



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, January 15, 2020
Second Floor Training Room
9:30 a.m. – 11:00 a.m.

- | | | |
|-------|--|-----------------------|
| I. | Announcements – | T. Greason |
| II. | Substance Use Disorder (SUD) – | J. Davis |
| III. | DWPHN Policy Review: <ul style="list-style-type: none">o Re-engagement Disenrollment Policy - | M. Vasconcellos |
| IV. | NCI Survey – | M. Keyes-Howard |
| V. | Performance Indicator - <ul style="list-style-type: none">o 4th Quarter Data (Overview)o New Reporting (Quarter 3 – FY 2020) | T. Greason/J. Zeller |
| VI. | Claims Audit (FY 2019) | S. Smith |
| VII. | Case Record Review Tool – <ul style="list-style-type: none">o FY 2019-20 | D. Dobija |
| VIII. | Support Intensity Scale (SIS) Overview <ul style="list-style-type: none">o MORC | R. Leininger/K. Lord |
| IX. | Provider Practice Improvement Trainings | T. Greason |
| X. | Provider Meeting Feedback | A. Siebert/T. Greason |
| XI. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, January 15, 2020

Second Floor Conference Room

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcement – April Seibert

Goal:

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

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

Discussion/Decisions Made		
<ul style="list-style-type: none"> MDHHS Audit is schedule for March 9 – April 3, 2020 The standardized IPOS module has been developed effective January 15,2020 for implementation and use. The UM department will continue to review and train providers as needed. 		
Action Items	Assigned To	Deadline
None Required		

1) Item: DWIHN Compliance Officer Update – Bernard Hooper

Goal: Review of requirements for Providers in DWIHN’s provider network.

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 # ___

Discussion/Decisions Made		
Bernard Hooper informed the committee that DWIHN’s Corporate Compliance Plan for FY 2020 is an annual part of DWIHN’s provider network assessment. The assessment is used to identify compliance risks that are within the network. The Corporate Compliance Plan include two specific areas to be addressed within the network that are inclusive of the development and implementation of the IPOS and the development of Behavior Treatment Plans (BTP) as needed.		



<p>I. Through audit reviews and the UM approval processes at DWIHN, it has been identified that member’s IPOS documentation is not specific to identified goals etc. There are opportunities for the Supports Coordinators and or Case Managers to be more specific and focus on the goals and objectives for those specific individuals. DWIHN has found that individuals are receiving treatment that is not appropriate for members and or not receiving treatment that should be captured in the IPOS documentation. DWIHN will continue to work with our provider network to address identified issues and offer training as required. It is important that all QOTAW members are aware of the identified issues because we are all involved with the development of the IPOS for our members served.</p> <p>II. In addition, it has been noted through compliance reviews with QI, UM and ORR that there have been instances in which providers have been requested to send corrective action plans (CAP) but have not done so within a timely fashion. DWIHN is finding that there are extended periods of time; often several months in which providers have been requested to submit a CAP where there is no response or follow up from the provider. Going forward, DWIHN will review a process in which possible provider sanctions can occur for non-adherence to requests. Sanctions can be financial in terms of withholding payments and or in terms of stopping service referrals, possible sanctions will be noted in provider contracts.</p>		
Action Items	Assigned To	Deadline
Providers to review contracts for possible sanctions for non-adherence to submission of CAP’s and review requirements.	DWIHN Provider Network	On-going



2) Item: Substance Use Disorder (SUD) – Judy Davis

Goal: Update for SUD Unit

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		
<p>Judy Davis informed the committee of the following:</p> <ul style="list-style-type: none"> • DWIHN SUD is co-hosting the Town Hall meeting with MDHHS on January 17, 2020 at WCCC from 2:30 pm – 3:30 pm. • SUD will be taking over the contract for the Michigan Department of Correction (MDOC) will begin servicing probationers and parolees for MDOC effective May 1, 2020. • SUD has begun its gambling disorder residential treatment program effective January 1, 2020. DWIHN has two providers that received grants Share House and Marina Inn. If you have anyone that you feel may qualify for this program please let SUD know by calling their assess number, you don't have to be a Wayne County resident to qualify for this program, nor do you have to have health insurance. However, there are limited to only 30-clients that can be enrolled per year. • Narcan training program is still ongoing to date SUD have saved over 500 lives if you are interested in having a naloxone training please contact Nakia Payton via email npayton@dwihn.org. • SUD Providers Meeting will be held on January 22, 2020 location TBD. 		
Action Items	Assigned To	Deadline
None Required		



