



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, January 16, 2019**  
**Second Floor Training Room**  
**9:30 a.m. – 11:00 a.m.**

- |      |   |                         |
|------|---|-------------------------|
| I.   | Announcements   | T. Greason              |
| II.  | 4 <sup>th</sup> Quarter Clinical Audit Review <ul style="list-style-type: none"><li>○ Due January 8, 2019</li></ul>   | T. Greason              |
| III. | Audit Review Tool (Training) <ul style="list-style-type: none"><li>○ 2018-2019 Quarterly Case Record Review</li><li>○ 2018-2019 Staff Qualification</li></ul> | D. Dobija<br>S. Johnson |
| IV.  | NCI Member Survey Update  | M. Keyes-Howard         |
| V.   | Provider Questions/Comment  |                         |
| VI.  | Adjournments  |                         |



**QUALITY OPERATIONS TECHNICAL ASSISTANCE WORKGROUP MEETING**

**Wednesday, January 16, 2019**

**Second Floor Conference Room**

**9:30 a.m. – 11:00 a.m.**

**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 welcome the Quality Improvement’s Unit new hires Justin Zellar and Lisa Gutierrez.		
Action Items	Assigned To	Deadline
NONE		

**2) Item: 4<sup>th</sup> Quarter Clinical Audit Review**

**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 informed the committee members that 4 <sup>th</sup> Quarter 2018 Clinical Case Record Reviews have a completion assigned date of January 8 <sup>th</sup> , 2019. Providers are also required to complete a combined report for each of the audits.		
Action Items	Assigned To	Deadline
Complete Quarter 4 FY 2017-2018 Clinical Case Record Review.	Assigned Providers	January 8, 2019.



3) Item: Audit Review Tool – Danielle Dobija

Goal:

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

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

Discussion/Decisions Made		
<p><b><u>Audit Review Tool – Danielle Dobija</u></b></p> <ul style="list-style-type: none"> <li>• Danielle informed the committee members the focus of today’s meeting will be to review the DWMHA Quarterly Case Record Review Tool FY 2018-19 to:               <ol style="list-style-type: none"> <li>I. Identify changes and add-ons made to the tool</li> <li>II. Address comments and questions received from providers</li> <li>III. Review revisions and additions to the tool are agreement with MDHHS and Federal regulatory requirements and policies in addition to DWMHA policies and procedures.</li> </ol> </li>   <li>• The Quarterly Case Record review tool changes does not include the following sections:               <ol style="list-style-type: none"> <li>I. Children’s Waiver Program</li> <li>II. Choice Voucher</li> </ol> </li>   <li>• SUD Providers will have a separate tool currently under review.</li>   <li>• New for Autism Benefit/ABA Services               <ol style="list-style-type: none"> <li>a) Providers who provide both Supports Coordination and ABA Services case records QI will be using the Quarterly Care Record Review tool.</li> <li>b) SC only Providers for beneficiaries receiving the Autism benefits, complete the double asterisked (**) questions in the Autism section of the tool.</li> </ol> </li> </ul>		



<p>Danielle trained the group on the following sections of the <b>Quarterly Case Record Review Tool</b> FY 2018-19 (see attached handout).</p> <ul style="list-style-type: none"> <li>a) General Documentation Section</li> <li>b) Assessment Section</li> <li>c) Implementation of Person Centered Planning Section</li> <li>d) Plan of Services and Documentation Requirements Sections</li> <li>e) Coordination of Care Section</li> <li>f) Targeted Case Management/Supports Coordination Section</li> <li>g) Community Integration Sections</li> <li>h) Medication/Psychiatric</li> <li>i) Behavior Treatment Plan</li> <li>j) MI Health Link Section</li> <li>k) Personal Care in Licensed Residential Settings</li> <li>l) Self-Determination</li> <li>m) Habilitation Support Waiver</li> <li>n) Assertive Community Treatment (ACT)</li> <li>o) Intensive Crisis Stabilization Services</li> <li>p) Crisis Residential Services</li> <li>q) Home-Based</li> <li>r) Wraparound Fidelity Standards</li> <li>s) Serious Emotional Disturbance Waiver</li> <li>t) Autism Spectrum Disorder Program Requirements</li> </ul> <p><b>Staff Qualification Tool</b> – Questions tabled for next meeting.</p>		
Action Items	Assigned To	Deadline
<p>Danielle instructed the group to send all questions and concerns regarding the Quality Case Record Review Tool modifications to Tania Greason, QI Administrator via email at <a href="mailto:tgreason@dwmah.com">tgreason@dwmah.com</a>.</p>	<p>Tania Greason</p>	<p>Prior to next scheduled Quality Operations meeting. February 20, 2019.</p>



**3) Item: NCI Member Survey Update – Margaret Keyes-Howard**

**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		
Margaret stated to the committee that DWMHA currently not met the required number of consents and background information. To date, there are still outstanding NCI documentation and it must be turn into DWMHA by Friday January 18 <sup>th</sup> , 2019. If required documents are not received timely, DWMHA may recommend sanctions. Margaret also informed the committee members that all questions must be answered on the survey or the survey will be returned.		
Action Items	Assigned To	Deadline
<ul style="list-style-type: none"> <li>Margaret asked the group for their full cooperation with submitting requested NCI documents. Completed survey information will be forwarded to Eric Doeh, DWMHA Chief Network Officer on Friday January 18<sup>th</sup>, 2019.</li> <li>Contact Margaret if you have gotten your documentation back to her please send by via email to <a href="mailto:mkeyes@dwmha.com">mkeyes@dwmha.com</a> ASAP.</li> <li>Margaret asked the group to contact her if providers have any questions regarding documentation submitted her email address: <a href="mailto:mkeyes@dwmha.com">mkeyes@dwmha.com</a>.</li> </ul>	Assigned Providers	01/18/2019

**Provider Questions/Comments**

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

# Quality Operations Technical Assistance Workgroup

Quarterly Case Record Review  
FY 2018 - 2019



# Quarterly Case Record Review Tool FY 2018 - 2019

## Agenda:

- Introduce FY 2018 – 2019 Quarterly Case Record Review tool
- Identify revisions and additions made to the tool
- Address comments and questions received from providers

# Quarterly Case Record Review Tool FY 2018 - 2019

All revisions and additions to the tool are based on

- State and Federal regulatory requirements and policies
- DWMHA Policies and procedures

Some of the revisions and additions are driven by DWMHA Quality Improvement efforts.

Sources are provided for all of the standards being reviewed.



# Quarterly Case Record Review Tool Changes

Does not include the following sections:

- Children's Waiver Program
- Choice Voucher

# Quarterly Case Record Review Tool Changes

New for Autism Benefit / ABA Services!

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 asterisked questions in the Autism section of the tool.

# Quarterly Case Record Review Tool Changes

New for Autism Benefit / ABA Services! (cont.)

*ABA only* providers will completed a separate tool, labeled:

“ABA Provider Case Record Review 2019”

# Quarterly Case Record Review Tool Changes

Questions with an asterisk are only required by the holder of the IPOS (i.e., the Clinically Responsible Service Provider - CRSP).

# General Documentation Section

#2.

The annual consent for treatment is current, signed and dated.

You will note it is not asterisked; best practice is for subcontractors to obtain agency / program specific consent for treatment.

# General Documentation Section

## # 3. (addition)

The State standardized "Consent to Share Behavioral Health Information for Care Coordination Purposes" form is complete with the individual / legal representative's dated signature(s).

Use the most current version of the MDHHS 5515. It can be downloaded from [www.michigan.gov/bhconsent](http://www.michigan.gov/bhconsent)

# General Documentation Section

Provider Comment:

This is not clear as to who the MDHHS consented parties should be.

Response:

The member / legal representative identifies who can receive / share their information in Section 1.A. and 1.B of the form.

# General Documentation Section

## #3 (cont.)

DWMHA Integrated Biopsychosocial Assessment Policy

Procedure 1.c.2. “Individuals will be instructed in the use of the Consent to Share Form and will be asked to identify individuals/facilities with whom they would like to share protected health information.”



# General Documentation Section

## # 8. (addition)

Peer support services was explained and offered to the individual and or legal representative

Provider Comment:

This is not clear if this is adult only

# General Documentation Section

#8. (cont.)

