



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, February 20, 2019**  
**Second Floor Training Room**  
**9:30 a.m. – 11:00 a.m.**

- |       |   |                       |
|-------|---|-----------------------|
| I.    | Announcements   | T. Greason            |
| II.   | 4 <sup>th</sup> Quarter Clinical Case Record <ul style="list-style-type: none"><li>○ Overview/Summary</li></ul>   | T. Greason            |
| III.  | 1 <sup>st</sup> Quarter Clinical Case Review (Tool) 2018-19 <ul style="list-style-type: none"><li>○ Overview</li></ul>  | S. Smith              |
| IV.   | FY 2017-18 Medicaid Claims Verification   | S. Smith              |
| V.    | Behavior Treatment Advisory Committee <ul style="list-style-type: none"><li>○ Data Analysis FY 2017-18</li><li>○ MDHHS Requirements for Behavior Treatment Committee Policy/Process</li></ul> | F. Nadeem             |
| VI.   | PHQ-9 Policy  | S. Scott & R. Compton |
| VII.  | Providers Best Practice   | S. Smith & T. Greason |
| VIII. | Provider Questions/Comment  |                       |
| IX.   | Adjournments  |                       |



**QUALITY OPERATIONS TECHNICAL ASSISTANCE WORKGROUP MEETING**

**Wednesday, February 20, 2019**

**Second Floor Conference Room**

**9:30 a.m. – 11:00 a.m.**

**Note Taker: A. Hedwood**

**1) Item: Announcement – Tania Greason**

**Goal: Review of Announcements for Various Units at DWMHA.**

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

**NCQA Standard(s)/Element #:** **X QI # 3**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion/Decisions Made	Assigned To	Deadline
Starting in March 2019 there will be a link on DWMHA’s web site for the QI Unit with information regarding the Quality Operations Meetings agenda’s minutes, handouts and presentation presented at each meetings. In addition, QI will have a direct link to the Michigan HCBS Transition Plan website link.	QI Unit	March, 2019
<p><b>1. Clinical Outpatient Service Provider Agreement – FY 2018-19 – Kip Kilber</b></p> <p>Mr. Kilber provided the committee members with a copy of the Clinical Outpatient Service Provider Agreement FY 18-19 outlining the required protocol and sanctions for staff <u>not</u> receiving New Employee Recipient Rights Orientation training within 30 days of hire. ORR has documented that out of the 4,500 staff that ORR trained last year, 45% of staff were trained after the 30-day requirement. The attached contract outlines the following ORR requirements and will be effective April 1, 2019 (see attached Clinical Outpatient Service Provider Agreement pg. 8)</p> <ul style="list-style-type: none"> <li>• Service provider shall ensure all new Service Provider employees, subcontractors, agents and volunteers receive the Authority’s New Employee Recipient Rights Orientation training within (30) days of hire..</li> <li>• DWMHA will charge Service Providers a fee in the amount no less than \$50.00 to cover the Authority’s cost of providing training to Service Providers Employees outside of the 30 day requirement or,</li> <li>• DWMHA may prohibit the submission of encounters and/or claims for Covered Services provided by employees, Subcontractors, agents, or volunteers who have not received training within thirty (3) days of hire.</li> <li>• There will be an email notification sent to all providers notifying them about this new process from DWMHA.</li> </ul>	Kip Kilber	April 1, 2019

Discussion/Decisions Made	Assigned To	Deadline
<p><b>2. ARKAY Incorporated – Cheryl Daly</b></p> <ul style="list-style-type: none"> <li>• ARKAY Incorporation has a vocational day program that covers the downriver area and serves almost 400 individuals on a daily basis. In addition, ARKAY has done skill building and supported employment since 1983. Most recently, ARKAY has been impaneled to do community living supports, respite care, support coordination and transportations. In addition, ARKAY only provide services for adults.</li> <li>• Chery encouraged the group to give ARKAY a call if they have people interested in vocational programs.</li> <li>• Arkay has locations in Livonia and Southgate, MI, website <a href="http://www.miarkayu.org">www.miarkayu.org</a>.</li> </ul>	Cheryl Daly (ARKAY)	None - Informational
<p><b>3. Critical and Sentinel Events Training – Carla Spight-Mackey</b></p> <p>Carla Spight-Mackey provided an overview of DWMHA’s Critical Sentinel Event process:</p> <ul style="list-style-type: none"> <li>• Before your staff members can enter critical and sentinel events in MH-WIN they must attend DWMHA’s critical and sentinel event training.</li> <li>• MDHHS requires DWMHA to have documentation of all hospitalization discharges, urgent care and ER visits.</li> <li>• DWMHA must upload hospital discharge documentation, also verifying that members have received a follow up visit 7 days after a hospital discharge. These documents must be uploaded under the critical and sentinel event section in MH-WIN.</li> <li>• The Authority is having conversation that may cause sanctions because MDHHS require DWMHA to have documentation of hospitalization and discharge of all members’ information.</li> <li>• Ms. Spight-Mackey provided flyers to the group with the Critical&amp; Sentinel Event training information.</li> <li>• Carla and Sinitra will provide training at each organization to train your staff as required. Feel free to send Carla or Sinitra an email at <a href="mailto:cmackay@dwmha.com">cmackay@dwmha.com</a> and <a href="mailto:smcclore@dwmha.com">smcclore@dwmha.com</a> to schedule a training for your organization.</li> </ul>	QI Unit Carla Spight-Mackey	None
<p><b>4. FTE Equivalent Table II Data Sheet– Tania Greason</b></p> <p>Tania Greason informed the committee that DWMHA is required to complete the 2018 Needs Assessment documentation due to MDHHS on March 28,2 019. Providers have been instructed to complete the attached Full Time Equivalent (FTE), staff working 36 hours or more per week, form and submit back to DWMHA on or before March 11, 2019. Tania asked the group to send the requested information to her attention by email <a href="mailto:tgreason@dwmah.com">tgreason@dwmah.com</a> or Fax to (313) 833-2086.</p> <ul style="list-style-type: none"> <li>• Tania instructed the group to do the following: <ul style="list-style-type: none"> <li>a) On table, two (2) <i>Other Work – Force Table</i> complete the CMHSP agency staff section (Unless you have staff that are contractually assigned to your organization)</li> <li>b) Complete line 6 of table two with the first column actual filed FTE as of 9/3/0218</li> <li>c) On the 2<sup>nd</sup> column approved vacancies enter the total of approved vacancies at your organization during (FY 18).</li> <li>d) Please identify your organization on the CMHSP section of the form.</li> </ul> </li> <li>• This information must be submitted to the MDHHS by March 28, 2019 so again if you have any question please give Tania a call at (313) 344-9909 ext. 3583</li> </ul>	QI Unit Tania Greason	March 11, 2019



