI

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **QI #4** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made	Assigned To	Deadline
<p>2nd Quarter Data (due to MDHHS June 30th)</p> <ul style="list-style-type: none"> • DWIHN MMBPI 2nd quarter data covers January, March and April 2020 and will be submitted MDHHS on June 30th, 2020. • DWIHN is meeting all of the PI’s with the exception of PI-#4a (92%) and PI # 10 adults scored 21% standard- 15% • QI, IHC, UM, Crisis Intervention units and the ACT team has developed a workgroup to work with that will evaluate and assist members from continually being re-admitted into the hospitals. 		



<p>New reporting requirements – Quarter 3: Indicators 2a, 2b, and 3:</p> <ul style="list-style-type: none"> DWIHN MMBPI 3rd quarter data for PI-#2a and PI #2b began April 16, 2020 which will <u>not</u> allow the PIHP to exclude exceptions. The new code book is available on DWIHN website under Quality Operations Please start reviewing new code lines for PI-2a, PI-2b and PI-3 for ongoing services for behavior health members. 		
<p>Performance Indicator Providers Workgroup will convene July 29:</p> <p>Performance Indicator Workgroup meetings will reconvene on July 29, 2020 via Blue Jean Platform and if you would like to be part of this workgroup please reach out to Tania Greason or Justin Zeller.</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>Performance Indicator data will continue to be reviewed with the QOTAW. Performance Indicator Provider Workgroup will convene on July 29th, 2020 and will meet quarterly.</p>	<p>QI Unit</p>	<p>Ongoing</p>

11) Item: HSAG Review Results Update – Tania Greason (add on)

Goal: Review and update of HSAG 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>

<p style="text-align: center;">Discussion/Decisions Made</p>		
<p>Tania Greason informed the Workgroup that the HSAG Performance Measurement Validation Review will be held on July 9th, 2020. QI continues to work with providers in reviewing their data and providing technical assistance to ensure that data is as accurate. Once the final results from the HSAG (PMV) review is complete the information will be shared with the QOTAW.</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>HSAG (PMV) results will be shared with the QOTAW once received.</p>	<p>QI Unit/T. Greason</p>	<p>October 2020.</p>

Provider Questions/Comments

None



NEXT MEETING: Wednesday, August 26, 2020 via [Blue Jean Platform](#)

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DETROIT WAYNE INTEGRATED HEALTH NETWORK

**Detroit Wayne Integrated Health Network
Behavior Treatment Advisory Committee
(BTAC)**

**Summary of Data Analysis Report
Fiscal Year 2018-19**



Background

- Detroit Wayne Integrated Health Network (DWIHN) started Behavior Treatment Advisory Committee (BTAC) in 2017.
- The Committee is comprised of DWIHN network providers, members, DWIHN staff, including Psychiatrist, Psychologist, and the Office of Recipient Rights.
- The Committee oversees the functioning of nine Behavior Treatment Plan Review Committees (BTPRC) across DWIHN network and evaluates each Committee's overall effectiveness and corrective action as necessary.



Accomplishments of the Behavior Treatment Advisory Committee

- ✓ DWIHN is in full compliance with Behavior Treatments Plans.
- ✓ Started Clinical Case Validation Reviews for complex cases for the first time as PIHP.
- ✓ Expedited Procedure for Behavior Treatment Plan Review in emergent situations was developed and incorporated into DWIHN Policy. There was no formal procedure developed previously for emergent reviews.
- ✓ Similarly, for the first time DWIHN started submitting quarterly data analysis reports on system wide trends of Behavior Treatment Plans to MDHHS



- ✓ DWIHN started submitting quarterly data analysis reports on system wide trends of Behavior Treatment Plans to MDHHS
- ✓ MDHHS conducted two full day training events on Behavior Treatment Plans Procedures for DWIHN network providers with MDHHS in FY 2018-19. Five Continuing Education Units were approved for each training day. There was no technical assistance arranged on Behavior Treatment Processes previously.
- ✓ 533 members on Behavior Treatment Plans in FY 2018 -19
- ✓ 1815 authorizations for Behavior Treatment Plan Services in FY 2018 -19



