**Quality Operations Technical Assistance Workgroup Meeting Agenda**
**Wednesday, April 17, 2019**
**Second Floor Training Room**
**9:30 a.m. – 11:00 a.m.**

I.      Announcements – T. Greason

II.     1st Quarter Clinical Case Record – S. Smith

        o   Due Date April 8th, 2019

III.    2nd Quarter Clinical Case Record – S. Smith
        o   Due Date July 1, 2019

IV.     2017-2018 Medicaid Claims Verification – S. Smith
        o   October – March 2019 (Random Selection – June 2019)
        o   Follow Up/Barriers from 2017-2018 Claims Review

V.      Michigan Mission Based Performance Indicators – B. Klemm
        o   Performance Indicator Work Group

VI.     DHHS Out-Station – S. Ogundipie

        o   DHHS Document Revisions

VII.    Case Management – S. Smith/T. Greason
        o   On-Site Program Trainings
        o   Detroit Wayne Mental Health Authority Required Training Courses

VIII.   Substance Use Disorder (SUD) Provider Update – K. Bailey
            o   Annual Site Review - Overview

IX.     DWMHA Appeals Process – D. Johnson and Tasha Bridges

X.      Provider (Best Practice) – S. Smith and T. Greason

XI.     Provider Questions/Comment

XII.    Adjournment

# Quality Operations Technical Assistance Workgroup Meeting
## Wednesday, April 17, 2019
## Second Floor Conference Room
## 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 # ____

| Discussion/Decisions Made | | |
|---|---|---|
| Tania Greason reminded the committee members to sign in with their credentials noted on the sign in sheets. | | |
| **Action Items** | **Assigned To** | **Deadline** |
| None required | | |

**2) Item:  1st Quarter Clinical Case Records – Starlit Smith**

**Goal**: Review of Quarter 1 Clinical Case Records due date

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

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

| Discussion/Decisions Made | | |
|---|---|---|
| • Starlit Smith discussed the importance of providers completing self-monitoring clinical case record reviews. Completing the self-monitoring reviews will allow for providers to assess their performance as an organization as well as allowing DWMHA to review and monitor compliance.<br>• Starlit informed the committee that Quarter 1 (2019) self-monitoring case records are due for completion on or before April 8, 2019.   QI will monitor providers that have not completed the reviews, placing non-compliant providers or Corrective Action Plans as needed.   QI is always available for technical assistance as requested. | | |
| **Action Items** | **Assigned To** | **Deadline** |
| Complete self-monitoring clinical case record reviews by April 8, 2019. | Providers | April 8, 2019 |

**3) Item: 2<sup>nd</sup> Quarter Clinical Case Record – Starlit Smith**

**Goal:** Review and completion of Quarter 2 Clinical Case Records
**Strategic Plan Pillar(s):** ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
**NCQA Standard(s)/Element #:  X QI #11** ☐ CC# ___ ☐ UM #____  ☐CR # ___ ☐ RR # ___
&lt;Notes on discussion&gt;

| Discussion/Decisions Made | | |
|---|---|---|
| • Starlit Smith informed the members that 2nd Quarter Clinical Case Record reviews are due for completion on or before July 1, 2019, if you have any questions or concerns; please contact Starlit at (313) 320-3719.<br>• It is very important to review and report correctly on self-monitored cases.  Often, QI will find when our monitoring staff completes their validation reviews, scores will vary from the self-monitoring reviews.  It is important that providers utilize the self-monitoring process to review cases and report accurate scores, this process will assist providers with their QI programs while also making certain our members are receiving the best services. DWMHA is a larger organization serving over 75,000 members and QI have a limited staff reviewing every provider, going forward we will continue to use self-monitoring reports from our providers to assist with the monitoring process. | | |
| **Action Items** | **Assigned To** | **Deadline** |
| Quarter 2 Clinical Case Records Review | Assigned Providers | July 1, 2019 |