2) Item: DWNHA Clinical Case Review Analysis FY 2017-18 4<sup>th</sup> Quarter – Tania Greason

Goal: Review Quarter 4 - FY 18 Clinical Case Record Review Data

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 # \_\_\_\_

Discussion/Decisions Made	Assigned To	Deadline
<ul style="list-style-type: none"> <li>• Tania informed the committee members of the importance of completing the individual case records reviews as well as completing combined case record reviews.</li> <li>• Tania will send the combined audit numbers created for each provider in order for providers to review your organizations overall scores for Quarter 4 data.</li> <li>• If you have questions as to how to complete a combine, report please give Tania or Starlit a call for additional assistance.</li> <li>• 4<sup>th</sup> quarter reviews were due in January listed below are the areas that scored 100%:               <ul style="list-style-type: none"> <li>a) Implementation of arrangement that support 100%</li> <li>b) Intensive Crisis Stabilization Services 100%</li> </ul> </li> <li>• Listed below are the sections where DWMHA scored below 95%:               <ul style="list-style-type: none"> <li>a) SUD and Treatment 92.7%</li> <li>b) SED Waiver and Wraparound Plan of Care 88.6%</li> <li>c) Plan of Service and Documentation Requirements 93.9%</li> <li>d) MI Health Link Required Documentations 88%</li> <li>e) Medication/Psychiatric 93.4%</li> <li>f) Implementation of Person Centered Planning 88%</li> <li>g) Coordination of Care 93.6%</li> <li>h) Community Integration 91.9%</li> </ul> </li> </ul> <p>For additional information, please review PowerPoint “DWMHA Clinical Case Record Review Analysis FY 2017-18 4<sup>th</sup> Quarter. Tania stated to the group that the 1<sup>st</sup> quarter case records review tool is due April 6, 2019 and please remember to complete your combined reports after completion of your case record audits.</p> <p>Starlit asked to the group remember how important the case records review are and use it as a learning tool for your staff. Because constantly we have turnovers with support coordinators, number of different staff. This tool will help you assist your supervisors and quality directors to continue to improve your system.</p>		
Action Items		
Review/Update		



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

**Goal: Review of Medicaid Claims Verification Outcomes Review**

**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	Assigned To	Deadline
<p>Starlit informed the committee members of the outcomes from the 2017-2018 Medicaid Claims Verification review. QI has identified there were about 50 Providers that QI requested plan-of-correction (poc) from and the majority of the POCs came from the AFC Homes and DWMHA outpatient agencies. Areas identified include no current copy of the IPOS; or the IPOS was not signed;</p> <ul style="list-style-type: none"> <li>• Starlit asked to group to make sure for those supporting agencies and AFC Homes that they receive timely POC and signed POC;</li> <li>• QI found there were other plans that could not identify the service that the providers was delivering in the plan. If the services that the provider is delivering is not in the plan, they cannot justify delivery of the service.</li> <li>• As you review the cases and provide supervision to the staff or meeting with support case coordinators or managers it’s important that IPOS plans are completed timely within 365 days of the last IPOS&gt;</li> <li>• All IPOS’s are uploaded in MH-WIN there must be a copy of the signature page with access to provider’s i.e. residential, outpatient.</li> <li>• Ensure that the person who is doing the training is qualified to deliver the service</li> <li>• The next reviews are scheduled for April of 2019, which will cover services provided from October – March and again in October for services provided from April – September.</li> </ul>	<p>QI Unit</p>	<p>None</p>
Action Items		
<p>Review/Update</p>		



