



**Detroit Wayne
Integrated Health Network**

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

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

**Outpatient Provider Meeting
Friday, April 14, 2023
Virtual Meeting
10:00 am –11:00 am
Agenda**

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

- I. Welcome/Introductions
- II. Integrated Care – Ashley Bond
 - Complex Case Management (page 3-5)
- III. Claims Department- Debra Schuchert
 - Intake Period
 - Authorization request with 2 separate contracts (page 6)
- IV. Quality Department- William Sabado
 - HCBS Statewide Transition Plan
 - Next Survey Cycle: start-4/12/2023, end-5/3/2023 (pages 7-8)
- V. Utilization Management – Leigh Wayna
 - Unit Flexibility Within Authorizations
 - Respite and CLS Utilization (pages 9-17)
- VI. Recipient Rights Department- Chad Witcher
 - ORR training, monitoring & prevention ppt
 - Death Reporting ppt
 - How to obtain a Death log number document (pages 18-27)

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- VII. Crisis Plans Pending/Compliance– Manny Singla
 - AOT Compliance
- VIII. Administrative Updates – Eric Doeh, President and CEO
- IX. Questions
- X. Adjourn

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.

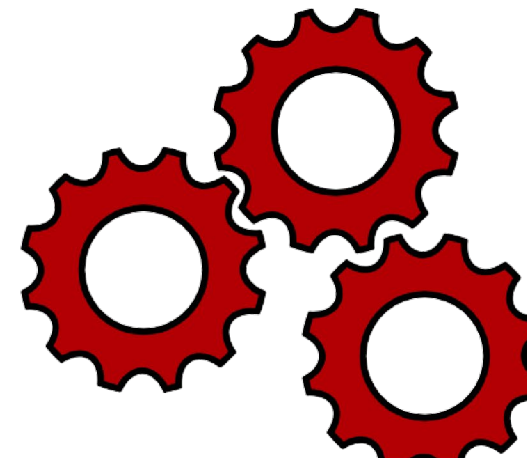


Detroit Wayne Integrated Health Network

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

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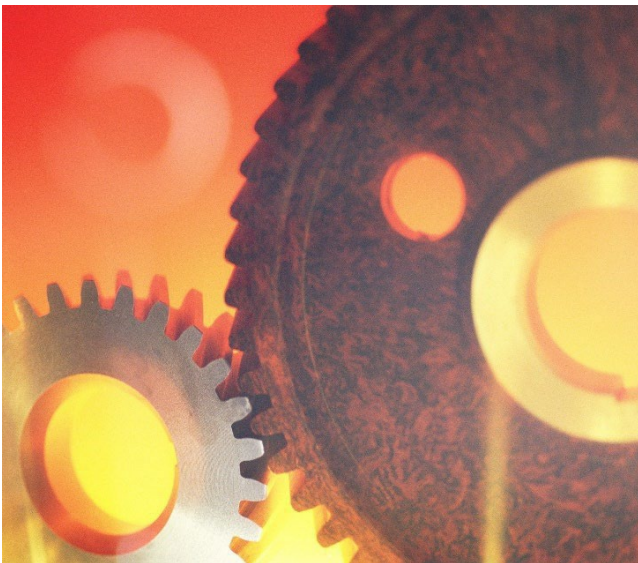
800-241-4949



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, DD/IDD, 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 monthsOR
 - 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 or other medial health condition AND
- 4 or more ED visits related to medical and/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 medications AND
- Willingness of Legal Guardian & Child/Youth to be an active participant in the program for at least 90 days



Integrated Health Care Initiatives Complex Case Management Referral Form

Complex Case Management is designed to assess, plan, implement, coordinate, monitor and evaluate options and services needed to meet an enrollee's chronic complex health (behavioral and physical) and human service needs. Enrollees are chosen for Complex Case Management because of frequent inpatient admissions, frequent visits to the Emergency Department, and because they have complex medical and behavioral needs that are not being resolved using traditional means/resources. Along with this referral form, please include the psychosocial assessment, current LOCUS, medication sheet, and any other clinicals that would be useful in managing this enrollee's care.

