



Detroit Wayne Integrated Health Network

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

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

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

- I. Welcome/Introductions
- II. Claims Department- Quinnetta Allen
 - Providers are leaving claims in step 2
 - Making inquiries before claims are submitted for processing
 - Asking for reconsiderations before claims are submitted for processing.
 - Allow claims staff time to review error before making inquiries
 - Authorization issues or questions should be sent to residentialauthorizations@dwihn.org for residential services and pihpauthorizations@dwihn.org for outpatient services.
 - All timely filing errors
 - There are several resources that can help with many question, just go to the help tab in mhwn to guides and user manuals.
- III. Adult Initiatives- Marianne Lyons
 - MyStrength App
- IV. Utilization Management- Leigh Wayna
 - Backdated Authorizations
- V. Recipient Rights- Edward Sims
 - Recipient Rights Training, Monitoring & Prevention (pages 2-4)
- VI. Residential Department- Kate Mancani
 - Residential Holiday Schedule (page 5)
 - IPOS Reporting
 - Crisis/Safety Plans
- VII. Managed Care Operations- Sharon Matthews
 - One on one PNM/Provider Meetings
 - Provider Information Change form (pages 6-7)
- 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 Tauieg, Secretary
Jonathan C. Kinloch

Eric W. Doeh, President and CEO



New Hire Recipient Rights Training

- ❑ **Education and Training**-The MHC Mandates that all staff including agency & contract agency staff, Rights Committee & Appeals Committee members be trained & updated annually in rights protection.
- ❑ **MHWIN Staff Record**-Ensure the record is completely filled in, especially the provider name and location, as well as the date of hire and the email address of the staff member. **To Maintain Compliance**- Register your staff for NHRRT training during the onboarding/orientation process.
- ❑ NHRRT classes are currently provided on Tuesday-Thursday of each week from at 10am-12pm. **Evening classes** are currently offered once per month on the third Thursday of the month from 4pm-6pm. Please check MHWIN for available training dates.
- ❑ If your staff does not receive the email by **8:30 am for morning classes (2:30 pm for evening classes)**, please ensure the email address is correct in MHWIN and have your staff check their spam folder, prior to contacting us. Otherwise, please contact us via email at orr.training@dwihn.org no later than **9:30 am for morning classes (3pm for evening classes)** for assistance prior to training.
- ❑ Participants must be present online, with working cameras, and remain **visible** and available to communicate with us **throughout** the course.
- ❑ If your staff are seen driving during the training, laying down/asleep, OR OBSERVED OTHERWISE NOT ENGAGED DURING THE TRAINING, they will be removed from the training
- ❑ The ORR Trainers are available to assist Providers with any training-related questions.
- ❑ Review the DWIHN website and/or MHWIN newsflash for updates regarding NHRRT.

OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

Responsibilities:

- ▶ ORR is mandated to conduct site reviews for DWIHN Provider locations, at least 1x/fiscal year (annually)
(Fiscal Year-10/01/22-09/30/2023)
- ▶ Reviews reports from accrediting bodies-QA, Risk Management, as it pertains to Rights
- ▶ Reviews Provider contracts for Rights language

Site Review Process:

- ▶ ORR Reviewer conducts the Site Visit at the location (in person)
- ▶ Covid Questionnaire completed when scheduling site visit appt-If +exposure, an alternative to onsite review will be arranged
- ▶ New Hire Recipient Rights Training (NHRRT) must be completed w/in 30 days of hire for new employees
- ▶ ORR Reviewer will request evidence of NHRRT for all staff hired since the previous FY's site review
- ▶ Annual RR training evidence will also be requested, if NHRRT is more than 1 year old
- ▶ A walk-through of facility (interior & exterior) will be conducted by the ORR Reviewer, to determine any health or safety violations

- ▶ ORR Reviewer will check for required postings-Rights, Abuse & Neglect, Grievance, MMHC, Whistleblowers Act, contraband items
- ▶ Interviews with Staff & Persons receiving service will be conducted, to determine knowledge on how to file a RR complaint
- ▶ ORR Reviewer will request where confidential information is stored
- ▶ If a violation is found during the site visit, a Corrective Action Plan will be required-the Provider has 10-business days from the date of the site visit, to submit the CAP response

Important Reminders:

- ▶ Staff records and Provider contact information should be updated, as necessary in MHWIN
- ▶ Provider best practice is to schedule new employees for NHRRT, during the onboarding process

DWIHN-ORR Prevents Rights Violations

Prevention in the Mental Health Code

- ▶ Remedial action for substantiated complaints, including timely fixing of the violation and preventing a recurrence.
- ▶ Policy and Procedure Review with recommendations to address Recipient Rights related matters.
- ▶ Address concerns identified in Monitoring, Complaint Investigation activities
- ▶ Ensure information and explanations regarding Rights of recipients provided to Recipients, staff and other stakeholders are practical and effective.