**5) Item: Behavior Treatment Advisory Committee (BTAC) FY 2017-18 – Fareeha Nadeem**

**Goal: Review of BTAC FY 2017-2018**

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

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

<Notes on discussion>

Discussion/Decisions Made	Assigned To	Deadline
<p>Fareeha Nadeem thanked all the providers for their behavior treatment plans and the committees for their corporation and hard work throughout the year.</p> <ul style="list-style-type: none"> <li>• Fareeha give an overview of the BTAC which started in 2017 and it members consisted of the DWMHA Chief Medical Officer, provider network representative, DWMHA Staff, Psychologist, Psychiatrist, and 14 members. The Committee reviews our system by trends, submission of the behavior treatment plan, and the required 10 MDHHS requirements.</li> <li>• Fareeha talked about accomplishments of BTAC for FY 2017-18 and was very pleased to announce that DWMHA is in full compliance on Behavior Treatments Plans for the first time.</li> <li>• The BTAC reviewed 565 behavior treatments plans during FY 2017-18.</li> <li>• DWMHA developed and expedited the process of plans reviews.</li> <li>• MDHHS came for the first time to provide technical assistant for DWMHA behavior treatment plans and its provider’s networks in December 2018 also providing information on MDHHS expectations</li> <li>• DWMHA has an upcoming training for BTAC members scheduled in December.</li> </ul> <p>For additional information please review “DWMHA BTAC” PowerPoints for the following functions of the DWMHA’s BTAC:</p> <ol style="list-style-type: none"> <li>a) Use of Data Trends</li> <li>b) Data Analysis for Current Monitoring Project</li> <li>c) Behavior Treatment Training for Network Providers</li> <li>d) Behavior Treatment Training for Providers – Agenda</li> <li>e) Plans Implementing Restrictive and Intrusive Intervention</li> <li>f) Use of Medication</li> <li>g) 911 Calls/Critical Events</li> <li>h) Future Plans for the BTAC</li> <li>i) Recommendations</li> </ol>	<p>QI Unit Fareeha Nadeem</p>	<p>None</p>
Action Items		
<p>Review/Update</p>		



**6) Item: PHQ-9 Policy Process – S. Smith and R. Compton**

**Goal: Review of PHQ 9 Requirements**

**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	Assigned To	Deadline
<p>Sherry Scott and Robert Compton provided the group with an overview of the PHQ-9 Procedure policy and process. For additional information please review the following:</p> <ul style="list-style-type: none"> <li>• DWMHA PHQ-9 Procedure Policy</li> <li>• The Patient Health Questionnaire (PHQ-9) Scoring (handout)</li> <li>• The Patient Health Questionnaire (PHQ-9)</li> <li>• PHQ-9 Flow Chart</li> </ul> <p>S. Scott asked the group to make sure that clinicians are using the correct PHQ-9 tool in MH-WIN. Also, please ensure when using the tool on a quarterly basis that you are creating a new PHQ-9 entry for each update, only updating the tool will show the initial date and not the 90 day required date. R. Compton suggested to the group to use the MyStrength platform, which will also cover SUD, depression, and anxiety. DWMHA has continued to expand MyStrength. My Strength has videos and worksheets that can be downloaded and provided to members for homework or used as a part of ongoing treatment. This self-utilization tool and support tool is great for the member to complete. R. Compton and S. Scott will provide trainings and or demonstrations at provider locations as requested.</p>	<p>CPI Unit S. Scott and R. Compton</p>	<p>None</p>
Action Items		
<p>Review/Update</p>		



**7) Items: Providers Best Practice – Tania Greason**

**Goal: Review Process for Best Practices information presented during the Quality Operations Meetings.**

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

**NCQA Standard(s)/Element #:** **QI # 1**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

<Notes on discussion>

Discussion/Decisions Made	Assigned To	Deadline
<p>T. Greason informed the group that QI would like to have a “Best Practice” section for the Quality Operations meetings going forward. QI realizes the providers are doing great things and would like this committee to share their achievements and or practices utilized at their organizations. A designated provider can provide a 15-20 minute presentation during our Quality Operations meeting outlining their programs, accomplishments etc. Providers are encouraged to share information and send topics to the attention of Tania Greason or Starlit Smith at least two weeks prior to the quality operation meeting for placement on the agenda.</p>	<p>Quality Operations Committee Members</p>	<p>Ongoing.</p>
Action Items		
<p>Review/Update</p>		





**8) Item: DWMHA National Core Indicator (NCI) Provider Survey Project – Margaret Keyes-Howard**

**Goal: Review of NCI Provider Survey Project**

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

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

<Notes on discussion>

Discussion/Decisions Made	Assigned To	Deadline
<p>Margaret Keys- Howard thanked the providers for their assistance with the NCI project. DWMHA made their quota, and CLS came through tremendously with providing assistance.</p> <p>For FY 2018-19 the provider’s surveys will be handled by the MCO unit. The required surveys will be disseminated sometime in July or August of this year. DWMHA will have complete two surveys, which address practitioners issues and executive level providers issues. The CS member’s survey (ECHO) will be disseminated later this summer; CS will be working with Wayne State University on the required survey projects.</p>	<p>CS Unit Margaret Keys-Howard</p>	<p>None</p>
Action Items		
<p>Review/Update</p>		

**Provider Questions/Comments**

None Reported

**NEXT MEETING:** Wednesday, March 20, 2019 from 1:30 pm – 3:00 pm

# DETROIT WAYNE MENTAL HEALTH AUTHORITY (DWMHA)

Clinical Case Record Review Analysis Fiscal Year  
2017-18 (4<sup>th</sup> Quarter)



# OVERVIEW OF DWMHA PERFORMANCE MONITORING PROCESS

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

**DWMHA monitors the MCPNs and Providers using MCPN Network, Case Record Review and Residential Environmental Monitoring Tools**