Referral Source:

___ Behavioral Health Provider

___ Medical Health Provider/Primary Care Provider

___ DWIHN

___ Self-Referral

___ Other (specify): _____

Name of Facility/Agency/Referral Source: _____

Telephone #: _____

Fax #: _____

Enrollee Name: _____ **Date of Birth:** _____

Enrollee Telephone #: _____

Reason for Referral:

Please fax completed form to: 313-989-9529

Please send via secure email to: pihpccm@dwihn.org

For DWIHN USE:

Date Referral Received: _____

Case Assigned To: _____

Date Referral Assigned: _____

Claims Department:

- **Intake Period:**

Intake-period Approved Codes:

H0031, H0032, H0036, H0038, H0039, H2011, T1001, T1002, T1017, T1023, T2003, 90791, 90792, 90839, 96372, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215

1. The “intake period” begins on the member’s DWIHN Admission Date.
2. The “intake period” ends when the member has a signed IPOS or 60 days after the DWIHN Admission Date, whichever comes first.
3. During the “**intake period**” **providers may render and bill for approved services without prior authorization**, per medical necessity and limited to MDHHS duplicate thresholds.
4. The approved codes for the “intake period” are listed above.
5. **After the “intake period” ends, claims will follow the adjudication rules including authorizations requirements for all services.**

- **Using more than one contract on an Authorization:**

A provider cannot request an authorization with more than one contract. If there are multiple contracts, they will need multiple authorizations.

The original error message received on the claim was “No Rate on File”. However, here is the reason the claim was not paying.

The reason the batch was returned is because **two different contracts were assigned under one Authorization #.**

- T1017 was authorized under the PMPM contract.
- H0038 was authorized under the Adult Mental Health Outpatient Contract.

**You are Invited to the Michigan Department of Health and Human Services (MDHHS)
Behavioral Health Home and Community Based Services (HCBS)
Provider Update Sessions**

What: MDHHS behavioral health HCBS Team is offering three opportunities for behavioral health HCBS providers to receive an update on the HCBS implementation, compliance and ongoing monitoring for HCBS behavioral health services. Each session will be structured with the MDHHS Behavioral Health HCBS team providing updates and responding to questions received prior to each scheduled session. Efforts will be made to reserve time during each session for participants to share any thoughts or concerns with the HCBS team. A Frequently Asked Questions (FAQ) document will be provided to attendees and posted on the HCBS webpage at a later date.

When: MDHHS is offering three sessions to choose from. Dates and times are provided below, along with the link to register for each session.

Session One: Wednesday, April 12, 2023, from 10:00am-11:30am

Link to register:

https://msu.zoom.us/webinar/register/WN_QObFtrIWRBeNQnKa1Evkxw

Session Two: Tuesday, April 18, 2023, from 1:30pm-3:00pm

Link to register:

https://msu.zoom.us/webinar/register/WN_tN_a26XbSU2bLNM8Tr3_Hw

Session Three: Wednesday, April 26, 2023, from 1:00pm-2:30pm

Link to register:

https://msu.zoom.us/webinar/register/WN_b8Nlt1c9SpKGfV9AJJ9WIA

Format: You will receive a link to a virtual meeting. A phone number will also be provided in the event you prefer to call in. You do not have to submit questions to receive the appointment link.

Who: Providers of the following services and providers who have been contacted by MDHHS for survey purposes are invited to attend a listening session:

- Specialized Residential Providers
- Community Living Supports
- Skill Building
- Supported Employment
- Out of home non- vocational
- Pre-Vocational

Why: In 2014, the Center for Medicare & Medicaid Services (CMS) introduced the HCBS rule which identified requirements for settings providing Medicaid HCBS services. Since that time, behavioral health HCBS providers for these settings have been working to come

into compliance with these requirements by March 17, 2023. As HCBS providers/settings move from implementation to compliance and monitoring, questions, and requests for HCBS updates have increased.

The MDHHS HCBS team is interested in hearing questions or concerns providers have related to the HCBS rule. Please provide questions prior to each listening session. The MDHHS HCBS team will address those questions during each listening session and if time permits will take additional questions during each session. Questions asked during each session will be responded to and recorded on a *Frequently Asked Questions* (FAQ) document. This document will be shared with attendees via the email address provided, all known HCBS settings Pre-Paid Inpatient Health Plan (PIHP) HCBS leads, and posted on the HCBS webpage at [Home and Community-Based Services Program Transition \(michigan.gov\)](https://www.michigan.gov/home-and-community-based-services-program-transition).

Upon completion of registration, registrants will receive a confirmation email which will include a link to Qualtrics. This link takes registrants to another page to submit HCBS questions prior to attendance.

Suggested topics for questions:

- Provide specific questions about the HCBS rule.
- HCBS Compliance and monitoring
- Ongoing survey process and what to expect.
- Heightened Scrutiny
- HCBS services
- Any other HCBS related topics you would like to address with the HCBS team.

Authorized Units And Early Terminations



Unit Utilization Within Approved/Authorized Services

Authorized Service(s) Description		Authorized	Claimed	Paid	Available
T1017	Targeted Case Management Authorization Only code for TCM & Monitoring.	24 (4 Per Month)	0	0	24
		Rates	EFF: 04/01/2023 EXP: 09/30/2023		

1 Related Document

When Approved for 4 units of a service per month, you can utilize those 4 units in that month either all at the same time, or separately. A member should not be utilizing more than 4 units in that one month span.

