



Outpatient Provider Meeting Q&A

Friday, December 16, 2022

Virtual Meeting

10:00am –11:00am

1. Can you send the agenda and a copy of information regarding the MyStrength app. thank you
A. Yes. Marianne Lyons and Danialle Hall are working with the mystrength PIP. Her email is dhall2@dwihn.org
2. Claims question. Is the LI modifier(hospital Liason) now required on claims for Discharge planning that is overlapping with Hospital services? The DHWIN bulletin 11/8/19 bulletin indicates it is for children but our claim was not a child. A help desk ticket was initiated because my claim did not allow the LI modifier (got an error).
A. can you please send this inquiry to the PIHP claims email?
3. How do we register our staff for the additional trainings through TAP?
A. The staff register on their own and take those courses online at their pace. You can contact me for more assistance asmith1@dwihn.org.
4. Case record review form changed - please provide guidelines that address signatures of staff completing review routing, supervisor review/signature and provider responses.
A. More information is needed to answer this question.
5. Will we get copies of the PowerPoints?
A. Yes PowerPoints will be sent out to network.
6. Can we get a list of required postings?
A. Please email Edward Sims at esims1@dwihn.org for any monitoring-related requests, and he'll be happy to send you a list. Thanks.
7. Are CRSP's supposed to be completing a train the trainer on the IPOS with clubhouses that we complete authorizations for? if so, does the clubhouse or crsp upload it to mhwin?
A. It is a collaboration between the CRSP and service providers to ensure that staff are trained on the IPOS of the person they are supporting. The CRSP is ultimately responsible for providing at least the initial training with the provider. The CRPS should upload that evidence into MHWIN, the provider should keep a copy for their

records. Once the initial training is complete, the provider may use a Train the Trainer approach. Evidence of those trainings should be kept by the provider as well to have a record of the trainings being done.

Attached is the procedure and can be found on our website.

8. Is there a report you can provide to us as to the staff who has been credentialed and their expiration dates?
 - A. This report is available to providers in Client Portal. We have a user guide on our website under For Providers - Medversant - with instructions on how to pull the report.
9. What is the "Downriver Project" mentioned by Eric Doeh?
 - A. DWIHN is exploring a crisis center in the downriver area. More information is forthcoming.
10. What is the email that staff should use if they have not heard back about their credentialing application?
 - A. pihpcredentialing@dwihn.org

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

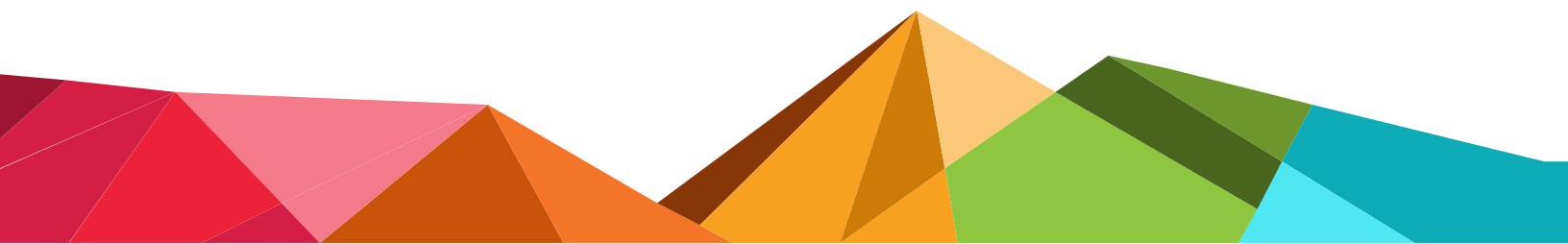
Kate Mancani: kmancani@dwihn.org; #313-670-0529

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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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"/>	

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 pihpprovidernetwork@dwihn.org

DWIHN Treatment Plan Training Procedures

Purpose

To ensure the appropriate training has been provided to staff who will be responsible for implementing the supports and services identified in the plan. This includes training on a member's Individual Plan of Service (IPOS), Wraparound Plan of Care (POC), crisis plan, behavior treatment plan (BTP), or other clinical treatment plan as authorized in the member's IPOS.

Expected Outcome

Staff providing supports and services will be trained and proficient in implementing the goals and objectives in the plan.

Process

- A. When a new document (IPOS, POC; Crisis Plan; Behavior Treatment Plan or other clinical document) is developed, all staff who work directly with the member are to be trained on the specific, individual components of the plan, prior to providing the service.
- B. When a document Amendment is completed to add or change services, all staff who work directly on the amended treatment services, goals or objectives are to be trained on the specific, individual components of the service. All staff must be trained prior to documenting their first service to the individual under the amended change
- C. The trainings will be provided by the or author of the plan and by each specialized professional within their scope of practice. If determined to be able to safely and accurately communicate the learned information, those in attendance can be considered qualified to train other staff, i.e., Train-the-Trainer
- D. The required documentation is DWIHN's Treatment Plan Training Log. This form captures critical information needed to meet all MDHHS and DWIHN requirements. All documentation must be legible.
 - a. Each dated training session will be documented on separate training forms. Reminder: ongoing training sessions cannot be added to the form as a running list. When new staff are trained on a separate date you must have a separate form.
 - b. All signatures must be dated and accompanied by a legible printed name.
 - c. Once all staff have been trained the form is to be uploaded into the member's medical record in MHWIN, under Scanned and Uploaded documents, titled "DWIHN Training Log_DATE"
 - d. All training documents must be maintained in the member's record.
 - i. Regarding Train the Trainer: Any staff that receives training from the plan author or clinical specialist and then trains others, must retain a copy of the initial training they received in the member's record. The documentation trail needs to reflect the initial and subsequent trainings, that would be expected (as documented evidence) at the time of a site review.
- E. Exceptions:
 - a. In emergent situations, when staff not trained on the members' plan must work with the individual to ensure their health and safety, training on the IPOS will take place within 24 hours of the initial shift.
 - b. DWIHN does not require additional training for medication administration as that is a standard training in the direct care toolbox and approved by MDHHS. The CMHSP policies for training of direct care staff to provide medication services should outline the requirement for initial and annual medication checks with an RN to assure proficiency

DWIHN Treatment Plan Training Procedures

- F. Trainings may take place virtually to meet the needs of the member and their staff. When done virtually:
 - a. the trainings must take place via a secure platform;
 - b. the staff receiving the training must have access to a copy of the document they are being trained on;
 - c. The trainer must verify those in attendance and complete the training log, to include:
 - i. Member's name and MHWIN#
 - ii. Date of the training
 - iii. Type of document/assessment being presented
 - iv. Date of document/assessment being presented
 - v. Names of all participants clearly documented
 - vi. Name/title of the trainer clearly documented
 - d. The trainer will ensure that the training log is uploaded into MHWIN, as noted in 4 above.
- G. Roles and Responsibilities
 - a. Training shall be provided by; the primary case holder / clinically responsible service provider or other qualified staff that are responsible for monitoring the IPOS and are not providers of any other service to that individual and by each specialized professional within the scope of their practice, as appropriate.
 - b. Any change in goals, objectives, interventions, significant behaviors or events shall be updated in the appropriate planning document and a new training must occur in regard to supports and services.

Related Policies

Person-Centered Planning / Individual Plan of Service

Telemedicine Policy

Quality Assurance/Improvement

Compliance with All Applicable Laws

Legal Authority