



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, March 30, 2022

[Via Zoom Link Platform](#)

9:30 a.m. – 11:00 a.m.

- | | | |
|------|--|---|
| I. | Announcements | Tania Greason/April Siebert |
| II. | SUD Updates (tabled) | Judy Davis |
| III. | Critical and Sentinel Event Reporting Requirement for Member BTP | Fareeha Nadeem |
| IV. | MDHHS Waiver Full Site Audit Review Update <ul style="list-style-type: none">(March 14 – April 22, 2022) | Starlit Smith & QI Performance Monitor Team |
| V. | IPOS (HCBS) Review Changes <ul style="list-style-type: none">Open Discussion/Questions | Ebony Reynolds, Sherry Scott, Lucinda Brown |
| VI. | Provider Feedback | Group |
| VII. | Adjournment | |



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9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements – April Siebert, QI Director

- None

2) Item: Critical and Sentinel Event Reporting Requirement for Member BTP – Fareeha Nadeem, QI Clinical Specialist

Goal: Review of CE/SE processing for members that are on a BTP.

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>Fareeha Nadeem provided an overview for reporting requirements of Critical/Sentinel Events trainings for members that are on BTP Plan. DWIHN’s Performance Improvement staff have reviewed the four reportable sub- categories for the members on Behavior Treatment Plans(BTP) (Death, Emergency Hospitalizations – including Emergency Medical Treatment; and Use of Physical Management). After review, it has been noted that there are numerous reporting errors for members for reporting under “Serious Challenging Behaviors” instead of the required “Behavior Treatment” Category. PLEASE ENSURE that you are reporting events in accordance with these training guidelines as attached on the handout “CE/SE REPORTING REQUIREMENTS FOR MEMBERS ON BEHAVIOR TREATMENT PLANS” presented today on the following highlighted BT only Categories and Sub-Categories below:</p> <ul style="list-style-type: none"> • Behavior Treatment • Death • Emergency Hospitalizations <ul style="list-style-type: none"> a) unexpected b) Emergency medical treatment c) Injury d) medication error and 911 calls. 		
Action Items	Assigned To	Deadline
Providers to review attached handouts and ensure all reporting events are in accordance with the training guidelines. QI will continue to monitor and report back to the workgroup.	Assigned CRSP Providers and QI for monitoring	Ongoing



3) Item: MDHHS Waiver Full Site Audit Review Update - Danielle Dobija & Sara Denny, QI Clinical Specialists

Goal: Status update for MDHHS Waiver Full Site Audit Review

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>Danielle Dobija provide a status update for the MDHHS Waiver Full Site Audit Review. MDHHS was pleased with DWIHN’s Integrated Biopsychosocial Assessment. MDHHS noted the following: The IPOS is developed in accordance with policies and procedures established by MDHHS.</p> <p>Evidence:</p> <ol style="list-style-type: none"> 1. pre-planning meeting, 2. availability of self-determination, and 3. use of PCP process in developing IPOS. <p>Specific services and supports must align with the individual’s assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS. The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant’s needs. MDHHS also reported that the assessments reviewed demonstrate evidence of coordination and supports. Providers are required to continue to train support coordinators and case managers working with direct care providers. Providers must also make certain that the supervisor in the skill building settings provide documented trainings .</p>		
<p>Sara Denny reported that MDHHS is in the early stages of the review for the SED waiver . The HSAG Waiver review is scheduled to end on April 24, 2022 and at that time QI will be able to share more information of the findings.</p>		
Action Items	Assigned To	Deadline
<p>QI Team will share findings with the QOTAW after the review is complete.</p>	<p>QI (Sarah Denny, Daniele Dobija, Starlit Smith)</p>	<p>June 30, 2022</p>



4) Item: IPOS (HCBS) Review Changes - Ebony Reynolds, Clinical Officer, Sherry Scott, CPI, Lucinda Brown, UM

