



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, June 19, 2019**  
**Second Floor Training Room**  
**9:30 a.m. – 11:00 a.m.**

- |      |   |                      |
|------|---|----------------------|
| I.   | Announcements   | T. Greason           |
| II.  | Substance Use Disorder (SUD) Provider Update <ul style="list-style-type: none"><li>○ Outpatient Service Billing</li></ul>   | S. Smith             |
| III. | 1 <sup>st</sup> Quarter Provider Clinical Case Record Self-Monitoring <ul style="list-style-type: none"><li>○ Importance of Completing Reviews – Self Monitoring</li><li>○ Overview/Summary</li></ul>   | T. Greason/S. Smith  |
| IV.  | 2 <sup>nd</sup> Quarter Provider Clinical Case Record Self-Monitoring <ul style="list-style-type: none"><li>○ Due July 1, 2019</li></ul>  | S. Smith             |
| V.   | Michigan Mission Based Performance Indicator <ul style="list-style-type: none"><li>○ Reporting Overview<ul style="list-style-type: none"><li>i. Quarter 1 (HSAG)</li><li>ii. Quarter 2 (MDHHS)<ul style="list-style-type: none"><li>1. Due to MDHHS June 25, 2019</li></ul></li></ul></li></ul> | T. Greason/J. Zellar |
| VI.  | Quality Assurance Performance Improvement Program (QAPIP) <ul style="list-style-type: none"><li>○ Fiscal Year 2019-2021</li></ul>   | A. Siebert           |

**Mission:**

We are a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.

**Vision:**

To be recognized as a national leader that improves the behavioral and overall health status of the people in our community.

**Values:**

We are a person centered, family and community focused organization.

We are an outcome, data driven and evidence-based organization.

We respect the dignity and diversity of individuals, providers, staff and communities.

We are culturally sensitive and competent.

We are fiscally responsible and accountable with the highest standards of integrity.

We achieve our mission and vision through partnerships and collaboration.



VII. Critical/Sentinel Event Module Updates

S. McClore/J. Zellar

VIII. Policy Review

- o Customer Service
  - i. Peer Services
  - ii. Recovery
  - iii. Dreams Come True Fund

D. Colter

### **Next Meeting Scheduled for Wednesday July 17, 2019**

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# DETROIT WAYNE MENTAL HEALTH AUTHORITY (DWMHA)

Clinical Case Record Review Analysis  
2018-19 (1st Quarter)



# OVERVIEW OF DWMHA PERFORMANCE MONITORING PROCESS

**Providers Perform Self-Monitoring Reviews  
(Using a standardized Case Record Tool for selected cases)**

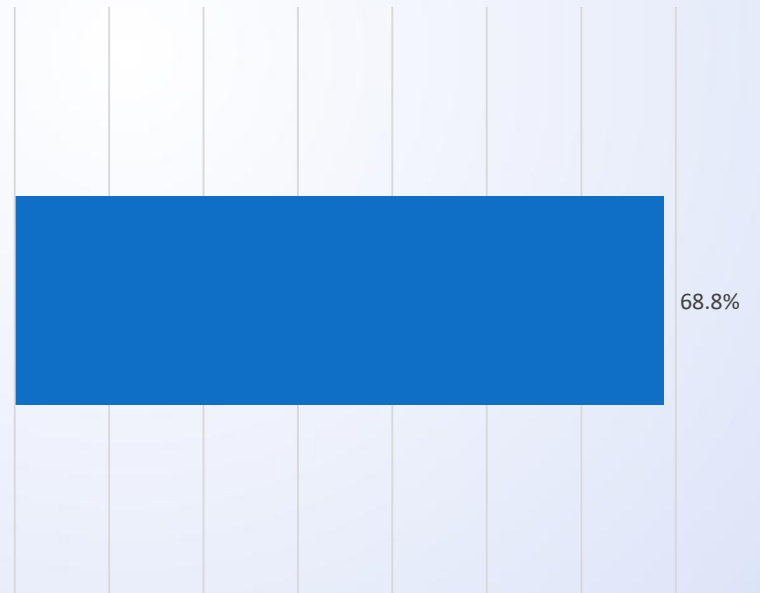
**DWMHA monitors the Provider Network utilizing the Self-Case Record Review and Residential Environmental Monitoring Tools**



# Percentage of Providers that have completed Self-Monitoring Case Records for Quarter 1 (2019)

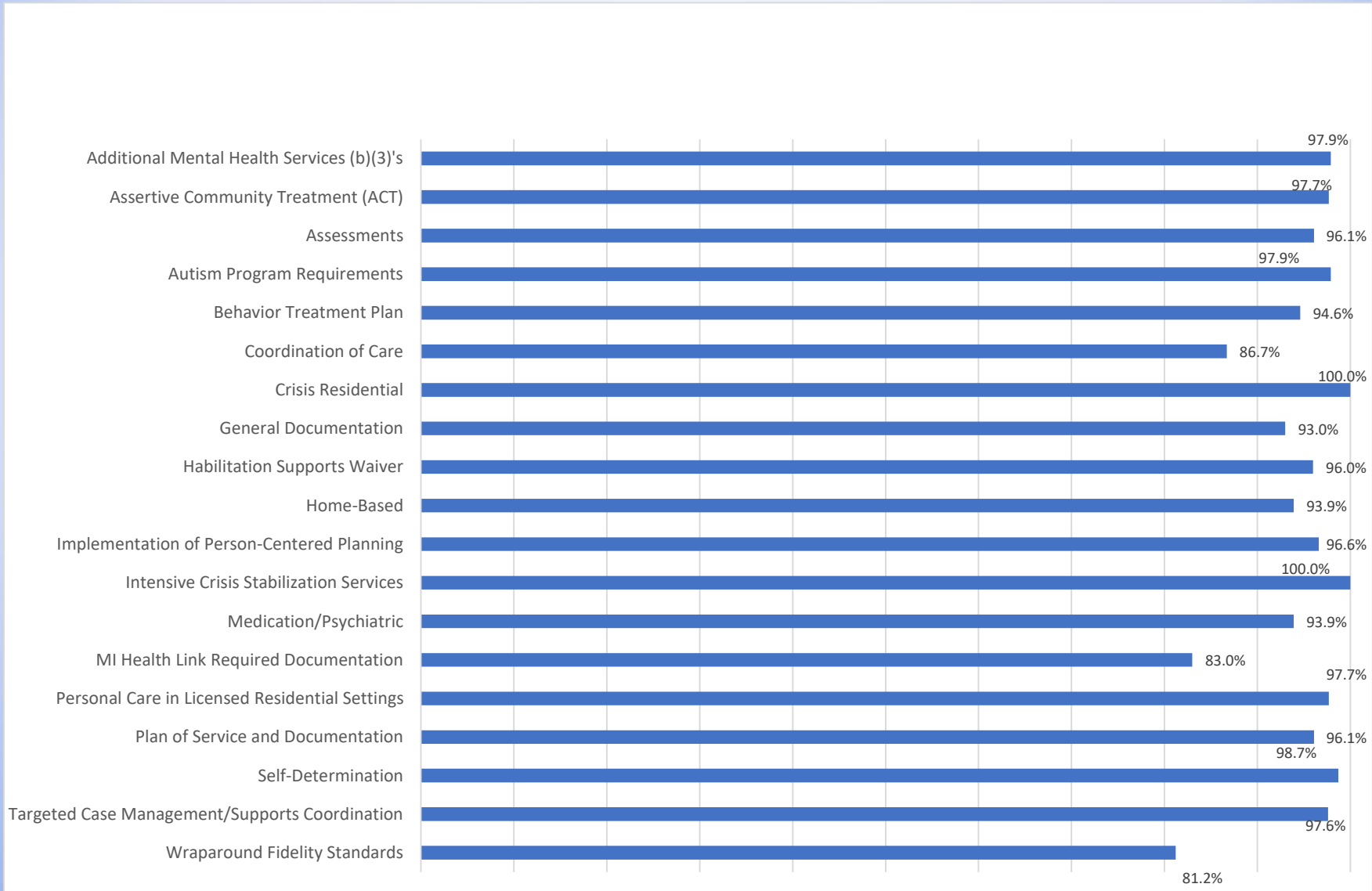
- 32 Providers Selected for Self-Monitoring
- 22 Providers Completed Self-Monitoring