Response:

This is required for both adults and children / adolescents

DWMHA Individual Plan of Service/Person Centered Plan Policy

- Standard 17 - “Individuals shall be informed of the option of receiving peer support services upon enrollment, during the PCP process at the pre-planning meeting and planning meeting, and annually thereafter.”

# General Documentation Section

## # 11. (revision)

The individual and/or family / legal representative is informed of Person Centered Planning at the time of initial intake / annually.

Provider comments:

Preplans are completed on the first day so what is this item assessing?

Is this referencing the rule to give members a copy of their IPOS?

This is not specifically written in the consent to treatment.

# General Documentation Section

#11. (cont.)

Response:

There needs to be evidence that Person Centered Planning was explained to the member at intake and annually thereafter. The evidence needs to include a dated signature acknowledging receipt of Person Centered Planning information. This is typically completed during the member orientation process.

This requirement was previously lumped in with Recipient Rights and Confidentiality Notification requirements on the previous tool.

DWMHA New Member Orientation policy

# Assessment Section

## # 1. (revision)

The Integrated Biopsychosocial Assessment /Re-assessment is completed or updated prior to the IPOS or when there are changes in the level of care and is located in MH-WIN.

Provider Question:

Why is a Biopsychosocial completed again when there is a change in the level of care?

# Assessment Section

Response:

An updated assessment is completed to identify any new supports and services that are needed based on the change in level of care.

- Changes in level of care can potentially impact goals in the IPOS
- IPOS goals are driven by the needs gathered from the assessment
- Assessments and IPOS's are part on the *ongoing* Person Centered Planning process.

# Assessment Section

## # 2. (revision)

Based on Provider feedback it has been changed to the following:

There is evidence that the appropriate Level of Care assessment is completed.

DWMHA Policies: Assessment policy, Comprehensive Examinations, Level 1 & Level 2 Assessments and Integrated Care Teams, LOCUS Level of Care Utilization System, SIS Level of Care Determination, CAFAS-PECAFAS-DECA 2017 Procedures

# Assessment Section

## # 3. (addition)

Adults with a serious mental illness (SMI), and/or substance use disorder (SUD), had a Patient Health Questionnaire (PHQ-9) completed at intake.

Provider Response:

The age Range for the PHQ-9 is 11 and up. Not just for adults.



# Assessment Section

## Response:

- Correct, the PHQ-9 is validated in patients age 12/13 and older, and the PHQ-9-Modified (or PHQ-Adolescent) is validated for age 11 to 17 years old.
- **DWMHA policy only requires the adults be assessed with the PHQ-9.**
- Depression screening tools for minors is provider choice.

## DWMHA Assessment Policy

Standard 1.c. “All adults 18 years and older with serious mental illness (SMI) and/or substance use disorder (SUD) should be screened for depression at intake using the Patient Health Questionnaire (PHQ-9).

# Assessment Section

## #4. (addition)

Based on Provider feedback it has been changed to the following:

Adults with a positive PHQ-9 screen, defined as a score of 10 or greater, have a follow up screen within three (3) months.

Further instructions can be found in the attachments to the DWMHA Clinical Practice Guidelines Policy

- Management of Adults with Depression
  - 5. a. The PHQ-9 should be administered at least quarterly after an initial positive screen (defined as a score of 10 or greater).
- Measurement of the PHQ-9 Tool In Major Depression

# Implementation of Person Centered Planning Section

You will note the order of the standards has been changed in this section.

Notes about scoring this section

- Person Centered Planning is a process
- It will involve the review of both the assessments and the IPOS.

# Implementation of Person Centered Planning Section

## #3. (addition)

Person-centered planning addresses and incorporates basic needs for food, shelter, clothing and health care.

Based on provider feedback, the standard has been modified to:

Person-centered planning addresses and incorporates basic needs **such as** food, shelter, clothing and health care.

# Implementation of Person Centered Planning Section

## #3. (cont.)

DWMHA ORR policy

Services Suited To Condition In The Least Restrictive Setting

Standard 9. The individual plan of service shall contain pertinent information from assessments necessary to address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation and recreation.