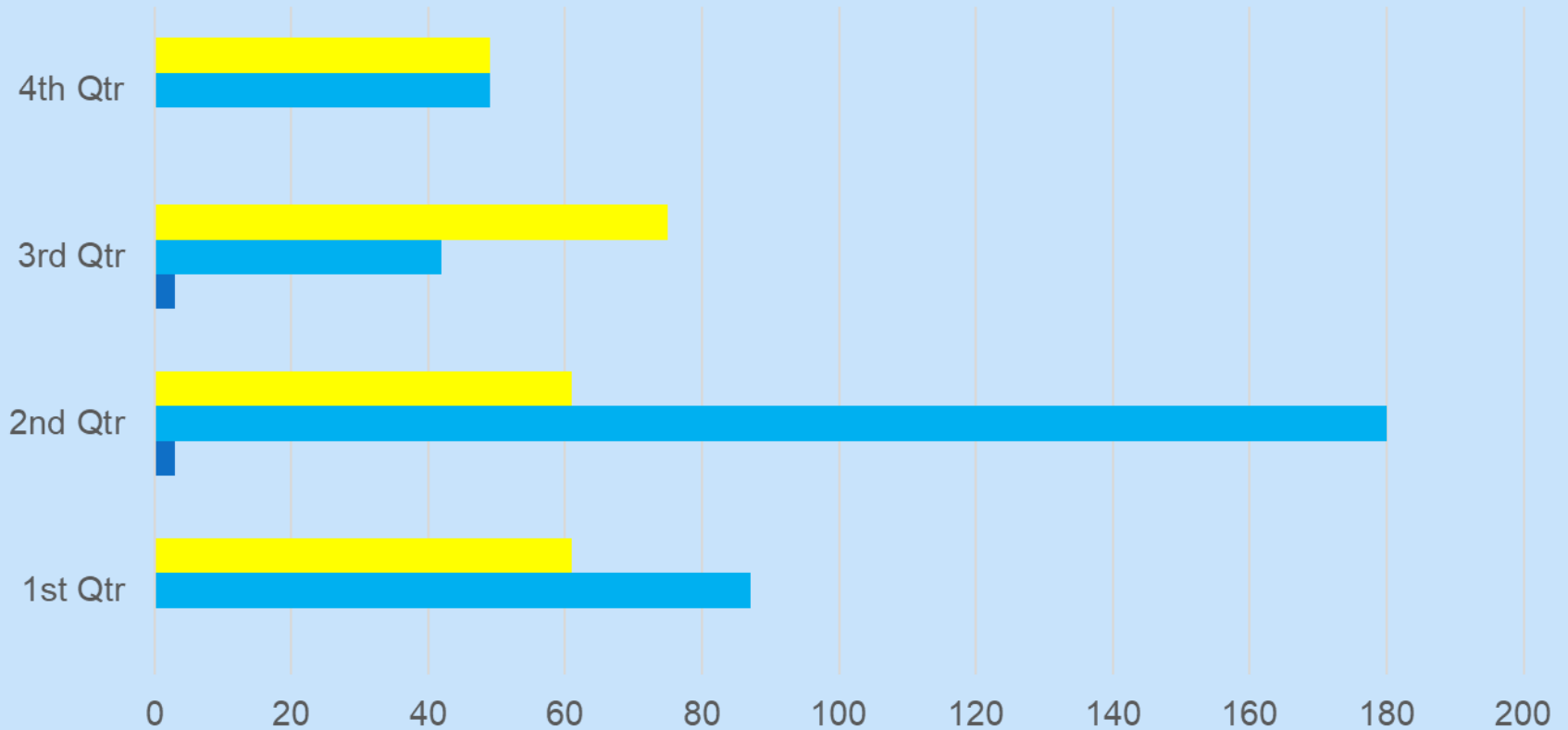
Methodology

The analysis is based on the data submitted by Behavior Treatment Plan Review Committees of:

- Wayne Center
- Neighborhood Service Organization
- The Guidance Center
- Team Wellness
- The Children's Center
- Community Living Services
- Hegira
- MORC Human Services of Wayne County