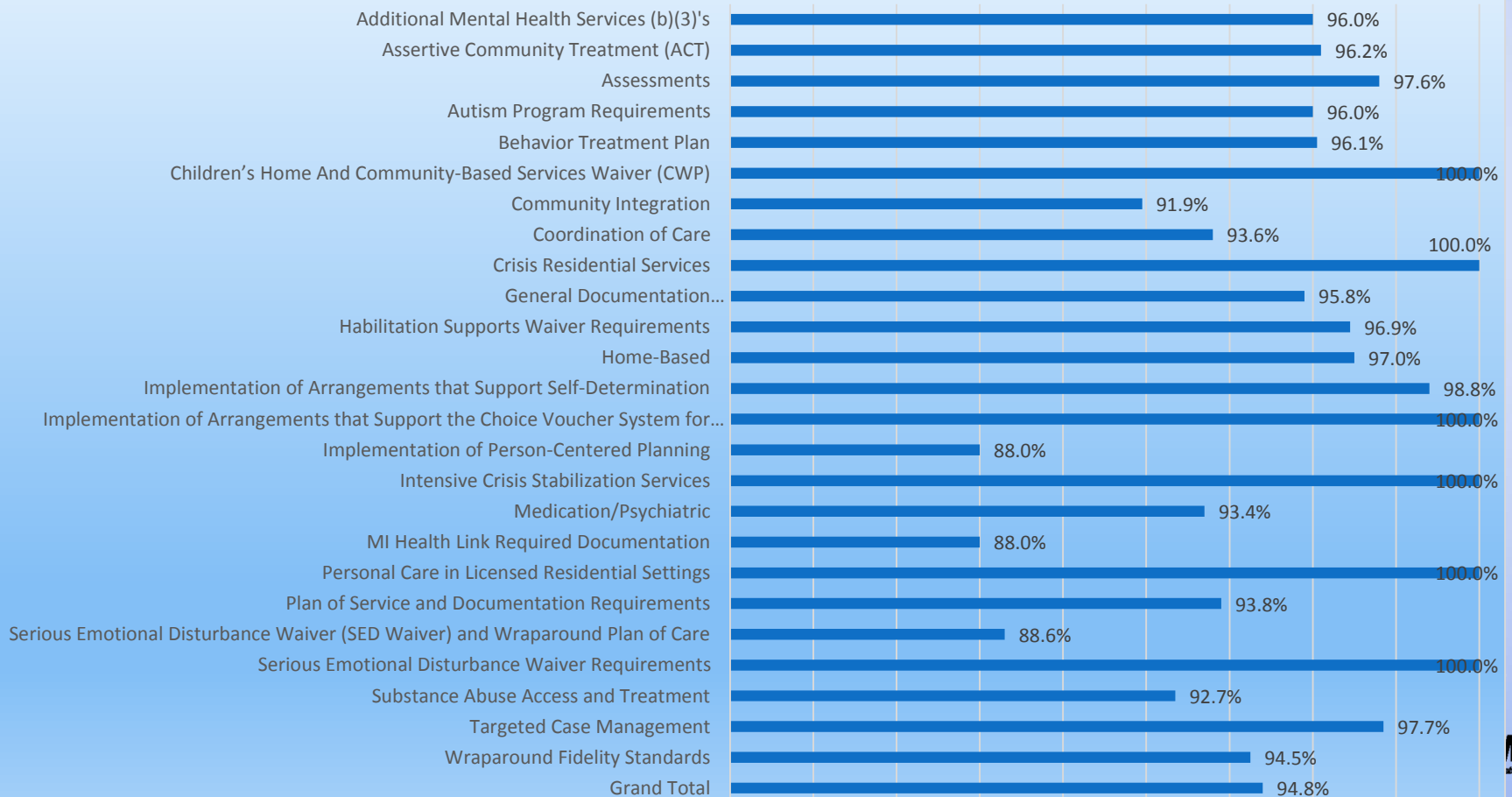
# MONITORING OF CASE RECORDS

## Results of 4<sup>th</sup> Quarter (FY 2017-18) Case Record Review

### DWMHA

#### Overall Aggregate

2017-2018

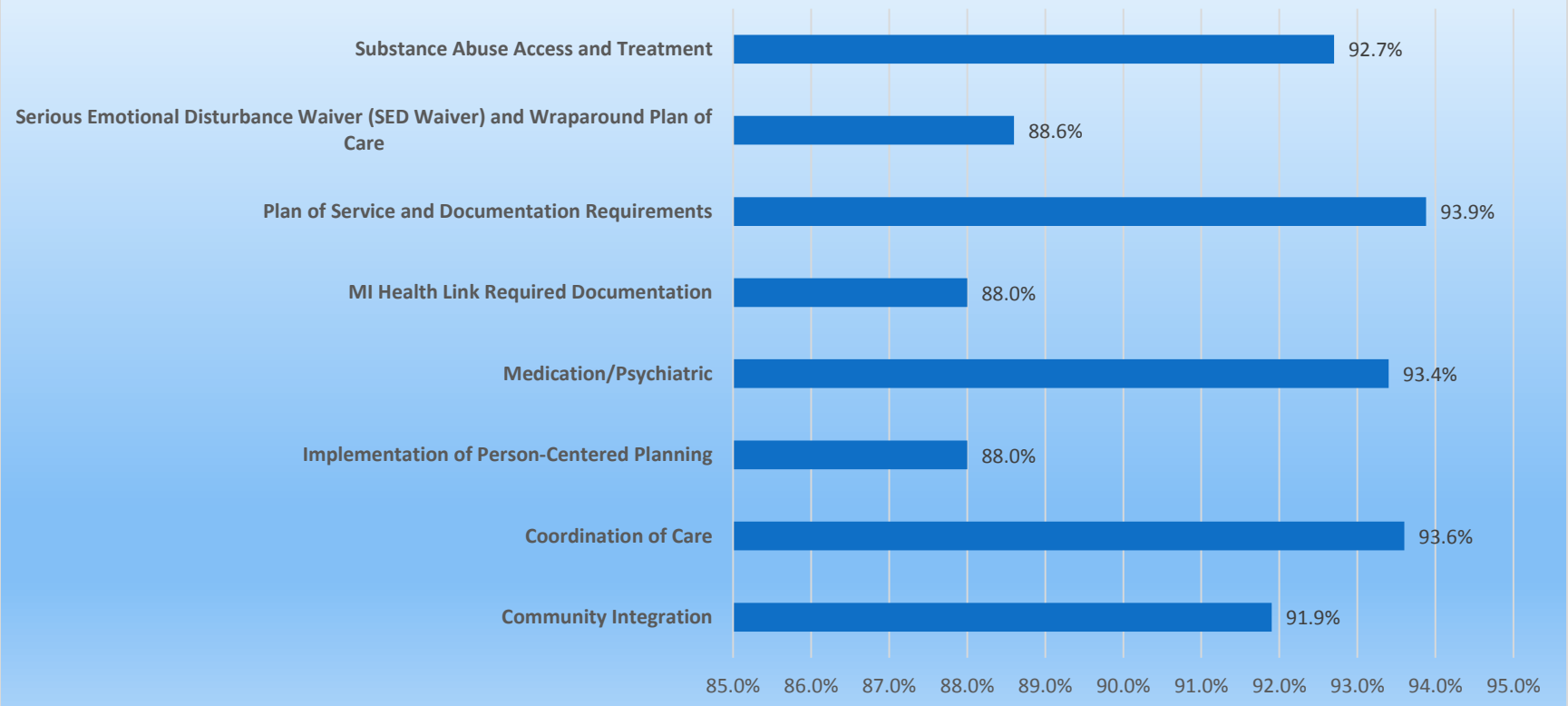




# Monitoring Clinical Services

## Results of 4<sup>th</sup> Quarter (FY 2017-18) Case Record Review <95%

Results of 4th Quarter (FY 2017-18) Case Record Review <95%





# Areas Identified



- MI \_Health Link Required Documentation
  - Evidence of communication and coordination with the ICT including health plan care coordinator could not be located in the record
  - Biopsychosocial was submitted, but not within 14 days of receiving the referral.
  - SIS was submitted, but not within 14 days of receiving the referral.
  - No documentation in the record regarding the barrier to timely submission.

# Areas Identified



- Implementation of Person Centered Planning
  - Respite is listed as an identified need in the plan but is not authorized.
  - A plan amendment is needed to authorize Respite which was identified as a need.
  - Assure PCP process is completed thoroughly and timely.
  - POC to be done recommending SC discuss frequency of authorized services with individual and family and document action and outcome.
  - Safety was not addressed during the person-centered planning meeting.

# Areas Identified



- Community Integration
  - Works at sheltered workshop however plan does not reflect wages.
  - Per plan individual worked as intern at video store. Plan did not indicate if this was gainful employment
  - Not in plan, member washes dishes.
  - The Access to Community Living Guidelines form is missing.





# Areas Identified

- Serious Emotional Disturbance Waiver (SED Waiver) and Wraparound Plan of Care.
  - The support plan was not completed at the initial visit.
  - Copies of plan were not provided in the required time frame.
- Medication/Psychiatric
  - Unable to locate lab request for 2018.
  - Consent was expired
  - Unable to locate lab request made by program physician.
  - AIMS need to be completed by program physician at next appointment.



# Areas Identified



- Coordination of Care
  - Forms present but unable to determine if submitted to PCP/clinic.
  - A current coordination of care letter could not be found on file.
  - Per plan family agreed to share copies of medical documentation (physical exam) however a current physical exam could not be located on file.