Mental Health Code 330.1712

MDHHS Person Centered Planning Policy 6/05/17

# Implementation of Person Centered Planning Section

# 5. (revision)

Person-centered planning addresses and incorporates health and safety, **including measures to minimize them, if applicable.**

MDHHS Person Centered Planning Policy 6/05/17

# Implementation of Person Centered Planning Section

# 12. (addition)

If a Crisis Plan was requested, it is located in MH-WIN.

Provider Comment:

This causes the reviewer to go into MH-WIN while auditing increasing time to audit.

Response: If the standardized crisis plan is not utilized, than you are correct, reviewers will need to access MH-WIN and validate the crisis plan is in MH-WIN.

# Plan of Service and Documentation Requirements Section

## # 1. (revision)

The Individual Plan of Service addresses all needs, preferences, dreams and desires reflected in the planning process, or provides an explanation for deferment.

Note: This was previously in the Person Centered Planning section.

DWMHA Individual Plan of Service / Person Centered Plan and Referral, Coordination and Integration of Care, and Services Suited To Condition In The Least Restrictive Setting policies  
MDHHS Person-Centered Planning Policy 6/05/17



# Plan of Service and Documentation Requirements Section

## # 2. (addition)

The individual plan of service contains measurable goals and objectives that are easily understandable by the individual and/or family, with minimal clinical jargon.

MCL 330.1712

DWMHA Individual Plan of Service / Person Centered Plan policy

DWMHA Services Suited To Condition In The Least Restrictive Setting policy

MDHHS Person Centered Planning Policy 6/05/17

# Plan of Service and Documentation Requirements Section

# 5. (addition)

The plan of service includes an explanation of benefits and estimated/prospective cost of services.

DWMHA Individual Plan of Service / Person Centered Plan policy  
MDHHS Person Centered Planning Policy 6/5/17

# Plan of Service and Documentation Requirements Section

## # 7. (addition)

The individual plan of service is current and signed by the individual and/or legal representative, the case manager or support coordinator, and the support broker/agent (if one is involved).

MDHHS Person Centered Planning Policy 6/05/17

DWMHA Individual Plan of Service / Person Centered Plan policy

# Plan of Service and Documentation Requirements Section

## # 9. (addition)

There is evidence in the record that services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency as specified in the service plan.

MDHHS Person Centered Planning Policy 6/05/17

DWMHA Individual Plan of Service / Person Centered Plan and ORR Services Suited To Condition In The Least Restrictive Setting policy Policies

HCBS Waiver Assurances and Sub-assurances

# Plan of Service and Documentation Requirements Section

# 8. (cont.) Scoring question:

Provider Question:

How is this question answered when the client is not available for implementing services in the correct amount/scope/duration?

Score as Met if there is evidence that service delivery did not occur due to the member not participating or attending appointments.

Sources of evidence include Periodic Reviews and / or progress notes documenting service delivery.

# Plan of Service and Documentation Requirements Section

# 9. (addition)

The individual plan of service is reviewed / updated at intervals as specified in the IPOS, but no less than annually.

Provider Question:

Is this question asking about Period reviews being completed in 6 months?

# Plan of Service and Documentation Requirements Section

# 9. (cont.)

Response:

This is addressing the frequency of plan reviews as specified by the member during the Person Centered Planning process; i.e., every 3 months, 6 months, or annually.

MCL 330.1714

MDHHS Person Centered Planning Policy 6/05/17

# Coordination of Care Section

In this section, all standards with “Text Field” responses are *not* scored.

Responses are collected, aggregated, and analyzed for Performance Improvement Projects, HEDIS, NCQA, etc.

New Instructions!

Enter "Y" for "yes", or "N" for "no" in the text field.



# Coordination of Care Section

# 1.

There is evidence of the Behavioral Health provider coordinating treatment with the Primary Care Physician.

Provider Comment:

This does not indicate that the MDHHS release should be completed for the Primary Care Physician.

Response:

It is Provider choice regarding what documentation is used to coordinate care with the member's PCP.