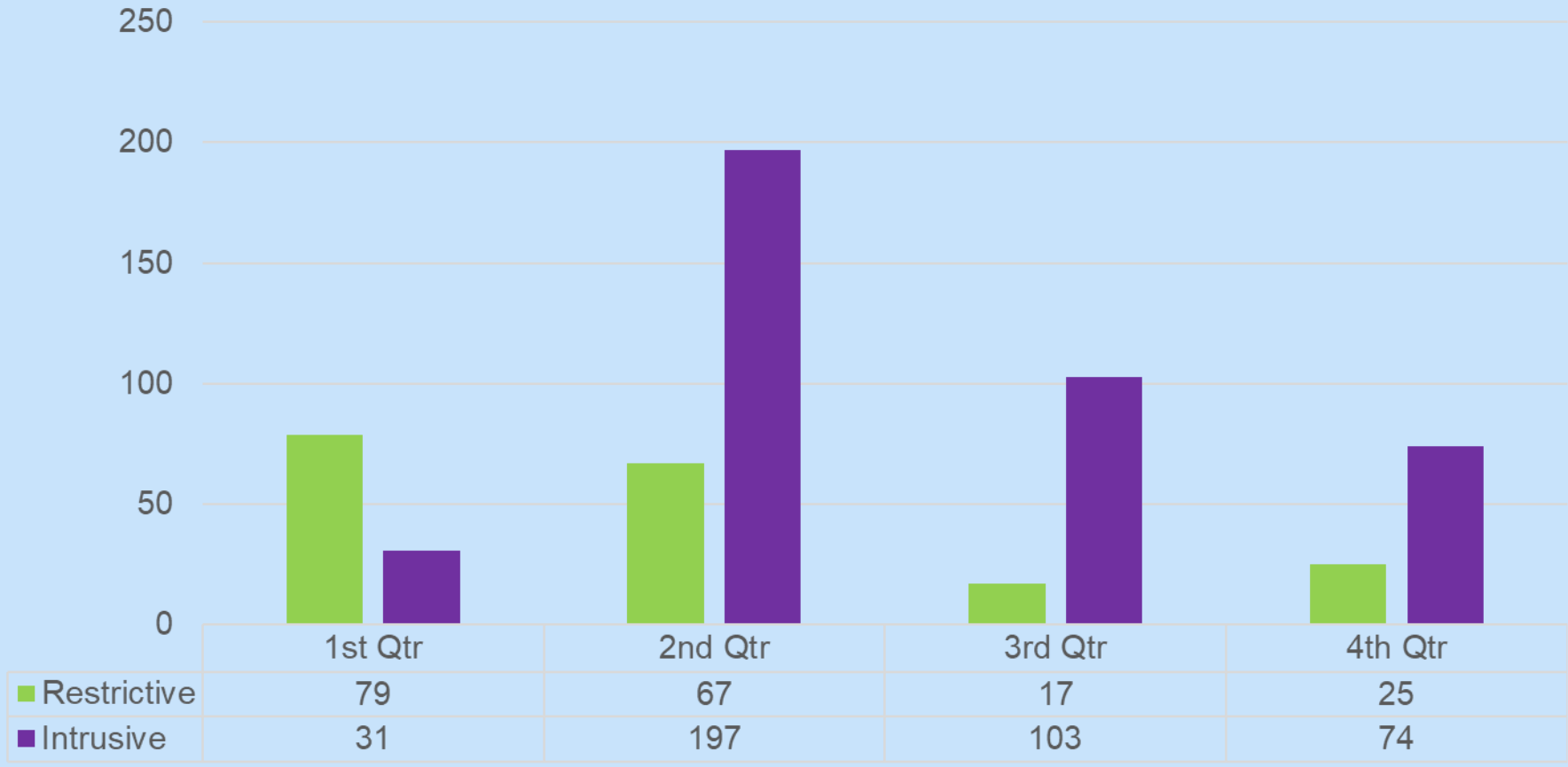


Total Behavior Treatment Plans Submitted

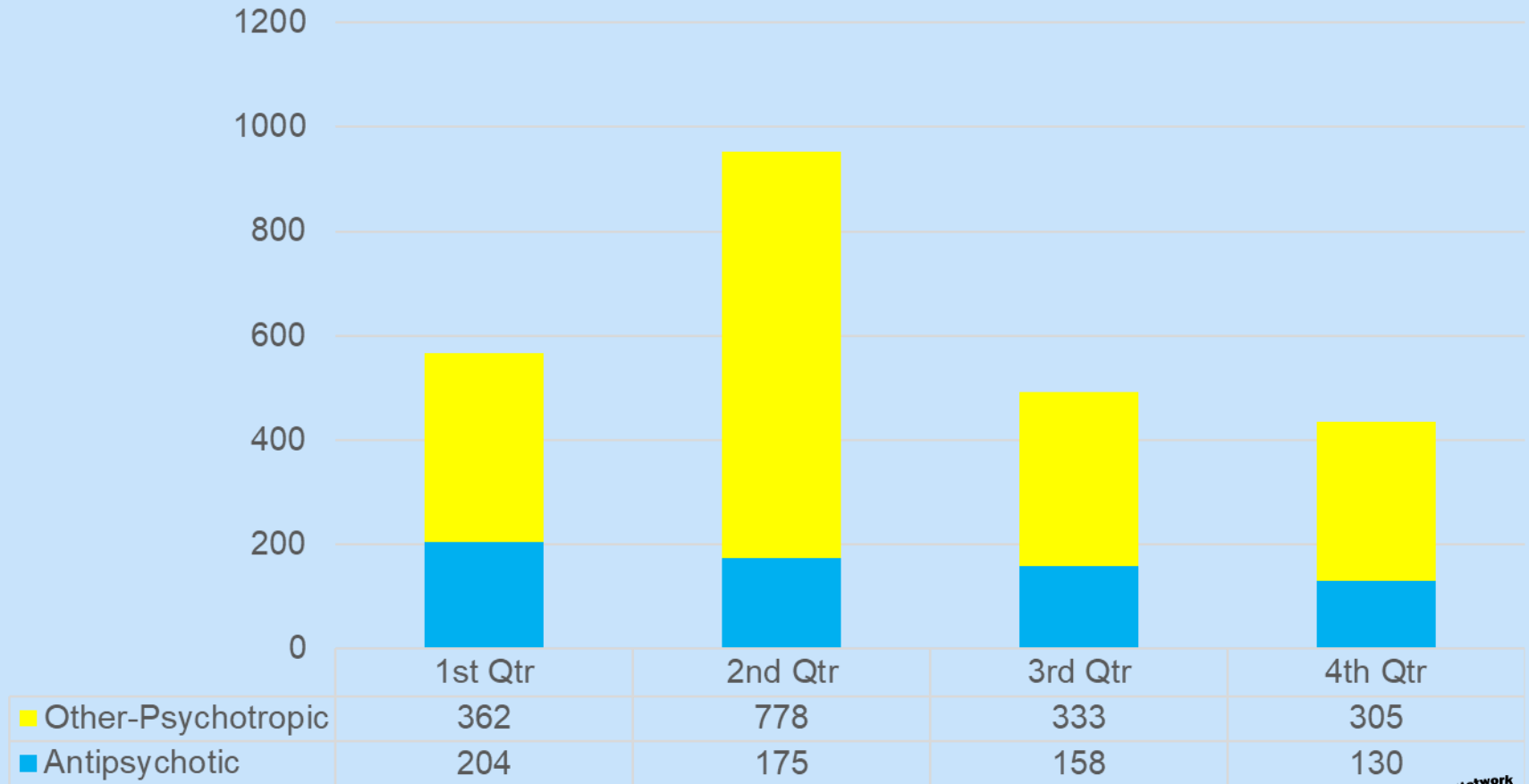


	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
New	61	61	75	49
Continued	87	180	42	49
Discontinued	0	3	3	0