  - Missing documentation that coordination with primary care physician included notifying them of the individual's level of care

# Questions





# 1<sup>st</sup> Quarter 2018-2019

## 1st Quarter Case Record Review for 2019

Effective Friday February 15, 2019

Please use

**1st Quarter 2019 Case Record**

tool in

Mental Health Wellness Information Network

**(MH-WIN)**

Completion date for the review

**April 6, 2019**

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



# DETROIT WAYNE MENTAL HEALTH AUTHORITY

## Behavior Treatment Advisory Committee (BTAC)

February 20, 2019

Presented by: Fareeha Nadeem(Quality Improvement)



# ***Behavior Treatment Advisory Committee: Background***

- The DWMHA's Behavior Treatment Advisory Committee (BTAC) was started in June 2017.
- The Committee is comprised of Detroit Wayne Mental Health Authority (DWMHA) Provider Network representatives, DWMHA staff, including Psychologist, Psychiatrist, Office of Recipient Rights and members.
- The Committee reviews the implementation of Behavior Treatment Plan Review Committees (BTPRC) procedures and evaluate each committee's overall effectiveness and corrective action as necessary
- The charge of this Committee includes random sampling of intrusive and restrictive behavior treatment plans; and review for inclusion of the MDHHS Technical Guidelines in the DWMHA Behavior Treatment Policy and Procedures; and training.
- The Committee reviews system-wide trends, behavior plan approvals, disapprovals and terminations.

# ***ACCOMPLISHMENTS of BTAC FY 2017-18***

- ✓ For the first time DWMHA is in full compliance on Behavior Treatments Plan Reviews based upon the findings of The *Michigan Department of Health and Human Services (MDHHS)* follow-up site review on DWMHA in October 2018.
- ✓ DWMHA BTAC reviewed **565** behavior treatments plans in FY 2017-18.
- ✓ Expedited Plan Review Process was developed and incorporated into DWMHA Policy.
- ✓ MDHHS conducted its first training on Technical Guidelines for DWMHA Behavior Treatment Policy and Procedures for network providers. A full training day (5 CEUs approved) was conducted for Behavior Treatment Plans Review Committee Members in December 2018 by the Chief Psychologist at MDHHS.
- ✓ Similarly for the first time DWMHA started submitting quarterly data analysis reports on Behavior Treatment Plans reviewed in each quarter to MDHHS
- ✓ Upcoming Training Event by MDHHS exclusively for members of DWMHA's BTAC.