3) Item: Re-Engagement Disenrollment Policy Review – Michele Vasconcellos and Bonnie Herndon

Goal: Review revised Re-Engagement Disenrollment Policy

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		
<p>Michele Vasconcellos informed the committee that DWIHN’s Re-Engagement Disenrollment Policy has been in the developmental stage for several months. A collaborative effort has been implemented through DWIHN’s units for the development of the policy. The CRSP providers were submitted a memorandum from Eric Doeh, Chief Operating Officer announcing to the clinical and quality administrators that DWIHN has revised its member’s disenrollment policy to ensure the clinically responsible CRSP are clear on their responsibility reengaging DWIHN members. Prior to DWIHN taking, those final steps from dis enrolling the member from DWIHN active membership, which went into effect on Monday January 6, 2020, DWIHN will be provide training and technical assistance as needed.</p> <p>CS will be asking the CRSP providers to identify one individual from each organization that will be responsible for carrying out the disenrollment policy and the CRSP providers with a targeted completion date of January 24, 2020. Michelle asked the group to forward that information to Bonnie Herndon along with any questions via email to bherndon@dwihn.org.</p> <p>Michelle continued to provide an overview of the PHIP Re-Engagement and Disenrollment Policy and stated this policy is for the Clinically Responsible Service Providers (CRSP) as well as SUD program and contracted providers. Providers must initiate re-engagement prior to a case closure for children and adults who never started or are no longer receiving mental health, developmental disability and/or SUD services. It is not until after a case closure has occurred the DWIHN will begin the disenrollment process. The application applies to all the individuals DWIHN serve with the exception of the members enrolled in MI Health Link program. In term of the policy, there are several keywords and definitions. Please review DWIHN “PIHP-Re-Engagement and Disenrollment Policy” on the following items below:</p> <p>Keywords:</p> <ul style="list-style-type: none"> a) Case Closure b) Developmental disability c) Dis-enrollment d) Enrollment 		



<ul style="list-style-type: none"> e) Functional impairment f) Line of Business g) Line of Initiation h) Re-engagement i) Serious emotional disturbance j) Serious mental illness <p>Standards:</p> <ul style="list-style-type: none"> a) CRSP Re-Engagement b) Case Closure c) Clinical Factors d) Administrative Factors e) PIHP Dis-enrollment f) Persons Wishing to Return to DWIHN for Services g) Documentation 		
Action Items	Assigned To	Deadline
Customer Service to reach out to CRSP provider network for review and implementation of policy and provide trainings and technical assistance as needed.	CS	March 1, 2020



4) Item: Performance Indicator – Tania Greason

a) 4th Quarter Data

b) New Reporting (Quarter 3 FY 2020)

Goal: Review of Performance Indicators

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		
<p>Tania Greason stated that DWIHN did met all of the standards for Q4 with the <u>exception</u> of Indicator # 10, recidivism which received an overall score of 19.03%. Tania reviewed the 4th quarter data identifying members who were hospitalized with more than one admission. QI will meet with UM, Access Crisis, and IT departments to identify those members later this month then reach out to the CRSP Providers to let them know their members have been admitted in the hospital more than one time during the 4th quarter. Effective Q3 MDHHS will develop and implement new reporting requirements for Indicator # 2, 2b and 3. Providers will receive notification as received from MDHHS.</p>		
Action Items	Assigned To	Deadline
<p>Internal Recidivism meeting to review continuous non-compliance</p>	<p>Tana Greason</p>	<p>On-going</p>



5) Items: Claims Audit (FY 2019) – Starlit Smith

Goal: Review of Claims Audit

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		
<p>Starlit Smith informed the committee that for this group most of the providers are familiar with the Claims auditing process required by MDHHS. On an annual basis a sample of the Medicaid claims are reviewed for accuracy, compliance and fraudulent actives. For the first and second quarter, QI is responsible for reviewing 381 Medicaid claims. Of those 381 claims, QI successfully reviewed 358. Of the total claims reviewed, 269 were in compliance at 100%. There was a total of 67 providers where POC's was required including possible recoupment of funds. For the third and fourth quarters, there were a total of 823 claims for review, reporting of compliance will be reviewed and shared with this committee once complete. For those providers who score less than 95% a plan-of-correction (POC) will be required. In addition, QI is finding that the outpatient providers do not have a copy of the signed IPOS forms. In addition, QI have identified that some providers are not identifying the start and stop time of service. Case managers must make certain that members PCP's contain the correct service modifiers and related billing codes.</p>		
Action Items	Assigned To	Deadline
<p>Providers to receive and respond to required POC's if applicable</p>	<p>QI Unit/Service Providers</p>	<p>March 1, 2020</p>



6) Items: Case Record Review Tool – Danielle Dobija

Goal: Review of progress for Case Record Review Tool.