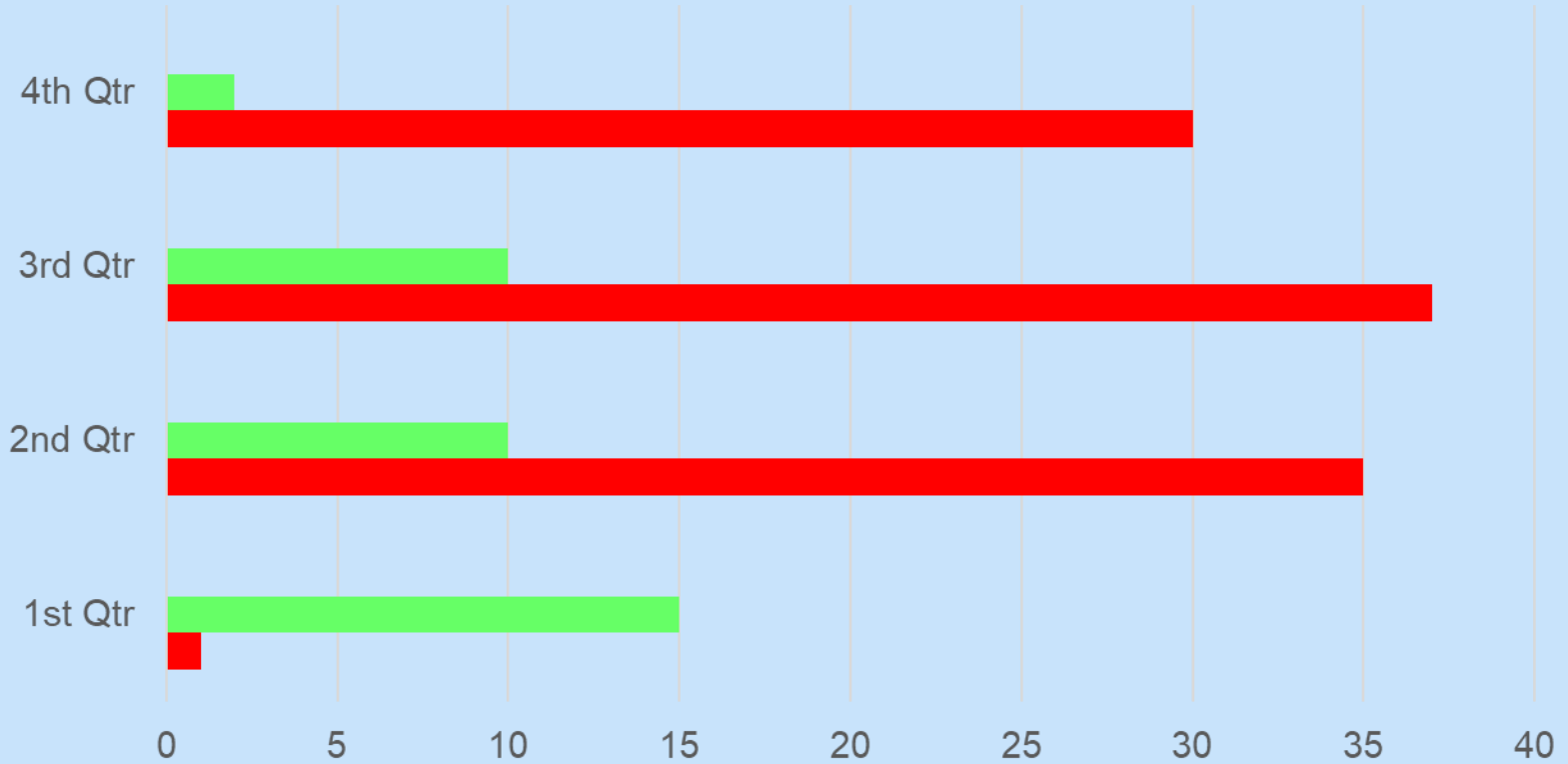
Restrictive and Intrusive Interventions



Use of Medication



911 Calls / Critical Events



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
■ Sentinel Events	0	0	0	0
■ Critical Events	15	10	10	2
■ 911 Calls	1	35	37	30

Future Plans for the BTAC

- ⇒ Continuation of Case Validation Reviews
- ⇒ To Improve Monitoring - MH-WIN Notification Banner for Members on BTPs
- ⇒ BTP Requirements Uniform at the System Level
- ⇒ Statewide Comparison of DWIHN BT Data with the Nine PIHPs in Michigan
- ⇒ Virtual Training with MDHHS for DWIHN BTPRCs

