



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Outpatient Provider Meeting Friday, September 16, 2022 Virtual Meeting 10:00 am –11:00 am Agenda

Zoom Link: <https://dwihn-org.zoom.us/j/93220807823>

- I. Welcome/Introductions
- II. Compliance Department- Kiara Merrity & Sandra Allen (pages 2-9)
 - Compliance
- III. Integrated Health Department- Ashley Bond (pages 10-11)
 - Complex Case Management
- IV. Veteran Navigator- Chris Brown
 - Wayne County Veteran Services
- V. Credentialing Department- Ricarda Pope-King
 - Re-credentialing
 - Universal Credentialing
- VI. Residential Department
 - Pre-Placement Meeting- Lezlee Adkisson
 - IPOS Reporting- Kate Mancani
- VII. Managed Care Operations- Sharon Matthews
 - Pre-Contracting Paperwork
 - Certificates of Insurance
- VIII. Administrative Updates – Eric Doeh, President and CEO
- IX. Questions
- X. Adjourn

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

Kenya Ruth, Vice Chairperson
Lynne F. Carter, MD
Bernard Parker

Dora Brown, Treasurer
Eva Garza Dewaelsche
William Phillips

Dr. Cynthia Tauog, Secretary
Jonathan C. Kinloch

Eric W. Doeh, President and CEO





Outpatient and Residential Provider Meetings

**DETROIT WAYNE INTEGRATED
HEALTH NETWORK**

800-241-4949

www.dwihn.org

MEET THE TEAM

- ▶ Sheree Jackson-Compliance Officer
- ▶ Compliance Specialists
 - ▶ Kiara Merrity
 - ▶ Sandra Allen
 - ▶ Laura Frattini

Contact Us

- ▶ Directly to their supervisor or the Corporate Compliance Officer.
- ▶ To the DWIHN Compliance Hotline (313-833-3502), for anonymous and confidential reporting to the extent provided by law.
- ▶ In writing to the Corporate Compliance Officer:

Attn: Corporate Compliance Officer
Detroit Wayne Integrated Health Network
707 W. Milwaukee, Detroit MI, 48202

OR

- ▶ VIA EMAIL: compliance@dwhn.org

Investigations

▶ 7 Elements of Compliance Program

1. Standards and Procedures
2. Oversight
3. Education & Training
4. Effective lines of communication
5. Monitoring and Auditing
6. Enforcement & Discipline
7. Response & Prevention
 - A. All reports of wrongdoing will be promptly and confidentially investigated, and appropriate remedial action taken (can include Corrective Action Plans, repayments, notification to outside government agencies, training, etc.).

▶ Documentation

- ▶ Provider Manual
 - ▶ Required to support claim billed
 - ▶ Must be Sufficient

References

- ▶ Michigan Mental Health Code
- ▶ MDHHS Medicaid Provider Manual
- ▶ DWIHN Provider Manual
- ▶ DWIHN Compliance Plan

Personnel Files

Requirements

Requirements

- ▶ Required Trainings-Current
- ▶ Background checks-original at hire, and most recent monthly
- ▶ Exclusion checks-original at hire, and most recent monthly
- ▶ Driver's License (or other official ID)
- ▶ I-9-Properly completed. Important to document the employee is legally authorized to work in the US
- ▶ TB test or chest X-Ray showing no evidence of disease

Conclusion

- ▶ Document information as currently as possible; don't wait until later to avoid mistakes.
- ▶ Provider Manual-DWIHN Website: dwihn.org
- ▶ Michigan Medicaid Manual:
<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
- ▶ Contact us at: compliance@dwihn.org
- ▶ Thank you for all you do for our members and for following the rules!

Goals of CCM

- Connect to appropriate community resources
- Develop teams that include family, medical, and behavioral health professionals
- Improve quality of life
- Provide early intervention to prevent crisis

CMM services do not take the place of current services but are integrated with the clinically responsible service provider's case management services.

Referral Process

The DWIHN CCM staff may receive referrals for services via:

- E-mail
- Fax
- Phone

A referral form is available on the DWIHN website on the Integrated Health Care page.