Goal: Review Updates/Changes to the IPOS

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		
<p>Ebony Reynolds provided an overview of the upcoming changes will be included in DWIHN’s standardized IPOS. A memo was sent out to the provider network with examples of all the changes included in the IPOS, DWIHN will host an IPOS training for the network on April 14, and April 21, 2022.</p> <p>Preplanning Changes:</p> <ul style="list-style-type: none"> • The sentence structure regarding meeting locations will be changed to to include where the member would like to have the meeting held allowing for members to have the choice of where their meetings will be held. • Question added to address if the member has legal authorized representation or a guardian with power of attorney, in their pre-plan if answered YES, that person should be included in the next section inviting him/her to the meeting. <p>IPOS Changes:</p> <ul style="list-style-type: none"> • The changes within this section are to appear in the IPOS as well as the Periodic Reviews & Addendums • For the Support for Wellbeing and safety sections the tips are going to be changed and the employment sections wording will be revised. <p>Home and Community Base Services Requirement:</p> <ul style="list-style-type: none"> • There will be a separate page for the HCBS services section. • The standardize IPOS, HCBS section is now #4, however if the HCBS section does not apply there will be an option for the clinicians to skip this page and go directly to the treatment goal. • DWIHN added a mandatory note does the member received Medicaid at HCBS if the clinician checks YES, the HCBS page will open up, if the clinician checks NO nothing farther will show on that page and the clinician can go straight to the IPOS. • A prompt will be added to the service provided section for review of information related to HCBS requirement and training for directors and newer clinicians. • For questions related to members housing option explained and offered to the member and assessment identified or addressing members behavioral needs please review handout presentation “IPOS HCBS and Periodic Review Changes” for complete details. 		



Action Items	Assigned To	Deadline
<p>Provider Questions:</p> <ul style="list-style-type: none"> • Can this group receive a copy of IPOS changes handout? Answer: Yes, a copy will be forwarded to the committee and posted on the website with the meeting minutes. • These IPOS changes will be overwhelming for the support coordinators, case managers and some clinicians, the questions are redundant to what is already being provided by BTRC and already being reported to DWIHN. Answer: These requirements are required by MDHHS, DWIHN will continue to review to make as seamless as possible. • Include the residential provider in the IPOS trainings. • Will the providers be receiving any memo's about when to implement for the periodic review's changes, the tools say at less annually for the periodic review therefore the providers need something in writing from DWIHN stating it's going to be a requirement for the 90 days review. Answer: Yes, providers will receive ongoing communication regarding the periodic review requirements, updates will also be provided during the QOTAW . 		

5) Item: **Provider Feedback: None**

NEXT MEETING: Wednesday April 29, 2022 @ 9:30 a.m. – 11:00 a.m. [via Zoom Link Platform](#)

ADJOURMENT: 11:15 a.m.

ah_04.12.2022



CE/SE REPORTING REQUIREMENTS FOR MEMBERS ON BEHAVIOR TREATMENT PLANS

DWIHN Performance Improvement staff has reviewed the four reportable sub- categories for the members on Behavior Treatment Plans(BTP).....(Death, Emergency Hospitalizations – including Emergency Medical Treatment; and Use of Physical Management). We have discovered numerous reporting errors for members on BTP are being reported under “Serious Challenging Behaviors” instead of the required “Behavior Treatment” Category.

PLEASE ENSURE that you are reporting events in accordance with these training guidelines:

For the **members who have a BTP as indicated on the face of the MH-WIN record**, as stated in the Guidance Manual of Critical and Sentinel Events, **Behavior Treatment areas must be completed in: (1) Intervention Information (This section is for members with Behavior Treatment Plans Only) and (2) The Radio Button after the "Action Taken" section must be changed to indicate "Yes" the member is on a Behavior Treatment Plan.**

This process is required for every member on a BTP for all categories in the Critical/Sentinel Event module. The data required by MDHHS is queried through the CE/SE Module and used to verify reports submitted by the organization for the members on BTP. **For questions on Behavior Treatment Reporting Requirements, please contact QI staff Fareeha Nadeem at fnadeem@dwihn.org**

BEHAVIOR TREATMENT ONLY Categories and Sub-Categories include:

- i. **Behavior Treatment *** - a **NEW** category used to **report four events** that occur with members on an approved Behavior Treatment Plan

Critical / Sentinel Event

Enter Date of Event
5/12/2021

Category
Behavior Treatment

Pre-Planning Changes

1. Change *Meeting Location* to - *Where would you like your meeting held*



2. Before the below section, add - *Does the member have a legally authorized representative/power of attorney (powers over health, financial)*
 - a. Add a Tip to read - If yes, authorized representative/POA should be a meeting attendee
 - b. Add Yes/No radio buttons

Who would you like to attend your meeting?			Add Meeting Attendee
Name	Relationship	Who will invite	

IPOS Changes

- The changes within this section are to appear in the IPOS as well as the Periodic Reviews & Addendums
1. Support for Well Being/Change Employment/Voc tip to read as- Identify any paid, volunteer, or skill building needs the person has. If a person would like employment or needs supports for an employment or vocational area; a formal goal is needed which will include opportunities to seek employment and work in competitive and integrated settings.