**4) Item FY 2017-18 Medicaid Claims Verification – Starlit Smith**

**Goal:** Review process for MA Claims Verification
**Strategic Plan Pillar(s):** ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
**NCQA Standard(s)/Element #:  X QI #2** ☐ CC# ___ ☐ UM #____  ☐CR # ___ ☐ RR # ___
&lt;Notes on discussion&gt;

| Discussion/Decisions Made | | |
|---|---|---|
| • Starlit informed the committee that the Medicaid claims verification process will occur twice this Fiscal Year. QI will submit letters and the listing of cases to providers for paid claims (October – March 2019) in June. As part of the review process, QI will submit findings to all providers including providers that are not placed on a CAP.   This process will allow for providers to review how they are performing.<br>• Next month the Authority will be doing an additional random pull of claims for providers that are currently on a CAP, scores below 95%.<br>• Starlit also informed the committee that effective FY 2019 our performance monitoring team will complete reviews with our Customer Service unit for CRPS providers.  This process will allow for providers to have one scheduled review with the QI and CS units. | | |

| The QI performance monitors will notify providers 30 days prior to the scheduled review. The performance monitors will review clinical case records, administrative, staffing and HR documentation. | | |
|---|---|---|
| **Action Items** | **Assigned To** | **Deadline** |
| None Required | | |

**5) Item Michigan Mission Based Performance Indicators (PI) - Brad Klemm**

**Goal:** Review of MMBPI Quarter 1 Data

**Strategic Plan Pillar(s):** ☐ Advocacy **X 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** | | |
|---|---|---|
| • Brad informed the committee that the first meeting of the MMBPI workgroup took place last week. The purpose of the performance indicator workgroup is to review the process and any barriers that have been identified.<br>• The workgroup met last week to discuss policies and procedures; what providers found to be helpful coming from DWMHA in regards to monitoring and corrective action plans (cap).<br>• The MMBPI Work Group is going to meet ongoing monthly future meeting dates will be determined. In addition, the workgroup discussed what would work best quarterly or monthly submission of data for review. It was decided that providers will receive monthly MMBPI data for review/corrections.<br>• A detailed excel spreadsheet report will be submitted for providers who do not meet the standards and for each case out of compliance. Providers will have the opportunity to note on the spreadsheet if there is an error or member exception. Providers will have no less than 10 business days to review and submit data back to QI. For all exceptions, information must be entered and corrected in MH_WIN, prior to required submission to MDHHS.<br>• Brad informed the committee the process utilizing PI data is for DWMHA and providers to keep track of members that are not receiving timely services. | | |
| **Action Items** | **Assigned To** | **Deadline** |
| MMBPI Work Group to meet monthly. Dates TBD. | Brad Klemm | 5.15.2019 |

**6) Items: DHHS – Steven Ogundipie**

**Goal:** Review of DHHS Outstation

**Strategic Plan Pillar(s):**  ☐ Advocacy **X 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 | | |
|---|---|---|
| • Steven Ogundipie informed the committee that during our last meeting in March, he provided an update to the group regarding DWMHA extending their DHHS workstations.  Those locations are operational now and the providers and members have already been utilizing these DHHS workstations.<br>• A listing of new DHHS locations was distributed to the group. Steven also informed the group that based on discussions with DHHS, the Authority adjusted for the type of services provided at each location. (see attached) | | |
| **Action Items** | **Assigned To** | **Deadline** |
| None Required | | |

