



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, May 15, 2019
Second Floor Training Room
9:30 a.m. – 11:00 a.m.

- I. Announcements – T. Greason
- II. Performance Indicator Workgroup – S. Smith
 - a) Proposed Meeting Dates
- III. 2nd Quarter Clinical Case Record – S. Smith
 - a) Due Date July 1, 2019
- IV. Providing Timely IPOS Documentation – S. Smith
 - a) Development of process for requesting signed IPOS Documents – S. Smith
- V. Clinical Case Record Review Data (MH_WIN) – S. Smith
 - a) Training on IPOS
 - b) Training on Behavior Treatment Plan (BTP)
 - c) Crisis Plan
- VI. Substance Use Disorder (SUD) Provider Update – K. Bailey
- VII. MMBPI-MH-WIN Documentation – N. King & S. Jameson
 - a) Indicator 2 & 4
 - b) Indicator 4 & 4b
 - c) Indicator 10
- VIII. Provider Questions/Comment
- IX. Adjournment



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, May 15, 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 #: **X QI 2** CC# ___ UM # ___ CR # ___ RR # ___

Discussion/Decisions Made		
Tania Greason announced that Brad Klemm last day with DWMHA will be on May 16, 2019. The committee thanked Brad for his service and dedication.		
DWMHA will begin to pilot a Practice Improvement Workshop. The workshops will consist of DWMHA QI, UM and CS staff going directly to the provider locations in which they will review required elements such as to Habilitation Supports Waiver (HSW), Utilization Management and Quality Improvement processes and including SUD provider information. The initiative will allow for DWMHA to bring areas of concern and required processes directly to the provider locations. In addition, the Authority is hoping to visit no less than one provider per month. We are scheduled to review All Well Being Services (AWBS) on May 22 and 23, 2019.		
Action Items	Assigned To	Deadline
Practice Improvement Workshops will be scheduled with assigned providers. Providers will submit dates in which all staff meetings will be held at their organizations for scheduling.	DWMHA QI, UM and CS Staff	On-going



2) Item: Performance Indicator (PI) – Tania Greason

Goal: To review the purpose of the Provider Performance Indicator Workgroup

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

NCQA Standard(s)/Element #: X QI #5 CC# ___ UM # ___ CR # ___ RR # ___

Discussion/Decisions Made		
PI's Proposed Meeting Dates: <ul style="list-style-type: none"> Tania Greason informed the committee members that the Provider Performance Indicators (PPI) workgroup was developed in April of 2019. The purpose of the group is to review the MMBPI reporting requirements and to discuss and review performance indicator (PI) data and issue concerns. It is proposed that the PPI meet every 3rd Wednesday's of each month after the Quality Operation meeting from 11:30 am – 12:30 am in conference room 400 A&B. If anyone else would like to be a part of the workgroup, please send Tania and email at tgreason@dwmha.com and Tania will add you to the agenda and roster. Tania informed the group that the goal of the meeting is to review issues and concerns that the providers are having with the calendars and making exceptions as applicable; also, to ensure that QI is sending and receiving information timely; and/or anything else that can improve DWMHA network system and reporting of the MMBPI data to MDHHS. 		
HSAG Annual Site Review: <ul style="list-style-type: none"> Tania informed the committee that the HSAG (PMV) on-site review will be held in July of 2019. The review will focus on Quarter 1 MMBPI data that has been submitted to MDHHS. QI has submitted a spreadsheet to the providers with members that are out of compliance during this quarter requesting feedback in a corrective action plan (CAP) on how each provider is working within the system to ensure your members are in compliance going forward. In addition, HSAG will be looking at how DWMHA educate our provider's network system on reporting of PI data. Tania stated that HSAG has requested different data from DWMHA and QI has submitted the format to providers aligning with HSAG protocol which includes indicator 4b (SUD). In addition, Justin sent the providers a copy of the new spreadsheet on May 14, via email through your MH-WIN inbox please complete the spreadsheet and send back to QI as noted in the email request. Tania would like to have the PI data back by June 5 to be ready for the HSAG review in July 25. 		
Action Items	Assigned To	Deadline
Provider to review Quarter 1 data request submitted.	Assigned providers	June 5, 2019



3) Item: 2nd Quarter Clinical Case Record – Starlit Smith

Goal: Inform Committee date for requested Quarter 2 (Clinical Case Record Review)

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

NCQA Standard(s)/Element #: **X QI #8** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Starlit Smith informed the group that 2nd quarter case records review was forwarded to assigned providers on May 9th. Moreover, a few providers were not part of the pull. However, if you were not selected for the 2nd quarter pull and you want to pull your own thirty-five cases please advise Starlit via email.</p> <p>July 1st is the due date and QI was able to close the 1st quarter because the DWMHA teams is still going out and reviewing cases against the 1st quarter.</p>		
Action Items	Assigned To	Deadline
Providers to complete 2 nd Quarter 2019 Clinical Case Records	Assigned Providers	July 1, 2019

4) Item Providing Timely IPOS Documentation – Starlit Smith

Goal: Inform providers of timely IPOS documentation

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		
<ul style="list-style-type: none"> Starlit stated the residential providers has valid complaints regarding not receiving timely signed IPOS's which also interferes with the providers payments. However just because the IPOS are uploaded in MH-WIN dose not mean the IPOS is timely or signed. In addition, QI has been siting providers for not having a signed IPOS in their case records. UM will not approve any payments without a signed or current IPOS. Starlit stated in part of the continuous quality improvement efforts include DWMHA working with providers in order to demonstrate the efforts made to obtain the current IPOS documentation. 		
Action Items	Assigned To	Deadline
CRSP Providers to continue to work with residential and outpatient providers with obtaining signed and current IPOS's.	Assigned providers	On-going.



5) Item Clinical Case Record Review Data (MH-WIN) – Starlit Smith

Goal: Training on the IPOS, Behavior Treatment Plans and Crisis Plans

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		
<ul style="list-style-type: none"> • Starlit stated that QI has created a form called “DWMHA Notification Form” for the residential providers who have not received a signed copy of the member’s IPOS timely. This form will be available on the DWMHA website under QI but Starlit would like the providers to review the form first for any revisions. • Starlit told the residential providers if they are not receiving timely IPOS’s, or if your staff has not been trained on the IPOS, Behavior Treatment plan, Crisis plan and treatment plans they could utilize this form and send it to Starlit so she will be able to track the residential providers. • Starlit stated to the group what QI monitors are finding when doing residential home reviews are as follows: <ul style="list-style-type: none"> a) Evidence that staff has been trained on IPOS 74% b) Evidence that the staff have been trained on the behavior treatment plan 78% c) Evidence of case recorded charting specific behaviors which represent the IPOS 72% d) Is the Crisis plan present in the members record and there is evidence that the staff have been trained on the crisis plan 76% • April Siebert informed the committee that if a member has a crisis plan in their records documentation should be consistent throughout the progress note and staff should be trained on the crisis plan. 		
Action Items	Assigned To	Deadline
Providers must make certain that appropriate staff are trained on the IPOS, BTP’s and crisis plans as applicable.	Assigned Providers	On-going



6) Items: Substance Use Disorder (SUD) Provider Update – Kimberly Bailey

Goal: Provider overview of SUD provider update

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		
<p>Kimberly Bailey provided an overview of the SUD provider site reviews. Overview included the following:</p> <ul style="list-style-type: none"> a) Progress notes should not be standard please provide more detail in these notes. b) Consent to share form is protected information and you must be specific as to who you are releasing this information to. c) Documentation of requested a drug screening for a member must be in the case records or DWMHA will not pay for the test. d) Missing signatures, credentials and dates are in the case records e) No documentation that the member received a copy of their IPOS in the case record. f) Coordination of care not documented in the case record. <p>For additional information please review PowerPoint “DWMHA SUD Annual Site Review Overview” on the following:</p> <ul style="list-style-type: none"> • Signed and Dated Releases of Information and Consents Supervision 		
Action Items	Assigned To	Deadline
None Required		



7) Item: MMBPI – MH-WIN Documentation (Training) – Natasha King & Steve Jamison

Goal: Review of the MMBPI PI Reporting Module

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		
<p>Natasha King and Steve Jamison provided an overview training on performance indicators 2, 3, 4, 4b and 10 covering the following areas, ongoing trainings and updates will be provided during the PPI workgroup meetings.</p> <p>a) How to update appointments in the MH-WIN calendar section, which apply to PI 2 and 3.</p> <p>b) Hospital discharge emergent appointments, which covers PI 4a and 4b.</p> <p>For additional information please review handouts which gives complete instructions on:</p> <ul style="list-style-type: none"> Hospital Discharge Emergent Intake Screen in Calendar Appointment How to Properly Follow Up on Appointment in the MH-WIN Intake Calendar 		
Action Items	Assigned To	Deadline
Providers to review PPI indicator protocol and requirements for PI reporting. Providers are invited to attend the PPI workgroup meeting. Next PPI workgroup meeting scheduled for June 19 th , 2019 following the QOW meeting.	Assigned Providers	On-going.