If additional units are needed, an addendum would need to be completed to provide clinical justification for this.



Respite Utilization



Respite Definition

Per the Michigan Medicaid Manual:

The word respite means “break” or “relief.” Respite care services are designed to offer families the opportunity for a break from care giving responsibilities. Respite allows parents time to engage in activities that they find relaxing, entertaining, or restful while a trained respite provider cares for your child. A respite break can mean an hour to take a walk while a respite provider stays in your home to care for your child. It may be a weekend away while your child is cared for outside of your home. It can also mean time to take a nap or chat with a friend while the respite provider takes your child on a community outing.

Daycare or traditional childcare is needed by parents in order to go to work or school and it is provided on a daily or regular basis. Respite, on the other hand, is provided on an ***intermittent or short-term basis*** to provide the parent with a break from caring for their child with a disability.



Things to consider when requesting a Respite Authorization

What other services are currently in place? Respite cannot be provided during hours that these other activities are taking place.

CLS

School

Speech, OT, etc.

What are the families needs with regard to ***intermittent or short-term*** care needs?

A planned weekend vacation

A planned dinner out with friends

A planned day to run errands or take care of personal needs

Respite Hours ***SHOULD NOT*** be utilized to provide childcare for the member while the guardian works, or on a consistent, daily basis and are not intended for use as coverage for childcare while the member is out of school due to suspensions, school breaks, etc.



CLS Utilization



Community Living Services (CLS) Definition

Per the Michigan Medicaid Manual:

CLS is a Medicaid covered service that assists, prompts, reminds, cues, observes, guides, and trains consumers on how to perform activities independently.

The goal of CLS service is for consumers to learn and improve their skill sets to become more independent in their community.

CLS is NOT a service that does FOR someone.

CLS is not a cleaning/housekeeping service. The consumer must be directly involved in cleaning tasks, and it must be written in the consumer's plan of service as a treatment goal/objective/intervention.

CLS staff must not perform CLS tasks without the consumer present. For example, if a consumer's goal is to learn how to prepare a meal, the consumer must be present with the staff to learn the skills associated with this task



Things to consider when requesting a CLS Authorization

What other supports are currently in place? All other avenues of support should be utilized prior to or in conjunction with requesting authorization for a Medicaid Service.

Natural Supports such as family, friends, neighbors, etc.

Community Supports such as organizations, groups, teams, clubs, and associations that a consumer can become involved in.

Home Help which is a benefit covered by the Michigan Department of Health and Human Services (MDHHS) and must be requested through the consumer's MDHHS worker, focuses on doing FOR the member.

What are the member's needs with regard to learning and improving their skill sets to become more independent in their community?

What specific skills will be worked on during CLS provision

Respite Hours **SHOULD NOT** be utilized to provide childcare for the member while the guardian works, or on a consistent, daily basis and are not intended for use as coverage for childcare while the member is out of school due to suspensions, school breaks, etc.



QUESTIONS?



ORR New Hire Recipient Rights Training

- ❑ ORR Training is in preparation for MDHHS Triennial Assessment in Oct. 2023, includes gathering training data for staff to be documented on training log
- ❑ **MHWIN Staff Record**-Provider to ensure the record is filled in, completely. Register your staff for NHRRT training during the onboarding/orientation process.
- ❑ NHRRT provided on Monday-Wednesday each week from 10am-12pm. **Evening NHRRT** offered once per month on the 2nd Tuesday of the month from 4pm-6pm. Check MHWIN for available training dates.
- ❑ If your staff fails to receive the NHRRT email by **8:30 am for morning classes (2:30 pm for evening classes)**, check email address is correct in MHWIN & have staff check their spam folder. Otherwise, you may contact us via email at orr.training@dwihn.org no later than **9:30 am for morning classes (3pm for evening classes)** for assistance.
- ❑ Participants must be present online, with working cameras, and remain **visible** and available to communicate with us throughout the course.
- ❑ If your staff are OBSERVED OTHERWISE NOT ENGAGED DURING THE TRAINING, they will be removed from the training
- ❑ Please review the DWIHN website and/or MHWIN newsflash for updates regarding NHRRT.
- ❑ **NHRRT must be completed w/i 30 doh for new staff**

OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

Updates:

- ▶ ORR Monitoring continues to prepare for the upcoming MDHHS Triennial Assessment-10/16-10/20/23
- ▶ Assessment will focus on the Rights Office responsibilities including: complaint investigations, monitoring, training, death reporting, appeals, RRAC, prevention
- ▶ Any violation(s) found requires a Corrective Action Plan-Provider has 10-business days from the date of the site visit to remedy violation
- ▶ Site Rep required to sign & date page #4 of site review tool

Site Review Process:

- ▶ ORR Site Visit conducted onsite (in person). Covid 19 Questionnaire-If +exposure, an alternative will be arranged
- ▶ Any new staff hired since the previous site review-NHRRT completed w/l 30 doh
- ▶ NHRRT Obtained from different county, pls provide evidence
- ▶ ORR Reviewer looks for: required postings, confidential items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights
- ▶ Important Reminders:
 - ▶ Provider contact info and staff records should be kept current, as required in MHWIN

DWIHN-ORR Prevents Rights Violations

Prevention Unit Primary Responsibilities

- ▶ Provide leadership for developing and implementing prevention-related training initiatives in coordination with DWIHN ORR Training Unit for DWIHN Providers
- ▶ Review Policies and Procedures with recommendations to address Recipient Rights related matters
- ▶ Assess all substantiated complaint investigations and address concerns identified in investigation activities for prevention opportunities.
- ▶ 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.
- ▶ Confirm information and explanations regarding Rights of recipients provided to Recipients, staff and other stakeholders are practical and effective.
- ▶ 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.

DWIHN-ORR

Death Reporting Update

Presentation Provider Meeting

April 14, 2023



Reporting a Death

Within 24 hours of your knowledge of a Member's death - **AFTER PRIMARY SOURCE VERIFICATION** with the **Medical Examiner** (*County of Member's death*), **Hospital**, or **Funeral Home** (obituary- may also be available on line- at [https//www.legacy.com](https://www.legacy.com)) contact the Office of Recipient Rights (ORR) to receive a death log number. Provide information on "How to Get an ORR Death Log Number" form. **Please review this form with reporting staff.**

CALL the ORR hotline at (Toll Free 1-888-339-5595) to report all deaths or other Rights-related questions, incidents and reporting matters. You may leave a voicemail with ALL information OR:

Reporting a Death

Fax completed form "*How to Get A Death Log Number From ORR*" if you cannot reach the office by phone.

If you need to fax anything to ORR, please do so at the **ORR Secure Fax line at (313) 833-2043.**

This contact information can also be found on the "You Have Rights" red and white posters that must be posted at your organization

How to Get a Death Log Number

Death Reporter's Full Name	
Death Reporter's Email Address and Telephone Number	
Death Reporter's Employer/Provider	
Date Provider Received Notification	
MEMBER INFORMATION	
Full Legal Name	
Date of Birth	
Social Security Number	
Date of Death	
Time of Death (if known)	
City & State Where Death Occurred	
Was Adult or Child Protective Services already notified? (If Applicable)	
By Whom?	
Was Licensing (LARA) already notified? (If Applicable)	
By Whom?	
Was law enforcement already notified? (If Applicable)	
By Whom?	
Was the death expected?	
Provide circumstances surrounding Member's death. (Add additional pages if necessary)	

Reporting a Death

YOU MUST Complete a Critical Event (for ALL deaths) in MH-WIN *immediately* after report to ORR via fax or call.

Do not wait for the DL# before entering the critical event). Include the date/time of your contacts to ORR and the ME office.

And, if available, include Death Log# and Medical Examiner's#

QUESTIONS ?

THANK YOU !

Chad R. Witcher, Prevention Manager, Office of Recipient Rights

Detroit Wayne Integrated Health Network

707 W. Milwaukee St.

Detroit, MI 48202-2943

Cell Phone: (313) 400-8511

ORR Toll Free Hotline: 1(888) 339-5595

ORR Secure Fax: (313) 833-2043

cwitcher@dwihn.org



Detroit Wayne Integrated Health Network Office of Recipient Rights

HOW TO GET A DEATH LOG NUMBER FROM ORR

Necessary Information to report a deceased Member:

Death Reporter's Full Name	
Death Reporter's Email Address and Telephone Number	
Death Reporter's Employer/Provider	
Date Provider Received Notification	
MEMBER INFORMATION	
Full Legal Name	
Date of Birth	
Social Security Number	
Date of Death	
Time of Death (if known)	
City & State Where Death Occurred	
Was Adult or Child Protective Services already notified? (If Applicable)	
By Whom?	
Was Licensing (LARA) already notified? (If Applicable)	
By Whom?	
Was law enforcement already notified? (If Applicable)	
By Whom?	
Was the death expected?	
Provide circumstances surrounding Member's death. (Add additional pages if necessary)	