**7) Item:  Practice Improvement Work Shops and Required Trainings – Tania Greason**

**Goal:** Review process of training for providers

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

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

<Notes on discussion>

| Discussion/Decisions Made | | |
|---|---|---|
| 1) **On-site Program Training:** Tania informed the group that beginning next month in May 2019 the Quality Improvement, utilization management and possibly the residential units would like to come out to provider organizations to talk discuss/review and train on issues regarding the IPOS process, Critical Sentinel Event QI monitoring reviews and other clinical issues as needed.  We will also discuss the importance of acquiring a Habilitation Supports Wavier (HSW) and review the UM authorization process.   QI would like to have the workshops at the provider locations during all staff meetings, allowing for support coordinators and case managers to be involved in the trainings.  This is suggested due to staffs limited availability to attend our Quality Operations monthly meetings.  All Well Being Services (AWBS) is scheduled for May 22 and 23rd.  Providers were encouraged to reach out to QI (Tania Greason) to arrange for a workshop at provider locations. | | |
| 2) **DWMHA Required Training Courses:** Tania stated in the Detroit Wayne Connect (DWC) website, there is a section noted for required trainings. Providers are to make certain they are looking at the required trainings as well as the supplemental training sections.  If you are providing services in the ACT program or case management services you must complete the trainings as noted in the supplemental training section. | ` | |

| Action Items | Assigned To | Deadline |
|---|---|---|
| Providers to submit dates of On-Site Training Workshops and Review the DWC connect for on-going trainings | Providers | On Going. |

**8) Item:  SUD Provider Update – Kimberly Bailey**

**Goal:** Overview of SUD Provider Review Findings

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

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

<Notes on discussion>

| Discussion/Decisions Made | | |
|---|---|---|
| Kimberly Bailey provided an overview of the findings from the SUD annual site reviews.  Kimberly discussed some of the issues that the performance monitors are finding which include the following:<br><br>**Common Mistakes for Case Record:**<br><br>• Any form that require a signature must be signed and dated<br>• Treatment plan - the monitors are finding that there is a check box that says, "The consumer has received a copy of their treatment plan" however for SUD this not always the case. Also, make sure it's clear in the record that the consumer did receive a copy of their treatment plan.<br>• Coordination of care not documented well in the case records.<br>• No copies of lab work for Urine & Drugs Screen (UDS) request in records.<br>• Intake Assessment - the monitor's needs to see the stage of change in the record and it should be prevalent on that form.<br>• Progress notes - needs to be person centered and not be standard.<br><br>**Consent/Release of information forms:**<br><br>• Release of information form and the consent to share form not signed and dated.<br>• Use proper names on the consent forms.<br>• The medication consent form, consent to treatment and consent to share are required by MDHHS annually with a signature and date.<br>• Employee's evaluation - each employee must have an annual evaluation signed and dated by the employee and receive a copy.<br>• Proper license and certification must be included in the employee records because if you are providing an outpatient service and your staff does not have a clinical license to bill the codes you will be responsible for paying that money back.<br><br>**SUD Staff Records:**<br><br>• SUD staffing qualification – must have five hours of specialize training to meet your credentials.<br>• SUD providers received documentation prior to the audit, and they will receive at least two-week notice before an audit. | | |

| | | |
|---|---|---|
| • SUD Regulatory training - the SUD providers are required to complete within 60 days "Improving My Practices and Recipient Rights training and these trainings are annual.<br>• Background check – please ensure you have completed a background check on all employees prior to hire.<br>• OIG and SAM done monthly.<br><br>Kimberly asked the SUD providers to please make sure, when the monitors comes out to audit your site that everything is in order in the records. If documents are not in order the monitors have been instructed to leave your site because you were not prepared for the audit. | | |
| **Action Items** | **Assigned To** | **Deadline** |
| SUD Providers to review findings | SUD Providers | On-going |