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		
<p>Danielle Dobija met with case record review workgroup for review and revisions to the case record review tool for FY 2019-20. The workgroup has made recommendations to reduce redundancies and improve clarity of reviews. The workgroup will meet on January 16, 2020 and will be sending the recommendations to DWIHN leadership team for final approval. Hopefully the tool will be rolled out by the end of January 2020, Danielle will send a summary and/or a PowerPoint highlighting the added information for the 2019-20 case record review tool.</p>		
Action Items	Assigned To	Deadline
<p>Summary and PowerPoint will be distributed to providers for review of the updated 2019-20 Case Record Review too.</p>	<p>QI</p>	<p>January 31, 2020</p>



7) Items: Provider Practice Improvement Training – 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		
Action Items	Assigned To	Deadline
Tabled for February		

8) Items: NCI Survey Customer Service (CS) – Margaret Keyes-Howard

Goal: Review/status of NCI Survey Request

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		
<p>Margaret thanked the group for the participation in the NCI survey documentation. All the documentation was conducted by Wayne State University. Although documentation has been submitted to Wayne State, there is the possibility that we (DWIHN) and the providers may be asked for additional information. Customer Service (CS) assisted with obtaining missing information on the survey Wayne State researchers are very adamant with not receiving any empty fields on the survey which would allow for non-significant outcomes. In addition, the interviews should start around the 1st of February 2020. CS is also embarking on the Member’s Experience Survey and working with Wayne State University the School of Urban Studies. The survey is out to adults and CS is planning to survey about 800 adults in DWIHN system randomly. In addition, for the very first time CS will be conducting a Children ECHO survey. CS will start making calls and organizing the surveys around February 8th. CS will also be assisting with making follow up calls for surveys that are not returned. These surveys will be available in three different languages for those individuals who may want to participate. In term of moving toward NCQA, accreditation, CS will be requesting from all the provider quality managers</p>		



member experience surveys. For NCQA preparation, CS will be requesting the quality managers to submit client customer member experience satisfaction data/surveys.		
Action Items	Assigned To	Deadline
CS will follow up with service providers for request of client CS surveys	Customer Service	February 28, 2020

9) Items: Support Intensity Scale Overview/Training – Ryan Leininger/Katie Lord

Goal: Review of SIS Requirement

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		
<p>Ryan Leininger (MORC) discussed the SIS referral process. Ryan also informed the committee about the providers role as a key component to assisting members with the completion of the SIS. Ryan provided the group with a brief history of the SIS in Wayne County. In 2014 MDHHS implemented the requirement for completing the SIS Assessment for all I/DD diagnosed individuals 18 years of age and older with active Medicaid and currently receiving SC services.</p> <p>Effective October of 2018, MORC schedules and completes all SIS-A assessments for DWIHN’s provider network. For additional information please review the PowerPoint “SIS Overview DWIHN” for the following topics below:</p> <ul style="list-style-type: none"> • Referral Process • Consent and Notice of Privacy Practice (NPP) Required • Common Scheduling Challenges • What is a Deferral? • The SIS-A Report: • Setting Measurable, Meaningful and Achievable Goals • SIS Overview/SC Training • Need More Information 		



<p>In addition, please review handouts:</p> <ul style="list-style-type: none"> I. Support Needs Assessment Center II. Making the Most of the Supports Intensity Scale III. MORC: <ul style="list-style-type: none"> a) Consent for treatment form Notice of privacy practices/confirmation of receipt form 		
Action Items	Assigned To	Deadline
None Required		

Provider Questions/Comments

NEXT MEETING: Wednesday, February 15, 2020

ah_01/27/2020



**Detroit Wayne
Integrated Health Network**

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Member Disenrollment Letter

Date:

Address:

Member ID#:

RE: Disenrollment

Dear _____ or Guardian/Parent of _____ :

Detroit Wayne Integrated Health Network's (DWIHN's) records indicate that it has been several months since you last received behavioral health services in our network. Although attempts have been made by your provider to assist you in re-engaging in services, our records show there has not been any follow-up by you and/or on your behalf.

Regretfully, DWIHN has no other option than to begin the process for your disenrollment from our active client list. Should you wish to resume services, please do not hesitate in contacting DWIHN's Customer Service Unit at 313-833-3232. A Customer Service Representative will be available to promptly assist you with re-engagement via our Access Center and if needed they will provide coordination on how to obtain additional community referrals and/or resources.