# ***Functions of the DWMHA's Behavior Treatment Advisory Committee***

- Review the implementation of Behavior Treatment Plan Review Committees (BTPRC) and evaluate each committee's overall effectiveness
- Review system-wide trends, behavior plan approvals, disapprovals and terminations.
- Compare system-wide key indicators such as psychiatric hospitalization, behavior stabilization, reductions or increases in use of behavior treatment plans.



# *Use of Data Trends*

- To ensure the least restrictive behavior treatment interventions are properly employed and monitored in accordance with the standards outlined in the MDHHS Technical Requirement document and in the DWMHA Policy.
- To conduct ongoing assessment and evaluation of the implementation of the monitoring process to ensure continued quality improvement, adherence to Federal, State and DWMHA rules, regulations and policies, and compliance with all applicable laws.

# ***Data Analysis for Current Monitoring Project***

The sources of data collection and analysis are based on Behavior Treatment Plans submitted by;

- Community Living Services
- Wayne Center
- Neighborhood Services organization
- The Children's Center
- MORC
- Psygenics
- The Guidance Center
- Hegira

# *Case Validation Review*

In October 2018 and January 2019 , the BTAC evaluated four Case Validation Reviews.

The cases were from:

- Community Living Services
- Chitter Chatter Autism Services
- Merakey Autism Center

# ***Behavior Treatment Training for Network Providers***

MDHHS conducted its first training on Technical Guidelines for DWMHA Behavior Treatment Policy and Procedures for network providers Technical Guidelines and DWMHA Behavior Treatment Policy and Procedures for network providers.

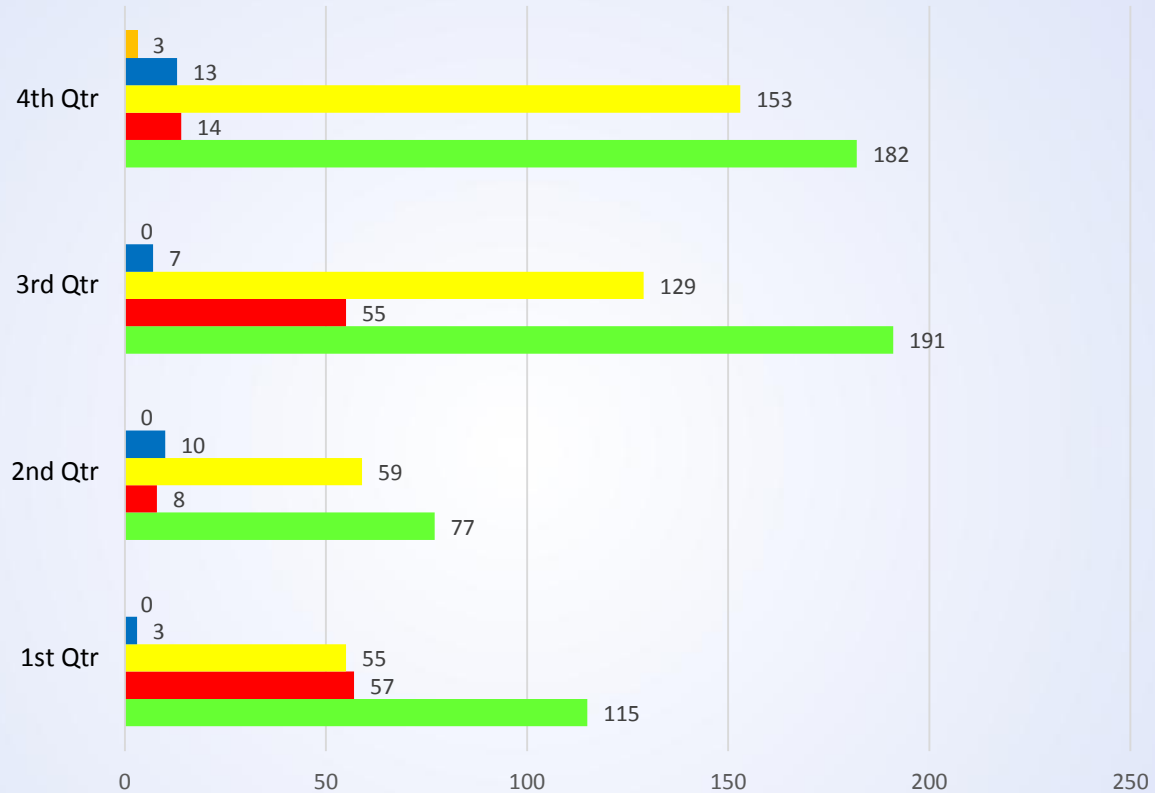
A full training day (5 CEUs approved) was conducted for Behavior Treatment Plans Review Committee Members in December 2018 by the Chief Psychologist at MDHHS

# ***Behavior Treatment Training for Providers- Agenda***

## Agenda:

- Standards, Guidelines and responsibilities for Behavior Treatment Committees (BTC)
- The role of the Behavior Treatment Committee and strategies to improve outcomes
- Terminology used by MDHHS to enter data on behavior treatment excel spreadsheets
- Restrictive versus Intrusive measures
- Final Rule ( MI perspective)

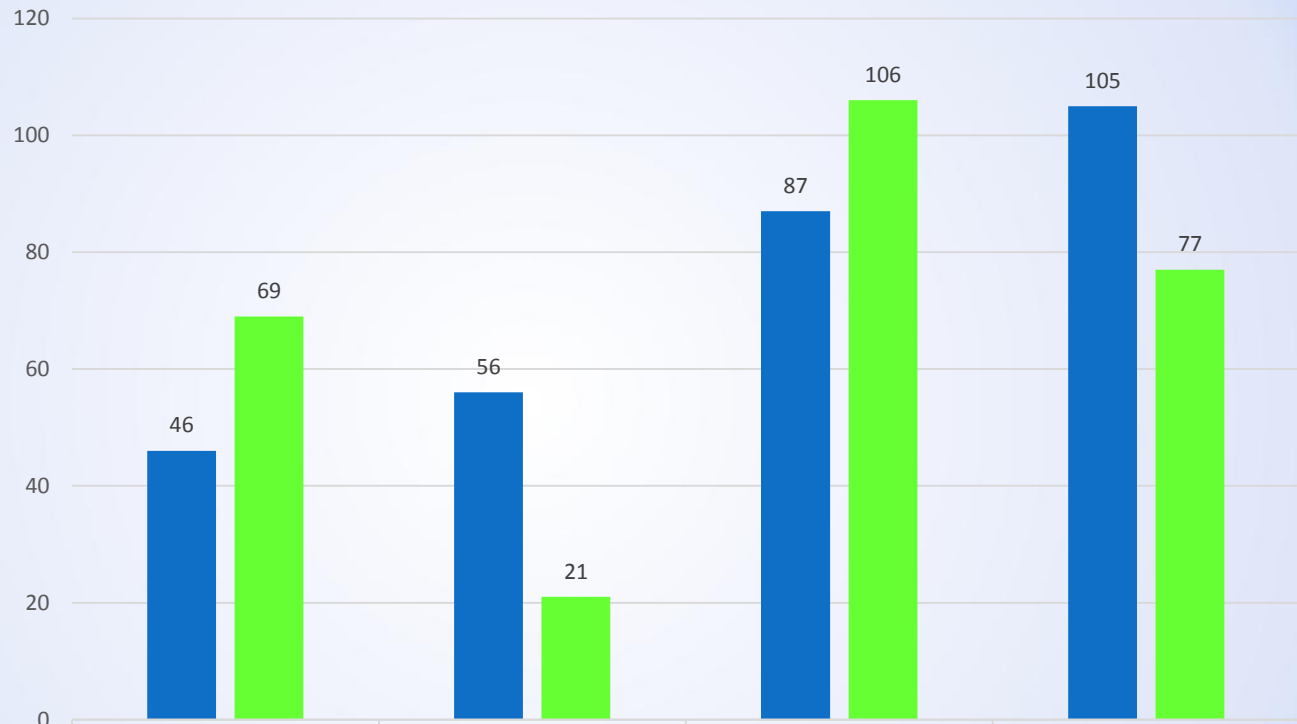
## Total Behavior Treatment Plans Reviewed FY 2017-18



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Deferred	0	0	0	3
Discontinued	3	10	7	13
Continued	55	59	129	153
New	57	8	55	14
Total Plans	115	77	191	182



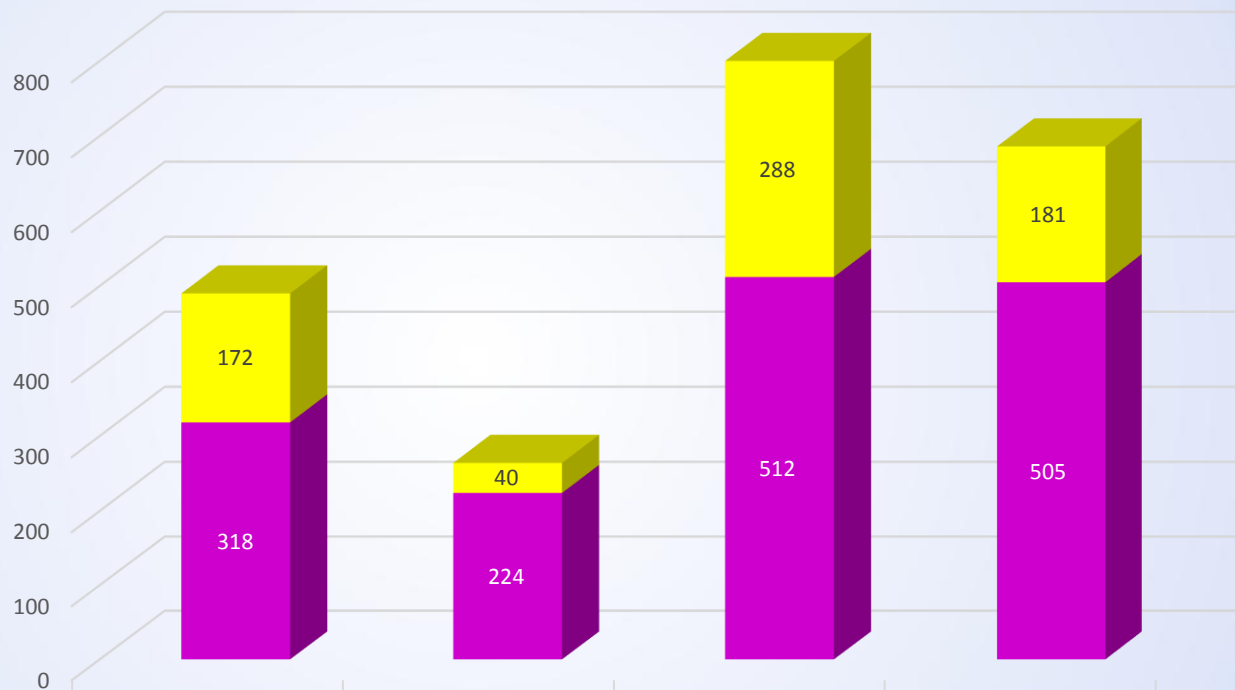
## Plans Implementing Restrictive and Intrusive Interventions



■ Restrictive Interventions  
 ■ Intrusive Intervention

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Restrictive Interventions	46	56	87	105
Intrusive Intervention	69	21	106	77