**9) Item: DWMHA UM Appeals Process – D. Johnson and T. Bridges**

**Goal:** Review of UM Appeals Logs

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

**NCQA Standard(s)/Element #:** ☐ QI #____ ☐ CC# ____ **X UM #7** ☐CR # ____ ☐ RR # ____

<Notes on discussion>

| Discussion/Decisions Made | | |
|---|---|---|
| • Ms. Johnson informed the group for the MI Health Link (MHL) population, Medicaid and non-Medicaid programs, DWMHA has implemented a new appeals/denial log. Ms. Johnson provided a copy of the denial Log. In addition, during the appeal audit, DWMHA found out that the ICO's Aetna, AmeriHealth, HAP Michigan Complete Health and Molina are requesting more detailed information.<br>• Ms. Johnson asked the providers to fill in the member's names, Medicare or Medicaid ID number, MH-WIN number, type of service interruption if it is going to be a reduction, suspension or denial. Moreover, provide the date information has been received from the ICO's.<br>• In addition, there will be a new MY Health Link (MHL) denial of medical coverage form, which will be completed within the next month. The new MHL log will go into effective on May 1, 2019. However, the providers will not be responsible for completing the MHL log until June 2019. | | |
| **Action Items** | **Assigned To** | **Deadline** |
| Providers to complete new MHL Log begging June 1, 2019 | Providers | 6.1.2019 |

**10) Item:  Provider Best Practice – Tania Greason**

**Goal:**

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

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

<Notes on discussion>

| Discussion/Decisions Made | | |
|---|---|---|
| Tania sent out an email asking the providers to bring to the Quality Ops meeting information about the great things they are doing at their organizations that you can share with the group.  If you have anything you would like to share with the group please reach out to Tania a week before the meeting so that you can be place on the agenda. | | |
| **Action Items** | **Assigned To** | **Deadline** |
|  | | |

**NEXT MEETING:**   Wednesday, May 15, 2019

Detroit Wayne
Mental Health Authority

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

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

# Detroit Wayne Mental Health Authority (DWMHA)/ Michigan Department of Health and Human Services (DHHS) Partnership Medicaid Outstation Program Sites

| Service Provider | Site Location | Service Type | DHHS Contact |
|---|---|---|---|
| Community Living Services (CLS) | 35425 W. Michigan Ave, Wayne MI 48184 | Medicaid Applications, Cash and Food Assistance/ Family Independence Program (FIP), and State Disability Assistance (SDA) and State Emergency Relief (SER) | Ms. Crawford (734) 722-6688 |
| Starfish Family Services | 30000 Hiveley Road Inkster, Michigan 48141 | Medicaid Applications, Cash and Food Assistance/ Family Independence Program (FIP), and State Disability Assistance (SDA) and State Emergency Relief (SER) | Ms. B. Ashford (734) 713 9254 |
| Team Wellness | 6309 Mack Avenue, Detroit, MI 48202 | Medicaid Applications, Cash and Food Assistance/ Family Independence Program (FIP), and State Disability Assistance (SDA) and State Emergency Relief (SER) | Ms. A.  Kirk (313) 331-3435 ext. 3361 |
| The Guidance Center | 19401 Allen Road Northline, Southgate, MI 48195 | Medicaid Applications, Cash and Food Assistance/ Family Independence Program (FIP), and State Disability Assistance (SDA) and State Emergency Relief (SER) | Ms. K.  Myles (734) 785 7705 ext.7586 |

Hours of Operation       from 8:30am–4:30 pm Monday-Friday

# DETROIT WAYNE MENTAL HEALTH AUTHORITY

Substance Abuse Disorder

Annual Site Reviews

Overview

# Common Mistakes for case Record

- Missing signatures and credentials
- Missing dates
- No explanation that the member received a copy of their IPOS
- Coordination of Care is not documented or being conducted
- There are no copies of labs from UDS request
- Assessments do not have the Stage of Change
- Progress notes are standard and not person centered

DWMHA
Your Link to Integrated Healthcare

# Signed and Dated Releases of Information and Consents

- Proper names on the forms
- Signatures with dates
- Medication Consents
- Consent to Treatment
- Consent to Share/ release  protected information

# Staff Records

- Signed and dated job descriptions
- Employee evaluations
- Educational status (Diploma,degree,and certifictions)
- Proper License and Certification
- Required Staffing Qualifications
- QMHP, QDIP,CMHP,QBHP, SATP and SATS

This is located in the staff tool

Position Specific Trainings

Regulatory Trainings

Background Checks prior to hire

OIG and SAM.gov Monthly

# References

HTTPS://WWW.MICHIGAN.GOV/.../PIHPMHSP_PROVIDER_QUALIFICATIONS_530980_7.PDF

www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf

MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES1