



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, February 19, 2020
Second Floor Training Room
9:30 a.m. – 11:00 a.m.

- | | | |
|-------|---|-----------------------|
| I. | Announcements | A. Siebert |
| II. | Substance Use Disorder (SUD) | J. Davis |
| III. | MDHHS Waiver Audit Review <ul style="list-style-type: none">○ March 9th – April 3rd, 2020 | S. Smith – D. Dobija |
| IV. | Process for Program Change | S. Smith |
| V. | Performance Indicator - <ul style="list-style-type: none">○ 1th Quarter Data (Due March 30, 2020) | J. Zeller |
| VI. | Utilization Management Unit <ul style="list-style-type: none">○ Standardized IPOS○ Authorization Process○ CRSP Responsibilities | K. Flowers |
| VII. | Residential Unit <ul style="list-style-type: none">○ Process for Residential Placement<ul style="list-style-type: none">a) Referrals○ Level of Care Meetings<ul style="list-style-type: none">a) Processb) Frequency○ Written Goals<ul style="list-style-type: none">a) Specialized Residentialb) SIL Placement | S. Hirsh |
| VIII. | Critical and Sentinel Event (add on) | C. Spight |
| IX. | Provider Meeting Feedback | A. Siebert/T. Greason |
| X. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, February 19, 2020

Second Floor Conference Room

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcement – A. Siebert

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		
DWIHN will be hosting a Residential Providers meeting on Friday February 21 and February 28, 2020 at Wayne County Committee College at the Taylor, MI location from 1:30 pm – 3:00 pm		
Action Items	Assigned To	Deadline

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

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		
Tabled until next meeting		
Action Items	Assigned To	Deadline



3) Item: Clinical Case Record Review Tool (FY 2019-20) – Danielle Dobija

Goal: Review Clinical Case Record Review Tool

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>Danielle Dobija provided an overview of the Quarterly Case Record Review Tool FY 2019-20 highlighting the areas of for revision:</p> <p>Assessment section QI added a section about medication not being added in the consumer clinical record.</p> <p>Plan of Service and Documentation Requirement: revised IPOS contain goals in the members own words and objectives that are measurable and time-limited.</p> <p>Coordination of Care section: removed the MI Health Link section in the clinical case record review tool.</p> <p>Personal care in licensed residential settings: removed addresses in the IPOS section (redundant).</p> <p>Assertive Community Treatment (ACT): removed a lot of these questions because about policy and procedure and will be moved to the provider tool.</p> <p>Wraparound Fidelity Standards: removed some of the questions because they were redundant and because changes that were in the program something no longer applied. QI also made some revisions to some of the questions number 11 is now 8 on the new tool and QI removed the budget which no longer applies.</p> <p>Autism Spectrum Disorder Program Requirements: revised the question #3 to increase the days from 7 to 10 days; change the wording on #11. Also, Autism has two new standards #15 on the clinical records review tool family training and guidance is provided on a minimum of one per quarter.</p> <p>For additional information please review PowerPoint “Quarterly Case Record Review Tool FY 2019-20”.</p>		
Action Items	Assigned To	Deadline
Providers to review tool and provide any applicable feedback	QI/Providers	February 29, 2020



4) Item: MDHHS Waiver Audit Review – March 9th – April 3rd, 2020 – Danielle Dobija

Goal: Provide guidelines for upcoming MDHHS Review

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>MDHHS will be conducting the Waiver Audit review. The review will include HSW, Children Waiver, and SUD Waiver starting March 9th – April 3rd, 2020. The auditors will be conducting remote reviews of the clinical case records for utilizing provider EHR systems. DWIHN will submit additional documentation as requested to MDHHS including scanning of HR (Staff Credentialing) and clinical progress notes. Communication has been provided to each selected provider. If you have any questions regarding the audit please reach out via email to ddobija@dwihn.org or ssmith@dwihn.org</p> <p>Staff credentialing records are due to DWIHN by February 28, 2020. The MDHHS auditors will advise DWIHN of any findings and or requested information. Communication will be submitted to DWIHN in an email spreadsheet and DWIHN will only have one (1) day to provide the auditors with the requested documentation.</p>		
Action Items	Assigned To	Deadline
Starlit will send out an email today to the providers to provide clarity of the MDHHS Waiver process, along with the protocol tool.	QI	2.19.2020

5) Item: Process for Program Change – Starlit Smith

Goal: Discuss with providers the process for program/service change

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>Starlit Smith discussed with the providers their responsibility to notify DWIHN when they are going to terminate a program especially those programs that have to be pre-approved by MDHHS ACT, Drop In, Club Houses, and some of the waiver programs. Also, the Directors of DWIHN must be notified in advance of any programs that are going to be terminated as well as service changes for members. In addition, if you move residents to a different location for any reason you must note it in the critical event module and list the new residence location.</p> <p>MDHHS has revised the Service Agency Profile form, it is imperative that DWIHN is using the current form.</p>		
Action Items	Assigned To	Deadline
Starlit will place a copy of the form on DWIHN website under QI section.	QI	2.20.2020



6) Item: Performance Indicator – Justin Zeller

Goal: Review/status of MMBPI data

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>Justin Zeller informed the group that MMBPI data Q1 is due to MDHHS on March 30, 2020. Providers are encouraged and required to continue to check the “view” module and update cases as needed. Currently, DWIHN is doing a lot better than we have in the past at this particular point and time. DWIHN is compliant with indicators 1, 2, and 3, and 4a is currently at 76% so we still need a lot of work done to reach the 95%.</p> <p>QI will start messaging for 4th quarter FY 2019 with indicator 10 Recidivism, as we continue to be non-compliant. IT will work in collaboration with QI to review assignment of CRSP providers allowing for providers to review members that are assigned to them.</p>		
Action Items	Assigned To	Deadline
<p>Providers to continue and review MMBPI data. Q1 data is due to MDHHS on March 30, 2020.</p>	<p>QI</p>	<p>3.30.2020</p>



7) Item: DWIHN Utilization Management (UM) Unit – Kimberly Flowers

Goal: Review of UM Process

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 # ____

Discussion/Decisions Made		
<p>Kimberly Flowers addressed issues and concerns that have been identified during the Quality Operation meetings. Within the UM unit, the UM staff processes and review all required authorizations. The outpatient authorization includes your general authorization for outpatient services, UM also completes review of Autism, HSW, and General fund requests. The UM department also works with DWIHN inpatient of higher levels of care which include members that are hospitalized and or go to the CRISIS residential unit or partial programs.</p> <p>UM will be working with the IT department to notify providers in “real time” when members are admitted in the hospital. This process will ensure for coordination of care and proper discharge planning. The committee was informed that if UM currently does not have the answers to questions today, a fact sheet will be generated and UM will provide and share with QI for placement on the website.</p>		
<p>Standardize IPOS – Lunicda Brown</p> <p>A letter/memorandum was submitted on January 22, 2020 to each provider regarding agency status for entering the new Standardized IPOS. Identified barriers include that not all of the CPT codes are identified in the IPOS when UM is reviewing for authorizations, UM and IT will review the issues/barriers as identified.</p> <p>Lucinda informed the committee that it important that if a new PCP review is conducted an addendum to the IPOS must be completed with termination of all existing authorizations.</p>		
<p>Authorization/CRSP Process – Nikki Jones</p> <p>Nikki Jones provided an overview of the CRSP responsibilities and Authorization process. The CRSP enters all authorization levels 1-5 with UM approval as required/applicable. Any requests that are not aligned with DWIHN’s guidelines must be reviewed per the UM Unit for approval.</p>		
Action Items	Assigned To	Deadline
<p>Kimberly will send out information to the providers regarding the CRSP changes by the end of the week and will provide the appropriate information if not provided.</p>	UM	2.28.2020



8) Item: Residential Unit – Shirley Hirsh

Goal: Review of Residential Referral Process

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>Process for Residential Placement:</p> <ul style="list-style-type: none"> i. DWIHN received referrals from CRSP, hospital inpatient, nursing homes, and jails then the Residential Services (RS) unit sort through the referrals to determine what is going on with that particular person. The referrals are submitted to DWIHN in two ways fax at (313) 989-9525 or via email residentialreferral@dwihn.org. ii. RS unit administration assistant retrieve referrals from both sources and then they are assigned to the Residential Care Specialist. iii. RS has a Residential Specialist assigned to complete the CRSP. iv. RS unit have a certain staff assigned to Lincoln Behavior, Development Center, and Hospitals. v. RS asked their staff to make sure when they received their referral that they contact the referral source to let them know who is handling the case. vi. RS has two Brokers that serves as the Placement specialist. So, when the residential specialist come out and meet with the facility coordinator or case manager the will bring the case back to DWIHN and give it to Kelly then she will assign the case or give to Kimberly. 		
<p>Level of Care Meetings:</p> <p>RS are reviewing the level of care very carefully and are requiring that providers examine and review if a level of care increase is needed or if other alternatives could occur. In addition, providers must review if 1:1 is required for requests prior to submission to UM.</p>		
<p>Written Goals</p> <p>If you are writing a Treatment Plan and know what the member needs, particularly for specialized residential which include CLS and Personal Care Services you must write the treatment plan accordingly to the members needs.</p> <p>For additional information please review handouts and Power Point “Residential Services Unit”, Residential Referral Process, and Specialized Residential Placement Referrals.</p>		
Action Items	Assigned To	Deadline
Providers to review handout and requirements for Residential Placement/Authorizations.	RS/Providers	Ongoing



10) Item: CRISIS Training Plan – Starlit Smith (add on)

Goal: Review of Crisis Training

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		
Starlit Smith stated when the QI Performance Monitors are reviewing case records at DWIHN’s residential placements they are looking for evidence that the staff has been trained on the CRISIS plan. QI staff are finding instances where the provider staff are not being trained, which suggests that members are not receiving quality services. It is important that the staff is aware of the CRISIS plan.		
Action Items	Assigned To	Deadline
Providers to make certain that staff are trained on Crisis Plans as applicable.	Providers	Ongoing

11) Item: Critical and Sentinel Events – Carla Mackey-Spight

Goal: Review of CE/SE Requirements

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		
Carla provided an update on the Critical/Sentinel Event module stating that QI has made some changes and additions to the module that will allow for a more user-friendly format. QI is expecting for the completed changes in the next few weeks. Once complete, QI will make certain that providers are notified. Changes include review of providers that are required to complete trainings and additional training as needed if information is continuously not submitted correctly. It is also noted that for FY 2018-2019, there is a significant less number of CE/SE reported. Providers are required to report all CE/SE’s timely to make certain that we are not underreporting. The Critical and Sentinel event training will begin in March 2020 , Carla will send out a notice prior to the next training. DWIHN’s QI Unit is available to provide additional training and or technical assistance as needed.		
Action Items	Assigned To	Deadline
Inform Providers of next scheduled CE/SE Trainings	QI	March 2020.

Provider Questions/Comments

NEXT MEETING: Wednesday, March 18, 2020



Residential Services Unit

SHIRLEY HIRSCH, LMSW – DIRECTOR

KELLY MCGHEE, MA, LPC – RESIDENTIAL MANAGER

Residential Referral Process



Referrals can be made by Referral Agents:

- Clinically-Responsible Service Providers (CRSP)
- Community Hospital Inpatient
- Skilled Nursing Homes / Rehabilitation Facilities
- DHHS (Age-Outs)

Clinical packets are submitted:

- by EMAIL: residentialreferral@dwihn.org
- by FAX: (313) 989-9525

Residential Referral Process (cont.)




- Referral Agent submits the clinical packet with completed Referral Checklist **[Exhibit A]** to Residential Services
- Within 24 hours/next business day (after 2 PM) of submission the Residential Care Specialist (RCS) is assigned and contacts Referral Agent to introduce themselves and schedule assessment appointment:
 - **Referral from CRSP**: Coordinates Consumer's availability providing 2-3 available dates & times for assessment appointment at CRSP facility
 - **Referral from Hospital/Emergency Department**: RCS contacts Referral Agent to confirm date & time for face-to-face assessment appointment with Consumer/Guardian or Family Support
- All housing options and services are explained to Consumer/Guardian:
 - **Location Preference**
 - **Type of Placement Settings**

DWIHN Residential Referral Checklist Form

[Exhibit A]



**Detroit Wayne Integrated Health Network**
Residential Services
707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 989-9513
Fax: (313) 989-9525
residentialreferral@dwhn.org
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Specialized Residential Referral Checklist

Request Date: _____

Referral Source Contact: _____ Direct Contact Number: _____

Referring Facility: _____ Email: _____

Consumer Name: _____ DOB: _____

MHWIN ID#: _____ Anticipated Discharge Date: _____

Disability Designation: IDD AMI

Type of Placement Requested: Pre-placement Specialized AFC
 Semi-Independent Living CLS Services in Own Home

Benefits Verified: Medicaid Medicare SSI/SSD No Income

Clinical Packet Checklist:

<input type="checkbox"/> IPOS / Clinical Summary	<input type="checkbox"/> Face Sheet / Financial Information	<input type="checkbox"/> Guardianship Contact Information
<input type="checkbox"/> Labs	<input type="checkbox"/> Health Risk	<input type="checkbox"/> Medication List
	<input type="checkbox"/> All Current Physicians' Orders	<input type="checkbox"/> Medical Concerns/Physical Limitations

Placement Request Summary:

Designated CRSP: _____ LOCUS Score: _____

Scheduled Follow-up Appointment (Post Discharge) Date: _____ Time: _____

DWIHN Revision: 09/30/2019_SW

Placement Setting Types



Type of Placement Settings:

- **Specialized Residential** (*Licensed*)
- **Semi Independent Living** (*Unlicensed*)
- **Pre-placement Facilities**
 - * *Akwaaba House*
 - * *Dunedin House (All Male)*
 - * *Fallow Court (IDD)*
 - * *Freedom Haven*
 - * *Georgia's Care*
 - * *Glenwood Home (All Male)*
 - * *Lewis Manor- NW*
 - * *Stallworth AFC*

Brokering (Placement) Process



- Residential Care Specialists (RCS) complete Staff Planning Guide to determine criteria has been met for specialized residential services
- Residential Care Coordinators (RCC) receive completed assessment and clinical packet from RCS to begin placement process
 - Works with Consumer/Guardian or Family Support to locate preferred placement
 - Responsible for notifying All Parties of confirmed placement location and acceptance date

Consumer Discharge Notifications



30-Day Discharge

In accordance to State of Michigan's DHHS Licensing Rules for Adult Foster Care Large Group Homes Ordinance R400.14302(3), a residential provider shall provide a consumer with a 30-day discharge notice in the event the residential provider has determined and documented the consumer is not appropriate for the current placement setting; establishing the consumer is in substantial risk due to:

- The inability of the home staff to meet the consumer's immediate needs, and/or appropriate care;
- Assure the safety and well-being of the consumer and/or other consumers of the home; or;
- The consumer is considered to be a , or have had an occurrence of ***substantial risk****

Consumer Discharge Notifications (cont.)



Substantial Risks* for Emergency Discharges

- Self-destructive behavior
- Serious physical assault (to themselves, other consumers, and/or home staff)
- The destruction of property

Emergency Discharge Policy

An emergency discharge can be issued by the residential provider upon approval and in conjunction with the designated CRSP in the form of a written statement indicating the consumer is not appropriate for the current placement setting. The CRSP designee can then have the consumer transferred to an (accepting) pre-placement facility until an alternate, more appropriate residential location can be confirmed, not to exceed the DWIHN pre-placement agreement guidelines **up to 14 days**.

Consumer Discharge Notifications (cont.)



SIL Exclusion to Consumer Discharge

Semi-independent living (SIL/SIP) discharges must adhere to lease agreement, also informing the CRSP Case manager/Supports Coordinator of the eviction. Ten days prior to SIL eviction, CRSP must submit a complete referral packet to DWIHN Residential Services. If, needed, CRSP Case Manager/Supports Coordinator can also make a referral to one of the pre-placement facilities while Residential Services proceeds with brokering the consumer's relocation into another DWIHN-contracted facility.

In Closing...



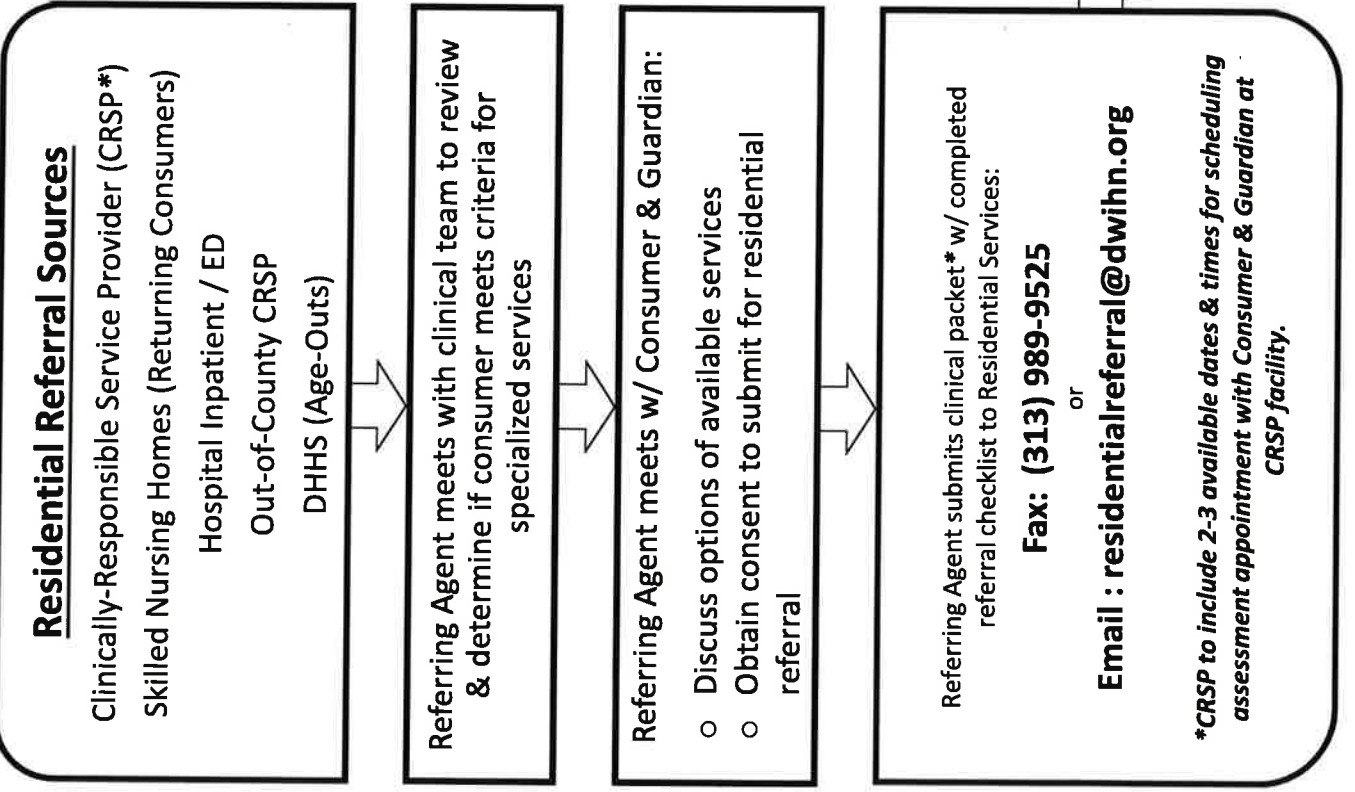
Questions?



Thank you.



Residential Referral Process



DWIHN Residential Services

Administrative Specialist

- Receives referral and notes referral log for tracking
- Emails receipt confirmation to Referring Agent
- Referrals submitted after 2 PM processed next business day
- Excludes ED Referrals

Manager/Director

- On same day, reviews submitted documentation (*Out-of-County referrals must have Director/Manager approval prior to assignment*)
- Assigns Residential Care Specialist

Residential Care Specialist (RCS)

- Within 24 hours of assignment, contacts Referring Agent
- Confirms date, time, and location of face-to-face assessment with Consumer/Guardian
- Explains available residential services; location preference, and obtains written consent
- Completes IDD/AMI Staff Planning Guide and presents to determine criteria has been met for specialized residential services
- Identifies potential residential provider from DWIHN Provider Network
- If requested, coordinates face-to-face consumer/provider interview
- Obtains consumer/provider consent of acceptance of placement
- Notifies Referring Agent of placement acceptance date and location to confirmed residential provider with location & contact info, documenting referral outcome in consumer chart notes
- Provides copies of additional documentation & signed consent to accepting residential provider
- Completes **Internal Service Authorization Request** form for Care Coordinator to enter new authorization

Residential Care Coordinator (RCC)

- Receives completed **Internal Service Authorization Request** form to enter new service authorization
- Identifies potential residential provider from DWIHN Provider Network
- If requested, coordinates face-to-face consumer/provider interview
- Notifies designated CRSP of placement admission date, provider location/contact info, & signed placement consent

- o If LOCUS score below 5: Notification sent to update score to meet criteria for specialized services
- o If IPOS needed, **approaching expiration, or has expired**: Notification sent to advise update is needed immediately



**Detroit Wayne
Integrated Health Network**

Residential Services

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 989-9513
Fax: (313) 989-9525

residentialreferral@dwihn.org

TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Specialized Residential Referral Checklist

Request Date: _____

Referral Source Contact: _____

Direct Contact Number: _____

Referring Facility: _____

Email: _____

Consumer Name: _____

DOB: _____

MHWIN ID#: _____

Anticipated Discharge Date: _____

Disability Designation:

IDD

AMI

Type of Placement Requested:

Pre-placement

Specialized AFC

Semi-Independent Living

CLS Services in Own Home

Benefits Verified:

Medicaid

Medicare

SSI/SSD

No Income

Clinical Packet Checklist:

IPOS / Clinical Summary

Labs

Face Sheet / Financial Information

Health Risk

All Current Physicians' Orders

Guardianship Contact Information

Medication List

Medical Concerns/Physical Limitations

Placement Request Summary:

Designated CRSP: _____

LOCUS Score: _____

Scheduled Follow-up Appointment (Post Discharge) Date: _____

Time: _____



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TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Specialized Residential Placement Referrals

can be submitted via

FAX: 313-989-9525

Or

our new Email Address at
residentialreferral@dwihn.org

Please complete the

DWIHN Residential Referral Checklist

and submit with complete clinical packet for review.

Quarterly Case Record Review Tool

FY 2019 – 2020

Quality Operations Workgroup Meeting
2/19/2020



Quarterly Case Record Review Tool FY 2019 - 2020

Agenda:

- Identify revisions to the Quarterly Case Record Review tool for FY 2019 – 2020
 - Revisions, additions, and deletions



Quarterly Case Record Review Tool FY 2019 - 2020

Case Record Review Tool Workgroup

- DWIHN Quality personnel
- Provider Quality personnel
 - Community Care Services
 - All Well-Being Services
 - Black Family Development

Thank You!



Quarterly Case Record Review Tool FY 2019 - 2020

Purpose of Workgroup

- Update monitoring tool for use in FY 2019 – 2020
- Ensure standards / questions in the tool are in line with regulatory requirements
- Eliminate redundancies
- Look for continuity / consistency of language in the tool



Quarterly Case Record Review Tool FY 2019 - 2020

- Driven by Federal and State regulations;
 - Code of Federal Regulations
 - Mental Health Code
 - Medicaid Provider Manual
 - MDHHS Policies / Technical Requirements
 - DWIHN Policies & Procedures



Quarterly Case Record Review Tool Changes

Choice Voucher Section added

NEW for Serious Emotional Disturbance Waiver (SEDW) services

- the family must be informed of and offered the use of the Choice Voucher system

(Note: Also for Children's Home and Community Based Waiver (CWP) which continues to be monitored utilizing a separate CWP case record review tool.)



General Documentation Section

#5. (no change)

If the individual has a legal guardian, there are current court papers in the file.

Provider question:

Can Court View be accepted due to difficulty obtaining court copy of Guardianship from families?

At this time, Court view can not be accepted because it does not identify which powers a guardian has been appointed (when there is a Partial Guardianship of an individual with a Development Disability).



General Documentation Section

#9. (revised)

The individual and family and/or legal representative were informed of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) process for recipients ~~under 21~~ 21 and under.

- Changed “. . . under 21” to “. . . 21 and under”



Assessment Section

#9. (addition – moved from Medication / Psychiatric section)

All medications, (such as OTC and those prescribed by external physicians), are documented and updated as necessary.

- This information was frequently skipped when it was in the Medication / Psychiatric section
- Moved to this section to ensure the information is documented in the record – health and welfare



Plan of Service and Documentation Requirements Section

2. (revised)

The individual plan of service contains goals in the members own words and objectives that are measurable and time-limited (i.e., SMART).



Plan of Service and Documentation Requirements Section

11. (revised)

Individuals are provided timely Adequate ~~Notice of Action~~ Adverse Benefit Determination.

- Corrected terminology to Adverse Benefit Determination



Plan of Service and Documentation Requirements Section

12. (revised)

Individuals are provided timely Advance ~~Notice of Action~~ Adverse Benefit Determination.

- Corrected terminology to Adverse Benefit Determination

Revised reference section:

Notice is to be provided/mailed at least ~~12~~ 10 calendar days prior to the proposed date the action is to take effect.

- Corrected 12 days to 10 days



Coordination of Care

#9. (addition – moved from MI Health Link section)

For MI Health Link members, there is evidence of communication / collaboration with the Integrated Care Team (ICO) when there are status changes such as level of care treatment, medical conditions, medication changes, intake / discharge from inpatient hospitalization.



Medication / Psychiatric

1. (relocated)

All medications, (such as OTC and those prescribed by external physicians), are documented and updated as necessary.

- Moved to the assessment section.



Medication / Psychiatric

4. (revised)

For non-EMR records, the physician / medical professional's handwriting is legible.

- Added "For non-EMR records"



Medication / Psychiatric

4. (revised)

Laboratory results ordered by program physician (or Physician Assistant / Nurse Practitioner) are reviewed and signed off by the physician (or Physician Assistant / Nurse Practitioner / Nurse).

- Revised to reflect that a Physician Assistant / Nurse Practitioner can order labs and Physician Assistant / Nurse Practitioner / Nurse can review & sign off lab results.



Medication / Psychiatric

5.(revised)

Quarterly Tardive Dyskinesia testing dates and results are documented by program physician (or Physician Assistant / Nurse Practitioner).

6.(revised)

A copy of the prescription, medical orders, or evidence of an eScript, is present in the record (if prescribed by program physician or Physician Assistant / Nurse Practitioner).

- Add Physician Assistant / Nurse Practitioner to both standards.



Behavior Treatment Plan

6.

There is evidence in the clinical record to verify that all staff have been duly trained on each behavioral intervention identified in the plan.

- Added to reference section that the BTP training needs to be completed by the psychologist / behaviorist



Additional Mental Health Services (b)(3)'s

Removed this section – redundant

- the review of the PCP process and the IPOS includes review of scope of services which includes the (b)(3)s



MI Health Link Section

Relocated standard #5 to coordination of care section and removed the remainder of the section

- The standards are validated in MH-WIN, not the clinical record
- DWIHN WILL continue to monitor the standards (it is just not being recorded in the case record review tool)



Personal Care in Licensed Residential Settings

Removed

- redundant - it is addressed in the IPOS section



Habilitation Supports Waiver

#1. (revised)

Eligibility: The Habilitation Supports Waiver Eligibility Certification is current and includes the Supports Coordinator signature with QIDP credentials (section 1) and MDHHS signature (section 4).