2. Add new page before Goals - HCBS



The remaining IPOS changes are all contained within the HCBS page

4. Home & Community Based Services - Requirements

3. Add the following & make mandatory

Does the member receive Medicaid Home & Community Based Services?

Yes No

- a. Add a tip to this question stating – Refer to the Medicaid Provider Manual section on HCBS
- b. If yes is answered, then the remaining questions/sections appear on the page & must be responded to
- c. If no is answered, then nothing further shows on this page

Were housing options explained and offered to the member (including non-disability specific settings and for residential settings)?

Yes No

If no is answered, then a text box needs to open up forcing user to respond

Provide details

characters left: 2040

Did you choose where you live?

Yes No

If no is answered, then a text box needs to open up forcing user to respond

Detail reason and consider treatment goal and objective step.



Are you satisfied with your current housing?

Yes No

If no is answered, then a text box needs to open up forcing user to respond

Detail reason and consider treatment goal and objective step.



The following statements are to function in the same manner as the below statement (with a Y/N radio button and open a text box if answers No)

I chose where I live.

Yes No

If no is answered, then a text box needs to open up forcing user to respond

Provide Details

characters left: 2040

I like my roommate(s).

I can choose my roommate(s).

I can choose to close and lock my bedroom door.

I can choose to close and lock my bathroom door.

I can eat snacks/meals when and where I want.

I can decorate my bedroom the way I want.

I can have visitors at any time.

I attend a place of worship of my choice.

I attend community/recreational events as often as I want

If any of the above statements (starting w I chose where I live) are answered with a NO, then the following questions are to appear & user is required to respond. If all are answered as Yes, then the following questions do not appear

1. What is the HCBS right or freedom of movement that is being restricted?

characters left: 2040

2. What assessment identifies the specific medical conditions or behavioral needs that the modifications / limitations are addressing? (Note: if limitations are for behavioral needs, the BTPRC section must also be completed)

characters left: 2040

3. What were the positive, or less intrusive methods, that were tried but did not work?

characters left: 2040

4. Who is responsible for monitoring the modifications / limitations that are in place to assure interventions and supports will cause no harm to the members? What data is / will be collected and how often (frequency of monitoring and reporting of progress)?

characters left: 2040

5. What is the fade plan in place to reduce or remove the limitations?

characters left: 2040

6. Was Informed Consent Obtained?

Yes No

If yes, then add date field

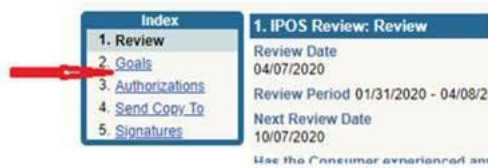


If no, then add text box

characters left: 2040

Periodic Review Changes

- The following changes are needed in the Periodic Review only
 - Criteria for PHQ9 to be included in review – most recent IBPS must have a score of 10 or more
 - if score is less than 10, then PHQ9 will NOT appear in IBPS
 - When the score is 10 or more, add PHQ9 after the goals section



- PHQ9 questions are the same as what's in the IBPS

PHQ-9

Adult Or Child?
 PHQ-9 Adult PHQ-9 Modified for Adolescents Not Applicable / Under Age 11

Over the last 2 weeks, how often have you been bothered by any of the following problems:

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeling tired or having little energy?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself, or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Score: 5

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
 Not difficult at all Somewhat difficult Very difficult Extremely difficult

PHQ-9 Scores and Proposed Treatment Actions

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0-4	None-Minimal	None/Ongoing monitoring
5-9	Mild	Watchful Waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering counseling, Psychiatric follow-up/or pharmacotherapy
15-19	Moderately Severe	Active treatment psychiatrist and therapy
20-27	Severe	Immediate review and treatment by psychiatrist