Sincerely,

Michele A. Vasconcellos
Director, Customer Service

Board of Directors

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Dora Brown-Richards
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MORC AGENDA: Wayne Provider Meeting January 2020

Materials for distribution: SIS and Support Coordination flyer, SIS Overview Flyer, Consent, NPP forms

Introductions

- History of SIS-A in Wayne
who is eligible/needs a SIS (all adult individuals with active Medicaid and active SC services T1016/7)
- Review Distributed Materials
SIS Overview dates at MORC, 19805 Farmington Road, Livonia, MI 48152 (space is limited, reserve seat)
 - Tuesday, March 17, 2020 – 10:00 am – 12:00 pm
- Promoting SIS completions for DWIHN - Roles and expectations MORC, Provider agencies, and Supports Coordination/Case Managers
- Overview of the SIS

Referral Process

- MORC is sending Providers **pre-populated SIS referral forms to COMPLETE and return**
- DWIHN works with MORC we determine SIS eligible individuals due for a SIS
- Providers should also continue to send MI Health Link forms and/or forms for new or 18 YO cases that they identify need a SIS prior to MORC sending forms
 - All pre-populated information on the forms should be reviewed/confirmed (contact information, guardians, diagnosis, etc.)
Per DW - Information provided or updated on the forms should also be maintained by providers and populated in MHWIN.
- Common mistakes/missing info
 - Page two of the SIS referral forms MUST include a clinician, credentials, and diagnosis
 - Missing or outdated contact #s
- Providers must send forms by fax or email to MORC-
Alex - Pfaendtner, Alexandria <Alexandria.Pfaendtner@morcinc.org>
Fax: (586) 416-6149

Compliance – Required Consent and Notice of Privacy Practice (NPP) Receipt Forms

- MORC Corporate Compliance Officer has informed us that we are now required to have signed Consent for Treatment and Notice of Privacy Practice Confirmation of Receipt forms on file for all SIS Only individuals. Anything Wayne Providers can do to support the completion of the forms will assist us in completing more SIS assessments.
- MORC provides Consent and Notice of Privacy Practice (NPP) forms in multiple ways.
- Forms are included in mailings sent out to inform the individual/families (legally responsible parties) about the upcoming SIS.
Forms are also available on our website and can be mailed, faxed or emailed back.
- Agencies/Support Coordination can\should promote return by sharing at monthly visit or distributing at time of referral
- MORC cannot schedule a SIS - until we have Consent and NPP OR know the legally responsible parties will be present at SIS
- MORC tracks all contact attempts with agencies and with the family and shares info with DW as requested

Supporting scheduling and SIS completion

- Agencies/Support Coordination should be responsive to MORC's SIS team/assessor's questions in emails and calls to promote efficiency in scheduling.
- Support Coordination should provide individuals, families a heads up MORC will be reaching out
- Share the importance of a SIS Assessment and working with MORC- Flyer shared

Uses of SIS Report and Content

MORC CONTACTS – email sis@morcinc.org
Webpage - www.morcinc.org/snac/



Making the Most of the Supports Intensity Scale

The Supports Intensity Scale (SIS®) is a strength-based, comprehensive assessment tool that measures an individual's support needs in personal, work-related and social activities in order to identify and describe the types and intensity of the supports an individual requires. The SIS includes background information on health, medical conditions, activities of daily living and cognitive, social and emotional skills. The SIS was designed by AAIDD to be part of the person-centered planning process that helps individuals identify their unique preferences, skills and life goals.

WHY ARE YOU IMPORTANT TO THE SIS AND MORC?

- You are a critical piece of the SIS process and the individual's lives we serve
- We appreciate and value your input before, during, or after the SIS
- You know and understand the people you help better than anyone
- We understand your time is limited and appreciate any and all levels of participation in the SIS process

WHAT TO SHARE WITH INDIVIDUALS OR FAMILY?

- MORC SIS Assessors receive specialized training and certifications in administering the assessment
- Let the individual, their family, or circle of supports know that our specially trained assessors and staff will be calling to schedule the SIS
- Let us know who the best participants/respondents will be for the SIS (family, guardian, staff, SC)
- Encourage attendance/scheduling of the SIS
- We are flexible when setting appointment times and locations, to ensure we meet your needs
- The SIS is helpful for advocates and individuals served
- The SIS is not mandatory, but is a comprehensive planning tool that the majority of individuals in your county/agency are participating in
- The State of Michigan selected the SIS to be done once every three years or when supports change
- Our team is happy to call with more information and answer any questions or concerns

HOW CAN THE SIS HELP SUPPORT COORDINATORS/CASE MANAGERS?