Percentage of Providers completing Self-Monitoring  
Quarter1





# Self-Monitoring Case Record Review Results Quarter 1 (2019)

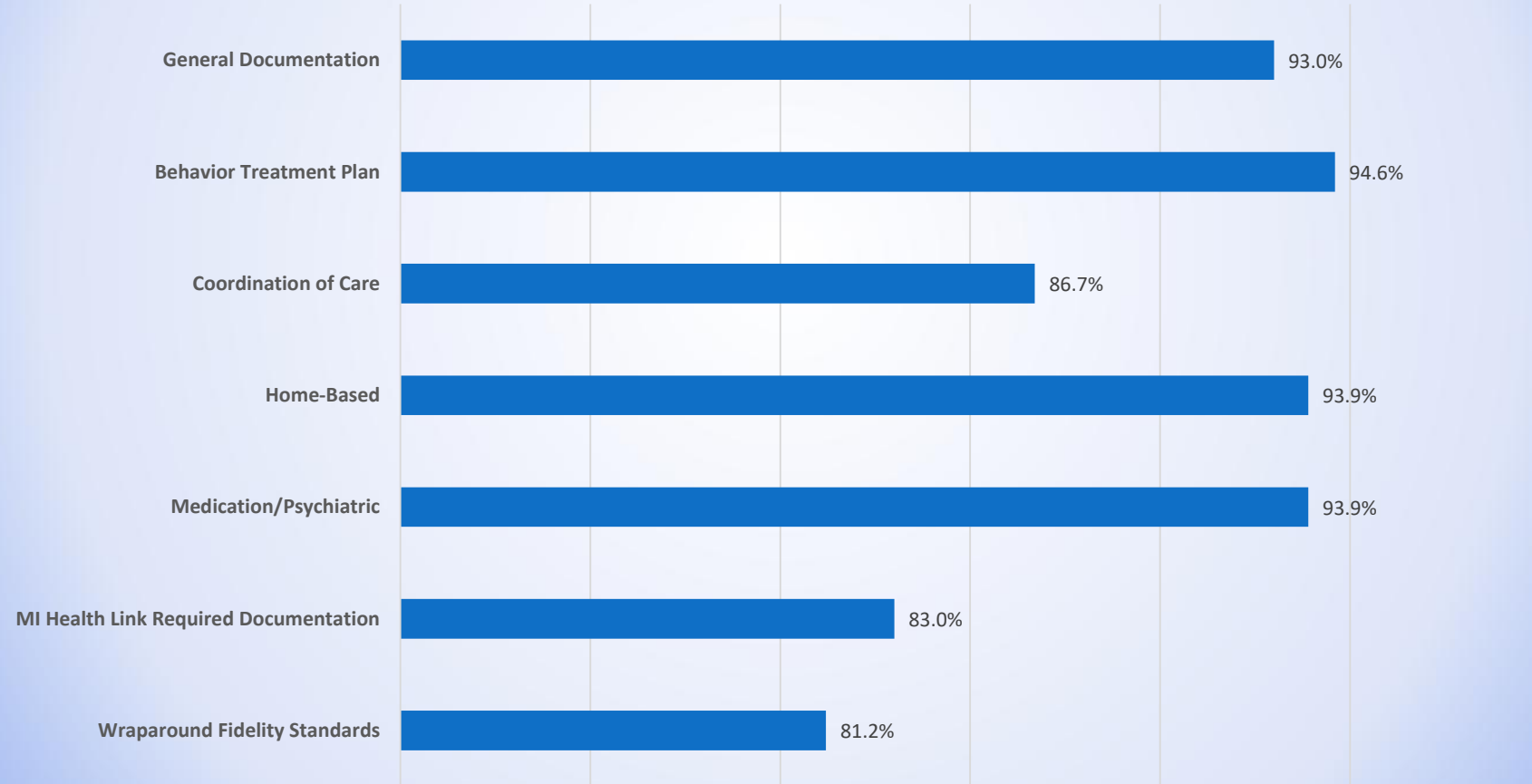




# Self - Monitoring Clinical Services

## Results of 1st Quarter (FY 2018-19) Case Record Review

### <95%





# Areas Identified



- General Documentation (93.0%)
  - Missing updated Ability to Pay (ATP) documentation
  - The State standardized "Consent to Share Behavioral Health Information for Care Coordination Purposes" form was not complete or uploaded with the individual / legal representative's dated signature(s).
  - Self Determination was not offered/explained - the question was marked "no" on the preplan
  - No evidence that the DWMHA Member Handbook was offered annually
  - No evidence of the Recipient Rights consent



# Areas Identified



- Coordination of Care (86.7%)
  - No evidence of coordination with the Member's Primary Care Physician (PCP).
  - No evidence of a basic health care screening performed.



# Areas Identified

## Home Based (93.9%)

- Ensure appropriate amount of HB services are completed on a monthly basis
- Missing documentation that Crisis Plan was completed



# Areas Identified

## Medication/Psychiatric (93.9%)

- Medication consents missing and not complete
- No documentation that labs were requested
- No evidence AIMS was completed during 1st Quarter
- Lab results not be reviewed by the physician

# Areas Identified



- MI-Health Link Required Documentation (83.0%)
  - No evidence of the Consent to Share Your Health Information in MHWIN.
  - No evidence of a Level 1 referral received from the ICO.
  - SIS completed in 2018. Evidence this was uploaded could not be found
  - No evidence in case record of collaboration with ICO Team



# Areas Identified



- Wrap Around Fidelity Standards (81.2%)
  - Goals are not measurable

# Questions





## 2<sup>nd</sup> Quarter 2018-2019

### 1st Quarter Case Record Review for 2019

Please use **2<sup>nd</sup> Quarter 2019 Case Record tool** in Mental Health Wellness Information (MH-WIN)

Completion date for the review  
**July 1, 2019**

**\*\* Reminder – Complete Combined MH\_WIN Report**