Referrals can be faxed to 313-989-9529 or e-mailed to pihpccm@dwihn.org.

Along with the referral form please send current bio Psychosocial assessment, LOCUS/SIS assessment and any other relevant clinical documents.

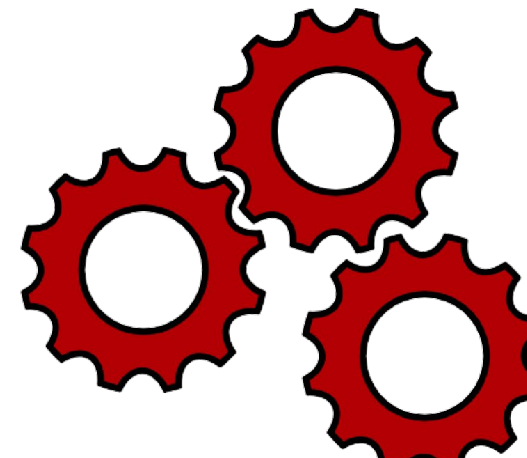


Detroit Wayne Integrated Health Network

707 W. Milwaukee Street
Detroit, MI 48202
313-833-2500
www.dwihn.org

24-Hour Access Center

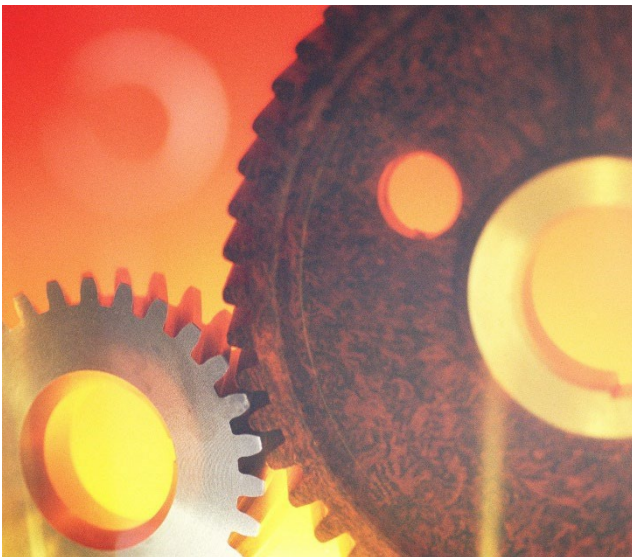
800-241-4949



What is Complex Case Management (CCM)?

CCM is a collaborative process that includes assessment, planning, facilitation, and advocacy. It explores options and services to meet a person's identified needs with the ultimate goal of promoting high quality, person friendly and cost effective outcomes.

CCM does not take the place of services already being received-it compliments them. Participation is not dependent upon the health benefit available to enrollee.



CRITERIA TO PARTICIPATE IN CCM

The DWIHN CCM program has general eligibility criteria for adults and children/youth.

ADULTS

- An active member of outpatient behavioral health services with a disability designation of SMI, DDIDD, or SUD as evidenced by at least one visit within the quarter with a
• DWIHN provider AND
Evidence of one or more gaps in services, i.e., absence of primary care or specialty medical care visits within the last 12 months, or gaps in medication refills for behavioral health and /or medical chronic conditions AND
• One or more of the following chronic medical health conditions: hypertension, diabetes, asthma, COPD, heart disease and obesity as well as ten or more visits to the ED
• in the last six months OR
Willingness to be an active participant in the program for at least 90 days.

CHILDREN/YOUTH

- Diagnosed with serious emotional disturbances (SED) and Autism Spectrum Disorder (ASD) seen for services at a DWIHN provider at least once in the last quarter AND
Should range between the ages of 2-21 years of age-those enrollees in this cohort that are 18-21 are usually designated as
• youth with learning disabilities, court wards,
• I/DD, etc. - AND
Diagnosed with chronic asthma AND
• 4 or more ED visits related to asthma or behavioral health in the last 12 months OR
Gaps in service/care-i.e., absence of primary care visit within the last six months and gaps in refilling prescriptions for asthma controller medication and/or behavioral health medication AND
• Willingness of child/youth and/or