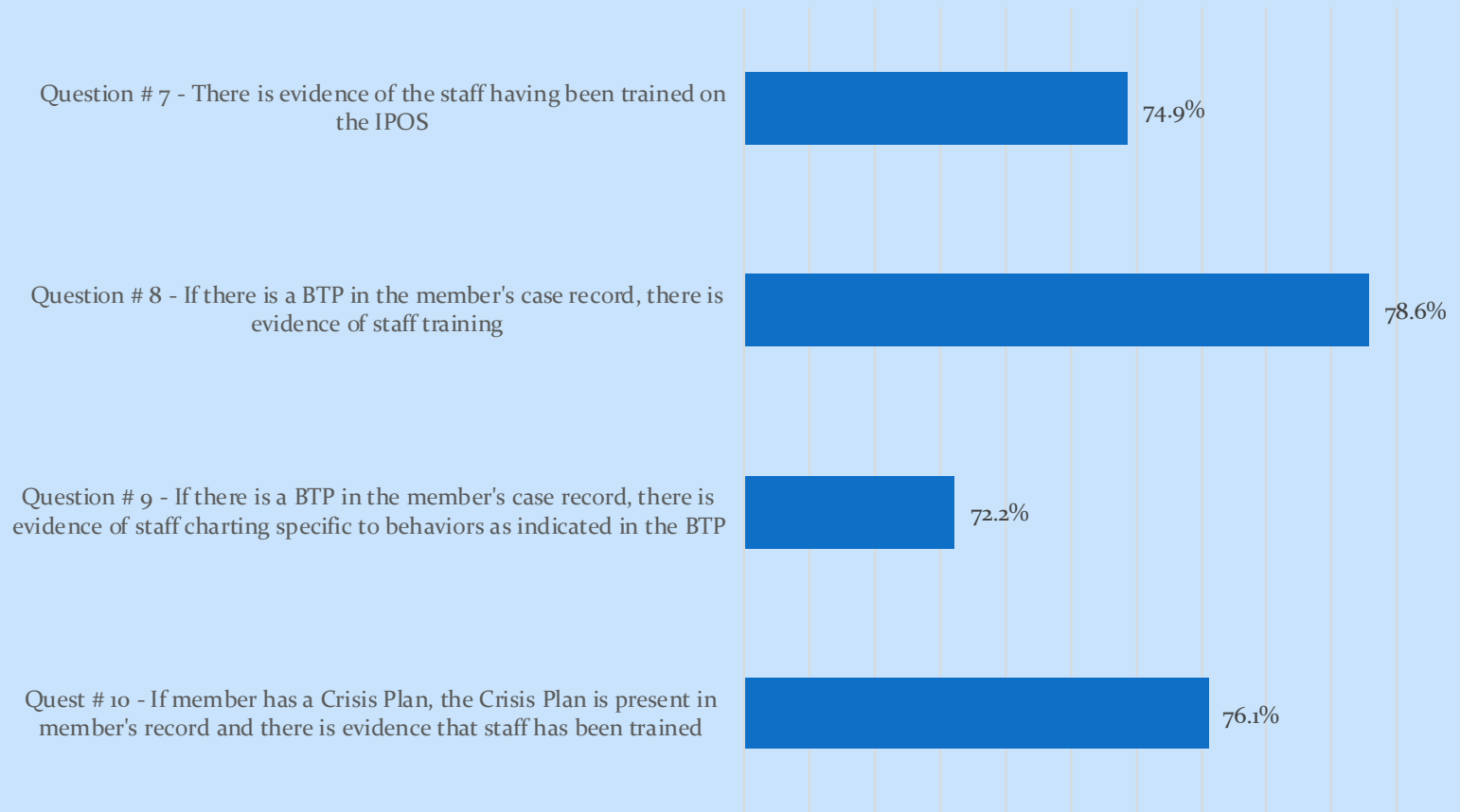
NEXT MEETING: Scheduled for Wednesday, June 19, 2019

DETROIT WAYNE MENTAL HEALTH AUTHORITY

Residential Site Review Findings



Residential Case Record Review October 2018 - April 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
Notification Form

Date of notification: _____

Name of Facility: _____

Contact Information:

Name: _____

Telephone Number: _____

Email Address: _____

Member MHWIN #: _____

I am forwarding this notification to advise DWMHA that the following Clinically Responsible Service Provider (Provider) has failed to submit or perform the following:

Provider Name: _____

- Provide a current Individual Plan of Service (IPOS)
- Provide staff in-service training on IPOS
- Provide staff in-service training on Crisis Plan
- Provide staff in-service training on the Behavior Treatment Plan
- Provide Supports Coordinator/Case Management progress notes in the case file

This notification is to be emailed to: ssmith@dwmha.com

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Improvements are achieved through team work



Questions ?



DETROIT WAYNE MENTAL HEALTH AUTHORITY

Substance Abuse Disorder Annual Site Reviews Overview



Common Mistakes for case Record

- Stage of Change at intake
- There should be a starting SOC and ending SOC
- Progress notes should not be standard. SOAP notes
Subject, Objective, Assessment, and Planning
- and SNAP notes Strengths , Needs, Abilities, and
Planning
- Consent to Share/ release protected information must
be specific, please no releases that say “criminal justice
system” or “Hospital”

Signed and Dated Releases of Information and Consents

- Drug screen documentation if you were paid for a drug screen it must be documented in the chart.
- Missing signatures, credentials, and dates
- No explanation the client received a copy of their IPOS
- Coordination of Care **MUST** be documented in the form of Releases, faxes, referrals, everything/anything done with a client related to their coordination of care should be documented, even if you think it is not important. This section is weighted heavily for true integration.

Supervision

SATS (Clinical License and MCBAP Cert) and you are supervising over a SATP (MCBAP Certificate)

All progress notes treatment plans, assessments ect..

MUST have a supervisor signature.

References

[HTTPS://WWW.MICHIGAN.GOV/.../PIHPMHSP_PROVIDER_QUALIFICATIONS_530980_7.PDF](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