# Coordination of Care Section

## # 8.

For consumers prescribed an atypical antipsychotic medication, there is evidence that the prescribing physician / psychiatrist ordered a diabetic screening that includes an HbA<sub>1c</sub> or fasting blood sugar (FBS), BMI, blood pressure, and LDL cholesterol for consumers prescribed an atypical antipsychotic medication.

### Provider Questions:

Doctors don't formally order blood pressure or BMI. How can this be evidenced?

How did LDL cholesterol get lumped in here?

# Coordination of Care Section

# 8 (cont.)

Response:

DWMHA Clinical Practice Guidelines: Screening Members with Schizophrenia and Bipolar Disorder on Atypical Antipsychotic Medications for Diabetes

DHHS & CMS guidelines, "Atypical Antipsychotic Medications: Use in Adults"

HEDIS

# Targeted Case Management / Supports Coordination Section

Changes:

Supports Coordination was added to the title.

Revised the entire section.

# 3.

The Case Manager/Supports Coordinator "regularly" reviews the individual's health status, noting any issues, visits to the emergency room, and hospitalizations.

# Targeted Case Management / Supports Coordination Section

Provider Questions:

How we would review this item in a chart?

Confusion because events listed are reported via Critical Incident reporting.

Response:

Review the CM / SC Progress / Contact Notes

# Community Integration Section

Has been removed from the tool.

This section originated from the Olmstead Act (1999) In which the U. S. Supreme Court ruled in the case Olmstead v. L.C. and E.W. that the "integration mandate" of the Americans with Disabilities Act requires public agencies to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

# Medication/Psychiatric

No changes excepted updated policy names in the reference section and added “eScripts” to #7.

# Behavior Treatment Plan

Revised entire section emphasizing

- Required documentation
- Behavior Treatment Plan Review Committee process

Title of section now includes “This applies to restrictive / intrusive plans only, not positive support behavior plans”



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

Revised wording of entire section.

- Aligns with the Medicaid Provider Manual

# MI Health Link Section

Revised wording of entire section.

Provider Question:

What happens with this section when the client is MI Health Link yet they never received a Level 1 assessment and referral for a Level 2 assessment?

# MI Health Link Section

Response:

New Referrals – The assessment is required to be submitted to the ICO via MH-WIN within 14 days.

Annual Assessments are required to be submitted to the ICO via MH-WIN

# Personal Care in Licensed Residential Settings

Revised entire section

- Systems Transformation
- Medicaid Provider Manual

# Self-Determination

## Changes

- Revised title
- Revised wording
- Changed order

# Habilitation Supports Waiver

Entire section has minor revisions

#1. (revised)

Eligibility: The Habilitation Supports Waiver Eligibility Certification is current and signed by the **Clinically Responsible Service Provider**, and MDHHS if new enrollment, **OR**, the PIHP if recertification.

# Assertive Community Treatment (ACT)

Entire section revised

- Align with Medicaid Provider Manual
- Emphasizes IPOS documentation (less program requirements)

# Intensive Crisis Stabilization Services

Minor revisions to wording



# Crisis Residential Services

#2. (addition)

The record reflects that the initial IPOS was completed within 48 hours of admission and has been signed by the beneficiary (if possible), the parent or guardian, the psychiatrist, and any other professionals involved in treatment planning.

MDHHS Medicaid Provider Manual

# Crisis Residential Services

#3. (addition)

The IPOS clearly identifies the need for aftercare/follow-up services, and the role of, and identification of, the case manager.

MDHHS Medicaid Provider Manual

# Home-Based

#1.

Services provided by home-based service assistants / paraprofessionals must be clearly identified in the Family-Centered IPOS.

Provider Question:

What does this mean? This has never been outlined before; needs clarification.

Response:

This has been on prior case record review tools.

The IPOS must identify the scope, duration, & frequency of services provided by home-based service assistants / paraprofessionals.

# Home-Based

#2. (addition)

The IPOS includes an individualized and family-specific crisis plan.

Provider Question:

How can this be in the IPOS? We develop a crisis plan outside the IPOS

Response:

# Wraparound Fidelity Standards

# Serious Emotional Disturbance Waiver (SEDW)

# Autism Spectrum Disorder Program Requirements

No changes to standards

As a 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 asterisked questions in the Autism section of the tool.