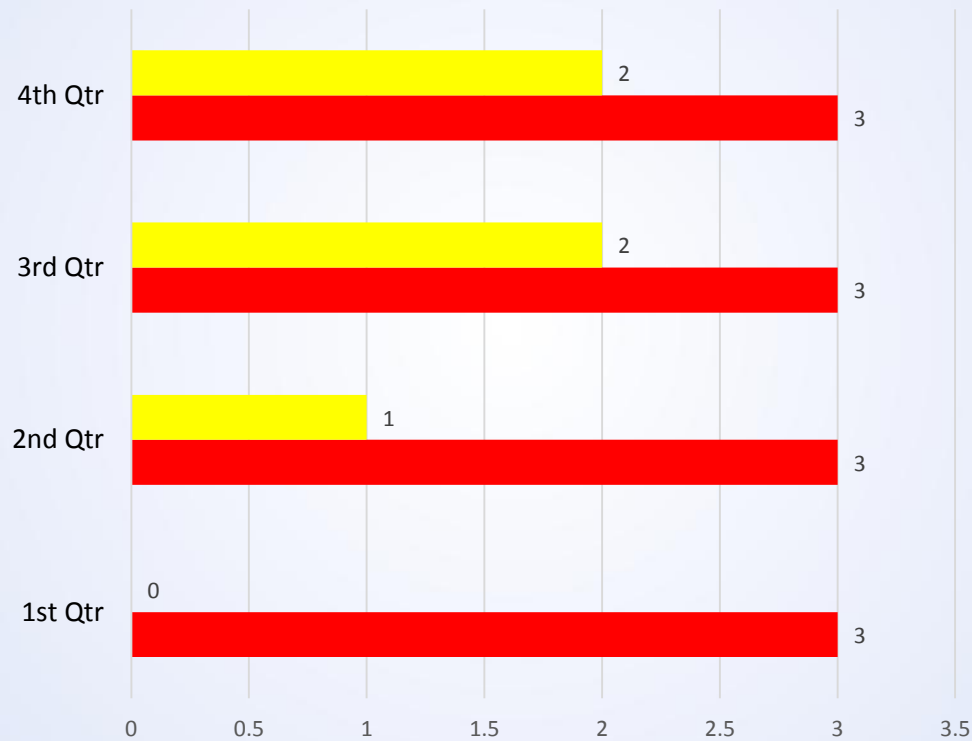
# Use of Medication



■ Antipsychotic Intervention	172	40	288	181
■ Psychotropic Medication	318	224	512	505



# 911 Calls / Critical Events



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Critical/Sentinel Events	0	1	2	2
911 Calls	3	3	3	3



# ***Future Plans for the BTAC***

- Reviewing quarterly submissions of data regarding Behavior Treatment Plans
- Continuation of Case Validation Reviews
- Ongoing Monitoring of Behavior Treatment plans of providers across the network in the case validation process
- Additional Behavior Treatment Planning Trainings for DWMHA providers network as necessary.

# *Recommendations*

- Quarterly submission of data spreadsheets via MHWIN by each BTPRC. In addition, monthly submission of data spreadsheets is recommended.
- Each BTPRC should use standard MDHHS terminology on data spreadsheets.
- Development of a system wide understanding of the definitions of required terminology is recommended.

## CLINICAL OUTPATIENT SERVICE PROVIDER AGREEMENT - FY18-19

neglect, serious injury, death, or unexpected absence of any Members. Within twenty-four (24) hours after any verbal or telephone report, or any other unusual incident specified by the ORR, Service Provider shall submit a written report to the Authority on such forms and in such format and detail as the Authority may require.

3.6.3 Service Provider shall comply with pertinent rules and regulations issued by the MDHHS for children and adults, including the reporting requirements for suspected abuse and/or neglect, assault, and other suspected misconduct as required by law, and shall adhere to the current agreement between the Authority and MDHHS.

3.6.4 Service Provider shall complete and submit all data and information requested by the Authority's ORR.

3.7 **Training.** Service Provider shall ensure all new Service Provider employees, Subcontractors, agents, and volunteers receive the Authority's New Employee Recipient Rights Orientation training within thirty (30) days of hire. If the newly hired employee has received the New Employee Recipient Rights Orientation training from the Authority or a reciprocal entity within three years prior to the date of hire, Service Provider shall provide documentation to the Authority's ORR. Failure to comply with this provision of the Agreement shall permit the Authority in addition to any sanctions available to it under Sections 12 and 15, impose the sanctions below:

3.7.1 **Charge Service Provider a fee in an amount not less than \$50.00** to cover the Authority's cost of providing training to Service Provider's employees, Subcontractors, agents, and volunteers who receive training more than thirty (30) days after hire. Said fee may be deducted from payments otherwise owed to Service Provider; and/or

3.7.2 **Prohibit the submission of encounters and/or claims for Covered Services provided by employees, Subcontractors, agents, or volunteers who have not received training within thirty (30) days of hire (with any Covered Services already inadvertently paid for being disallowed and recouped by the Authority).**

3.8 No Retaliation. Service Provider shall not retaliate in any manner against its employees, Subcontractors, the Authority's Recipient Rights staff, Members, or any other person for any actions pertaining to the notification, reporting, or filing of required written reports, the investigation of, or the cooperation in an investigation of alleged or suspected Recipient Rights violations.

3.9 Dispute Resolution for Member Issues. Service Provider agrees to comply with all applicable Authority, state and federal guidelines, policies and laws regarding Member complaints, grievances, reconsiderations and appeals involving the Covered Services provided by Service Provider or its Subcontractors. Without limitation, such guidelines,