- Helps you prepare for interim plans and the IPOS by summarizing potential new goals and objectives and documenting support needs
- Identifies key life activities as important or of interest to the individual served and/or their circle of supports for advocacy purposes
- Focuses on promoting feelings of safety and value, as well as increasing opportunities for community involvement
- May be used to track changes in support needs over time and to advocate for necessary resources or opportunities

WANT MORE INFO? Contact MORC to schedule a training or informational session at sis@morcinc.org or call 586-263-8796. AAIDD Training Webinars and additional info available at <http://aaid.org/michigan-sis-webinars>



MORC

The Supports Intensity Scale is a registered trademark of the American Association on Intellectual and Developmental Disabilities (AAIDD). AAIDD is the publisher, copyright holder, and sole owner of the SIS.



1/15/20
SIS Overview
DWIHN

Ryan Leininger, MS
Director, Support Needs Assessment Center

Katie Lord, MA, LPC
Training Manager, Support Needs Assessment Center



MORC
SUPPORT NEEDS
ASSESSMENT CENTER

1



Today's Agenda

- History of SIS-A® in Wayne Co.
- Brief Overview of the SIS
- Referral Process & Forms
- Required Consent
- Provider Role and Scheduling Process
- SIS Report Utilization

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MORC
SUPPORT NEEDS
ASSESSMENT CENTER

2

History of SIS in Wayne County

- **2014 State Implementation of SIS**
 - For all I/DD diagnosed individuals 18+ with active Medicaid currently receiving SC services

- **MORC scheduling and completing all SIS-A assessments as of Oct. 2018**

- **MORC SNAC Team**
 - Admins and Clerical
 - Trainers
 - MORC Assessors
 - Independent Contract Assessors



About SIS-A® Assessments

The meeting usually lasts 1½ - 2 hours and includes the individual and two other participants, who have known them a minimum of 3 months.

Common participants include:

- Individual Served
- **Supports Coordinator**
- Guardian, family, friends, or advocates
- Daily support providers (Vocational or CLS)
- Others from the circle of supports



About SIS-A ® Assessments

- Held at a location of individual's choice that is both private and comfortable
- Common locations include: Provider office, home or residence, Vocational Program



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Referral Process

1. DWIHN works with MORC to determine SIS eligible individuals due for a SIS
- 2a. MORC sends Providers **pre-populated SIS referral forms to COMPLETE and return within 1 week**
- 2b. Additionally: Providers may send us MI Health Link forms or MORC Referral forms for **new** or 18y/o cases that need a SIS *prior* to MORC referring



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Referral Process Cont..

3. All pre-populated information on the forms should be reviewed/confirmed (contact info, guardians, diagnosis, etc.) and sent to MORC

Providers must send forms by fax or email to MORC:

Alexandria.Pfaendtner@morcinc.org

Fax: (586) 416-6149



Referral Process Cont..


4. Per DWIHN, information provided or updated on the forms should also be maintained by providers and populated in MHWIN

5. MORC contacts Supports Coordinator to initiate scheduling process and identify valid Respondents

6. MORC will **not** complete a SIS if Medicaid is not active or case has unmet spenddown



Referral Form



**Supports Intensity Scale
Referral Form**

Today's Date: _____ MORC MRN: _____
 IPOS Date: _____
 Referral Source: **DWMHA SIS Only**

Beneficiary Information:
 First Name: _____ MI Name: _____ Last Name: _____
 Medicaid # _____ ConID (Member ID): _____
 DOB: _____ Age: _____
 Gender: Male Female

Home Address: _____ City: _____
 State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 County of Residence: _____ Primary Language: _____

SC Name: _____ SC Provider: _____
 SC Email: _____ Agency: _____
 SC Phone: _____

Referral Form

Family Emergency
 Contact First & Last Name: _____
 Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone 1: _____ Phone 2: _____

Guardianship
 Does Individual Have a Legal Guardian? Yes No

If Yes, Primary Guardian First & Last Name: _____
 Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone 1: _____ Phone 2: _____

If you have any questions or concerns regarding this form, please contact the MORC Support Needs Assessment Center at 586.263.8789 .Fax forms to (586) 416-6149 or email Alexandria.Pfaendtner@morcinc.org.

This area is for MORC use only

Authorizations dates: _____ Signature/Date: _____

Page 1 of 2

Form #: SIS-002
 Effective Date: 6/25/15
 Revision Date: 10/17/16

Last Name: _____ Medicaid # _____


Diagnosis Provided By (REQUIRED):

Clinician Name (with credentials): _____
 (Attestation: This is a valid diagnosis that is documented within the individual's health record).

I/DD Diagnosis ICD 10 (REQUIRED) (check any that apply):

<input type="checkbox"/> F70	Mild intellectual disabilities
<input type="checkbox"/> F71	Moderate intellectual disabilities
<input type="checkbox"/> F72	Severe intellectual disabilities
<input type="checkbox"/> F73	Profound intellectual disabilities
<input type="checkbox"/> F79	Unspecified intellectual disabilities
<input type="checkbox"/> F80.1	Expressive language disorder
<input type="checkbox"/> F80.2	Mixed receptive-expressive language disorder
<input type="checkbox"/> F80.4	Speech and language development delay due to hearing loss
<input type="checkbox"/> F80.81	Childhood onset fluency disorder
<input type="checkbox"/> F80.89	Other developmental disorders of speech and language
<input type="checkbox"/> F81.0	Specific reading disorder
<input type="checkbox"/> F81.2	Mathematics disorder
<input type="checkbox"/> F81.81	Disorder of written expression
<input type="checkbox"/> F81.89	Other developmental disorders of scholastic skills

Clinician,
credentials and
VALID I/DD
diagnosis
MUST be
included



Consent And NPP Required

- *MORC-specific* Consent for Treatment and Notice of Privacy Practice Confirmation forms are required prior to service delivery
- Forms and SIS information are mailed to individual/guardian prior to scheduling
- Forms are also available on MORC website and must be mailed, faxed or securely emailed



Consent and NPP Required

- Agencies/Support Coordination should promote return by sharing at monthly visit or distributing at time of referral
- MORC **cannot schedule a SIS** until we have Consent and NPP, *OR* know the legally responsible parties will be present at SIS
- MORC tracks all contact attempts with Providers and families and reports missing/unresponsive data to DWIHN



Scheduling Process

The SIS® Assessor will:

- Request information from Supports Coordinator as needed
- Call valid respondents (once identified by SC) for scheduling
- Inform respondents of process and answer questions
- Update SC with appointment date\time\location once scheduled



Scheduling Process

The SC should:

- Respond to email\phone calls
- Advise assessor of valid respondents
- Provide a heads-up to individual\guardian that MORC will be contacting and share the value of a SIS Assessment
- Inform Assessor of any scheduling timeline preferences or unique needs



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Scheduling Process Cont..

The SC should:


- If attending or needed as a respondent, will attend entire Interview
- Express Goal needs to interviewer prior to or during the interview
- Advise of extraneous circumstances or sensitivities



16

Common Scheduling Challenges


- Invalid or missing respondents
- Unanswered questions from Clinician
- Outdated contact information
- Confusion between SIS assessment and other meetings
- SC advising individual decline
- No shows \ repeat cancelations
- Missing required Consent\NPP



What is a Deferral?

Form that documents **Undeliverable SIS services** in a 90 day window due to:

- Death, Case Closure, Hospitalization
- Informed choice to decline by Individual\Guardian
- Unable to contact I.e., unresponsive Individual\Guardian
- Missing valid respondents (SC required)



Deferral Process


1. MORC populates a Deferral form and sends to SC and Supervisor
2. Form includes documentation of contact attempts and reason for deferral
3. SC and Supervisor review, sign, and return within 1 week



Deferral Process Cont..

4. MORC will refer again in 1 year per MDHHS policy
5. Deferral patterns by Provider are tracked; data available to DWIHN





The SIS-A® Report

AAIDD **My Support Profile**
Confidential Interview and Profile Instrument for the Support Intensity Scale (SIS)

Personal Background:
 Last Name: [Redacted]
 First Name: [Redacted]
 Middle Name: [Redacted]
 Gender: [Redacted]
 Language: [Redacted]
 Address: [Redacted]
 City: [Redacted]
 State: [Redacted]
 Zip Code: [Redacted]
 Phone: [Redacted]
 Date of Birth: [Redacted]
 Sex: [Redacted]

Additional Data:
 Interview Date: 1/17/2019
 Interviewer: Ryan L. [Redacted]
 Interviewer Address: [Redacted]
 Interviewer City: [Redacted]
 Interviewer State: [Redacted]
 Interviewer Zip: [Redacted]
 Interviewer Phone: [Redacted]
 Interviewer Email: [Redacted]

What Reported Intention: [Redacted]

Information for the SIS ratings was provided by the following respondent:
 Name: [Redacted]
 Relationship: [Redacted]
 Service Provider: [Redacted]
 Service Coordinator or Case Manager: [Redacted]

Services provided by: [Redacted]

Name of person who entered this information: Ryan L. [Redacted]

Language Spoken: [Redacted]

Phone: [Redacted]

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How the Report helps with planning

- The SIS is a natural “Pre-planning” opportunity
- Opens discussion of opportunities possibly not considered previously
- Consistently identify and address health and safety risks
- Potential assistance with allocating resources in an equitable manner given specific needs
- Develop meaningful goals based on items Important TO or FOR the individual
- Maximize positive outcomes



Setting Measurable, Meaningful, and Achievable Goals


- Data gathered provides building blocks for success
- Items flagged as **Important To** or **Important For** individual, may inform the goal setting process
- Measurable data assists in meeting the goal-setting standards established by Medicaid



Sample SIS-A® Report

Sample, John SIS ID: 276740 Date Completed: 01/01/2012

Most Important To the Individual			
Sect 1, Part B Item 4	Going to visit friends and family	2	3 3
Notes: John has repeatedly expressed a desire to see his older brother who lives locally. Unfortunately his brother James has challenges with transportation and has been unable to reach out to see John and visit him in person.			
Sect 1, Part E Item 4	Ambulating and moving about	3	2 3
Notes: John began using a wheelchair just in the last month. Prior to this he used a walker as needed. He is struggling with the loss of some ambulatory independence and is frustrated that he relies on others for additional assistance during transfers. Doctor expressed it was a possibility that transferring supports may increase in the next six months. While he slowly transfers within the home leaning on others arms and using rails as much as possible - longer distances presently require others to push his chair especially on any level of incline or when traversing a distance greater than fifty yards.			
Sect 1, Part E Item 6	Maintaining a nutritious diet	3	1 3
Notes: John's mother instilled the importance of balanced diet since his youth. He will remind staff if nothing green is on his plate at supper. At this time John wants to eat healthy but does not comprehend appropriate portions or that color does not indicate exact category of food. For example He insists green frosting is healthy to eat. John would eat the same thing for breakfast lunch and dinner if allowed.			
Sect 1, Part F Item 7	Engaging in loving and intimate relationships	3	3 3
Notes: John has expressed an interest in having a relationship "like he see's on tv". John is interested in a physical relationship but seems resistant to non-sexual affection and listening to others needs and concerns.			
Sect 2, Item 3	Protecting self from exploitation	3	4 3
Notes: John is protective of personal property and cautious around strangers but will trust familiar people to the point of endangering himself by agreeing to not report a problem or concern. If offered money or an item of interest he will keep a secret and has hidden his awareness of an abusive situation of another housemate.			



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Setting Measurable, Meaningful, and Achievable Goals

Potential HAB Waiver Goals:

Toileting	Eating	Ambulation
Personal Hygiene	Bathing	Communications
Dressing	Dressing	Transferring
Dental Hygiene	Bed Mobility	




Setting Measurable, Meaningful, and Achievable Goals

Person-centered notes and Ratings may spark SC thoughts on:

SCOPE, AMOUNT, DURATION

Consider **Measurable and Observable VERBS**
vs. *non-Measurable non-Observable verbs*

“Take”	“Improve”
“Use”	“Understand”
“State\Communicate”	“Learn”



Supports Intensity Scale® (SIS) Overview \ SC Training

Tuesday, March 17, 2020 from 10:00 am – 12:00pm

MORC Wayne County
19805 Farmington Road, Livonia, MI 48152

Registration required: Call **586-464-2618** or email
Sabrina.Makris@morcinc.org



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Need More Information?

Read more about the SIS-A® at:

www.aaid.org/sis OR www.morcinc.org/snac/

[SIS Manual](#) (billing, eligibility etc.,) available
via [MDHHS website](#)

Send questions to:
SIS@morcinc.org





Consent For Treatment

Individual Name (last/first): _____ MRN: _____ Date of Birth: _____

NOTE: *Please read the following statement carefully and ask any questions you wish to help you to understand each statement.*

Consent remains in effect for the duration of your treatment unless withdrawn

Your signature at the bottom of this form indicates agreement with each statement, and is your permission to us to provide services as indicated below.

I authorize MORC, Inc. and its contract providers to render treatment as necessary and proper, which includes the exchange of health care information required for the providers to deliver services.