Prevention Unit Primary Responsibilities

- ▶ Serve as main contact for prevention initiatives for DWIHN Providers
- ▶ Provide leadership for developing and implementing prevention-related training initiatives in coordination with DWIHN ORR Training Unit for DWIHN Providers
- ▶ Ensure all trainings and recommendations **related to remedial action for Recipient Rights violations** are in adherence to the Michigan Mental Health Code and MDHHS Administrative Rules.
- ▶ Assess all substantiated complaint investigations for prevention opportunities
- ▶ Present **recognition and commendations** for major improvements **and outstanding performance in recipient rights protection** by DWIHN Providers that have had no Rights Protection incidents **and/or demonstrate outstanding performance in a particular instance or situation.**



DETROIT WAYNE INTEGRATED HEALTH NETWORK RESIDENTIAL BULLETIN

TO: RESIDENTIAL HOME PROVIDERS
CLINICALLY RESPONSIBLE SERVICE PROVIDERS

FROM: SHIRLEY HIRSCH, LMSW
DIRECTOR, RESIDENTIAL SERVICES

SUBJECT: RESIDENTIAL HOLIDAY HOURS

CC: KATE MANCANI LMSW AND HARRIET SIDDIQUI LMSW, UNIT MANAGERS

Residential Unit Holiday Hours:

12/27/2022: 9:00 AM – 2:00 PM

12/28/2022: 9:00 AM – 2:00 PM

12/29/2022: 9:00 AM– 2:00 PM

Unit Managers and/or Residential Director will be available during the holiday season by phone and/or email:

Shirley Hirsch: shirsch@dwihn.org; 313-694-8505

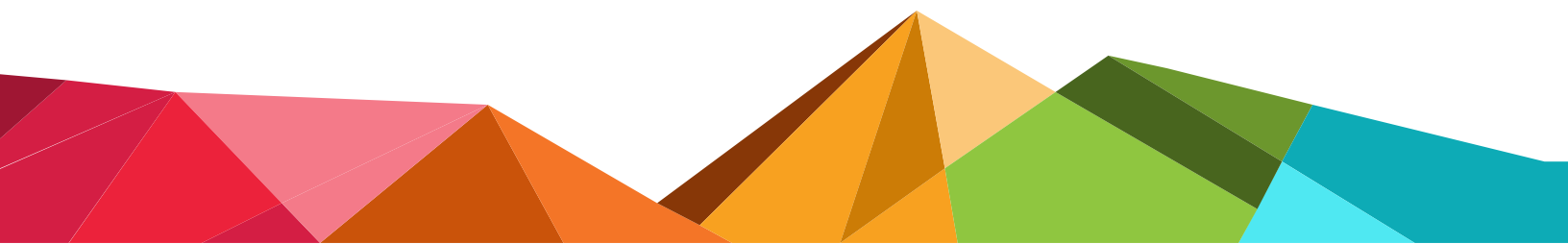
Kate Mancani: kmancani@dwihn.org; #313-670-0529

Harriet Siddiqui: hsiddiqui@dwihn.org; #248-251-3443

Residential Referral Email and Fax#

residentialreferral@dwihn.org; Fax#: 313-989-9525

Have a happy and safe holiday season!





PROVIDER INFORMATION CHANGE FORM

(Providers must notify DWIHN of any changes listed below at least **thirty (30)** calendar days prior to effective date change per the provider contract and in DWIHN Policy.)

Organization Name	
Assigned PNM Name	

Please complete areas with requested changes ONLY.

Provider Administrative Office		Change Status	Effective Date
Address		New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Phone #:		New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Fax #:		New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Email:		New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Website:		New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Hours/Days:		New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Other:		New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	

Program/Home Name:	Change Status	Effective Date
Address:	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Phone #:	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Fax #:	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Hours/Days	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Other:	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	

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Fax #:	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Hours/Days	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Other:	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	

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Fax #:	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Hours/Days	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	
Other:	New <input type="checkbox"/> Updated <input type="checkbox"/> Delete <input type="checkbox"/>	

Additional Provider Information:			Add	Delete	Effective Date
CEO/President/ Ex. Director	Name:				
	Phone #:	Email:			
CEO/President/ Ex. Director	Name:				
	Phone #:	Email:			
Billing Manager	Name:				
	Phone #:	Email:			
Billing Manager	Name:				
	Phone #:	Email:			
CCO	Name:				
	Phone #:	Email:			
CCO	Name:				
	Phone #:	Email:			
CFO	Name:				
	Phone #:	Email:			
CFO	Name:				
	Phone #:	Email:			
Quality	Name:				
	Phone #:	Email:			
Quality	Name:				
	Phone #:	Email:			
Other	Name:				
	Phone #:	Email:			
Other	Name:				
	Phone #:	Email:			

Non-English languages spoken by staff at your organization including American Sign Language: _____

By Signing below, I verify that the information above is accurate.

Signature			
Title		Date:	

To be completed by DWIHN staff:

Date Received (Initials): _____ Date: _____

MCO Staff Reviewer (Initials): _____ Date: _____

Input Electronic Records by Staff (Initials): _____ Date: _____

Email completed form to: Your assigned PNM (Provider Network Manager) and pihprovidernetwork@dwihn.org