- New certification / re-certification process / certificate
- Specified the need for the SC's QIDP credentials



Habilitation Supports Waiver

#2. (revision)

Consent (section 2) to the Habilitation Supports Waiver Eligibility Certification is current as evidence of the member / legal representative's dated signature. Note: Consents are valid up to 36 months.

- New certification / re-certification process / certificate
- Revised reference section
 - Per MDHHS, telephone consent is NOT permitted.



Assertive Community Treatment (ACT)

#2. (removed)

#8. (removed)

#9. (removed)

- relocated to the provider review tool

#3. (removed)

- redundant - it is addressed in the IPOS section



Wraparound Fidelity Standards

#22. (revised) – Now #18 on FY 2019-2020 Review Tool

There is evidence that the Plan of Care (POC) was signed, dated and a copy given to the family within 15 days.

- Changed the number of days



Autism Spectrum Disorder Program Requirements

Courtesy Reminder:

Providers who provide BOTH Supports Coordination and ABA Services, case records will be reviewed using the Quarterly Case Record Review tool.

For providers who provide SC only for beneficiaries receiving the Autism Benefit, they will complete the double asterisk questions in the Autism section of the tool.



Autism Spectrum Disorder Program Requirements

#3. (revised)

There is evidence that the ABA Assessment (ABLS, VB-MAPP, AFLS) was uploaded to MHWIN within ten (10) calendar days of the completed assessment.

- Increased number of days from 7 to 10



Autism Spectrum Disorder Program Requirements

#11. (revised)

There is evidence that when one week of consecutive appointments were missed by the family (vacation, illness, etc.), inactivity was entered in the WSA.

- Changed “three consecutive appointments” to “one week of consecutive appointments”



Home-Based

#1. (removed)

- redundant - it is addressed in the IPOS section

#2. (revised)

There is evidence of an individualized, ~~and~~ family-specific crisis plan.

- replaced the word “and” with a comma



Wraparound Fidelity Standards

#3. (removed)

#7. (removed)

- Redundant

#10. (removed)

#13. (removed)

- No longer applies



Wraparound Fidelity Standards

#11. (revision) – Now #8 on the FY 2019-2020 Review Tool

There is evidence that the Community Team reviews the Wraparound Plan/Plan of Care ~~and budget~~ on a regular basis. This means at least initially, every six (6) months and when developing the Continuing Care Plan.

- Removed the words “and budget”; no longer applies



Wraparound Fidelity Standards

#21. – Now #17 on FY 2019-2020 Review Tool

There is documentation that the Pre-Plan Questionnaire was completed.

- Added Scoring instructions in the reference section.
 - “Score N/A if the IPOS section of the tool was completed.”



Autism Spectrum Disorder Program Requirements

#15. (New)

Family training and guidance is provided at a minimum of once per quarter.

Reference: Michigan Autism Program Medicaid Applied Behavior analysis service performance, quality, and compliance measurement methodology P. 5



Autism Spectrum Disorder Program Requirements

#16. (New)

The comprehensive diagnostic evaluation and psychological assessment follows the best practice guidelines.

Reference: MDHHS Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines. - Evaluators should spend a minimum of 2 hours during the assessment. Assessment reflects essential components -Caregiver interview -Record review & collateral input -Developmental/cognitive & adaptive behavior assessment -Observation assessment -Integration of clinical information - Caregiver feedback -Clinical report -Meets all report components 1. Reason for referral 2. Background/history 3. Review of ASD symptoms 4. Behavioral observations 5. Cognitive testing 6. Adaptive behavior assessment 7. ADOS 8. Summary 9. Recommendation



Quarterly Case Record Review Tool FY 2019 - 2020

Questions?



Thank you!



Quarterly Case Record Review Tool FY 2019 - 2020

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