I consent to MORC disclosing information made confidential by state and federal privacy laws to other providers for treatment coordination purposes and to applicable health plans/funding sources in connection with health care operational and payment activities as applicable.

I understand that treatment will be outlined in a mutually agreed upon Treatment Plan and that my participation in the development of this Plan is essential.

I understand that through the course of treatment, I will be assisted in understanding all procedures used, any possible risks, the purposes of treatment, any related discomfort, the reasonably expected benefits, and any alternatives to outpatient treatment, which may be helpful.

I have been advised that the MORC, Inc. staff that provide treatment have the qualifications required to deliver services.

I understand that if I am the parent of a minor, that I may be expected to participate in my child's treatment.

I understand that this consent may be withdrawn at any time by providing written notification to the MORC, Inc. Privacy Officer. It is also understood that a withdrawal of this consent would result in the immediate termination of all services provided by MORC Inc.

Signature of individual, if legally empowered to act on own behalf _____
Date

Signature of legal representative
(specify relationship e.g. mother, father, guardian, etc.) _____
Date

Signature of witness
(Required when a full signature is not used) _____
Date



Notice of Privacy Practices/ Confirmation of Receipt

Individual Name (last/first): _____ MRN: _____ Date of Birth: _____

Notice of Privacy Practices

Confirmation of Receipt

I acknowledge receipt of MORC Inc.'s Notice of Privacy Practices, which became effective 9/15/13

Signature of individual, if legally empowered to act on own behalf

Date

Signature of legal representative / relationship
(e.g. Parent of minor; guardian; power of attorney- medical/HIPAA]

Date



**Detroit Wayne
Integrated Health Network**

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

December 20, 2019

Dear DWIHN CRSP CEO/ Executive Director/Clinical/Quality Administrators:

Please be advised that the Detroit Wayne Integrated Health Network (DWIHN) has revised its Member Disenrollment Policy to ensure that the Clinically Responsible Provider (CRSP) is clear on their responsibility of re-engaging members into services prior to an individual reaching the point of removal from DWIHN's active membership. The attached policy entitled PIHP Re-engagement and Disenrollment needs to be reviewed and shared with your appropriate staff that will be responsible for ensuring compliance with this policy within your organization. This Policy will go into effect on Monday, January 6, 2020.

Should you have any questions please do not hesitate to bring them to the attention of DWIHN's Director of Customer Service, Michele Vasconcellos at 313-833-2500 or mvasconcellos@dwihn.org. There will be additional training on this policy on January 15, 2020 at DWIHN's Quality Ops and at the January 29, 2020 Quarterly Customer Service Provider meetings.

As always, we value your collaborative efforts to ensure that DWIHN members are provided every opportunity to access care.

Sincerely,

Eric Doeh, JD, CHC
Deputy Chief Executive Director/Chief Operating Officer

Attachment: Re-Engagement and Disenrollment Policy

cc: Michele Vasconcellos
Jacquelyn Davis

Board of Directors

Bernard Parker, Chairperson
Dora Brown-Richards
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Support Needs Assessment Center



Join Us for an Informational Session . . .

Presented By: Ryan Leininger | Katie Lord | Julia Whitcher
Christy Courtney, SIS® Trainers, MORC, Inc.

Supports Intensity Scale® (SIS) Overview

MORC, Inc. | 19805 Farmington Road, Livonia, MI 48152

- Tuesday, March 17, 2020 – 10:00 am – 12:00 pm

**THIS IS AN INFORMATIONAL SESSION NOT YOUR PERSONAL APPOINTMENT.
PLEASE CALL US TO SCHEDULE YOUR SIS.**

Informational sessions include the following SIS Assessment Overview topics:

- SIS History and Background
- Measuring Support Needs
- Person-Centered Planning with the SIS
- Assessment Expectations

Space is limited, reserve your spot now!

Call: 586.464.2618 or Email: Sabrina.Makris@morcinc.org

Please RSVP at least 5 days before event. Sessions are open to anyone, individuals served, families, advocates, caregivers, providers, and staff. **CE credits are available for industry professionals.**

MORC, INC. | Michigan

MORC has a long history of providing high quality services and supports to individuals with physical and intellectual disabilities. Our efforts and goals are to empower the individuals we serve in all areas of life including living arrangements, daily life skills, education, employment, and community integration.

As AAIDD recognized SIS® trainers we are committed to assisting individuals, organizations, homecare staff, vocational staff, and support coordinators with the successful implementation of the SIS® interview tool.

