



Outpatient Provider Meeting Q&A
Friday, April 14, 2023
Virtual Meeting
10:00am –11:00am

1. **How can DWIHN assist Skill Building providers with letting CRSP agencies know which agencies are in the network?**
There has been a lot of closures of Skill Building providers recently, which has created a massive amount of information.
This is affecting our bottom line.
 - A. Please refer to Detroit Wayne website for most updated Provider Directory

2. **Who are the surveys for?**
 - A. The Surveys are for Providers based on Individual Members who were identified by MDHHS to assess the HCBS Services provided by the particular provider. The Providers being surveyed are Residential and Non-Residential (Skill-Building, Employment Services, etc.). The Provider would receive an e-mail from MDHHS through Qualtrics or directly from DWIHN

3. **Families have always been told they can use the units with the auth period and allowed the flexibility based on entire number of units. Some families save up time for summer hours. Is this no longer allowed? Will DWIHN notify the families of any changes?**
 - A. This can be solved by: If they know they need to save those hours for summer, then the authorization should be entered as "From June 1 to August 30, member can utilize X number of units per month" rather than doing it through the year 1 month at a time. Essentially, the authorization simply needs to match the family's planned usage of the service

4. **What happens when a kid goes home sick from school? Families have always been able to use respite. Will DWIHN explain this change to families?**
 - A. Per the Medicaid Manual families should not have been utilizing Respite in this way as this is not what respite is intended for.

5. **How are we to know if the family is using respite that way? We aren't told or know when they work.**
 - A. This requires discussion with the families you serve and with the Supports Coordinator to monitor the utilization of the authorized service

6. **Can we have a discussion with Providers on some of this? I think as Providers we need to explain that some of these changes will be an issue for families**

regarding respite and not allowing the flexibility they have been allowed for years.

- A. This can be solved by: If they know they need to save those hours for summer, then the authorization should be entered as "From June 1 to August 30, member can utilize X number of units per month" rather than doing it through the year 1 month at a time. Essentially, the authorization simply needs to match the family's planned usage of the service. There is still flexibility within the authorized time period.

7. Is there a cap on how many respite hours that can be authorized for an individual for the year or the duration of the person's IPOS?

- A. There are service utilization guidelines on our website at https://dwihn.org/providers_um_sugs that lay out the SUGGESTED amount of units.
A provider can always request more than this amount if there is clinical justification to support that request.

8. What about if Recipient is sick, Caregiver is sick, inclement weather. Recipients have always been allowed flexibility with the services. Will DWIHN communicate this change to the Recipients?

- A. There is no change other than with how the units are written in the authorization.
There is still flexibility within the authorized time period.
So, if the respite auth is written as 4 units per month, they can use the 4 units whenever DURING THAT MONTH that they choose.
Alternatively, if the respite auth is written as 12 units per quarter, they can use those 12 units WITHIN THAT THREE MONTH PERIOD whenever they choose.
Or the auth can be written as 24 units per 6 months and those units can be used whenever, within that 6 month period.

9. We have experienced CRSP agencies wanting CLS while parents are working. Can you provide these slides or sheets so that we can present them if we have any issues please?

- A. Yes, the slides will be provided after the meeting. Also, this information will be presented at our next CRSP Provider meeting as well.

10. Are you going to be offering more initial RR trainings, as there are very few slots open within 30 days?

- A. Please log in right now and you will likely see the RR scheduling challenge.
B. We will assess and announce

11. We need updated materials for the audit. Who can I contact so that I can pick them up?

- A. Contact me. Chad Witcher cwitcher@dwihn.org

12. For the HCBS surveys that are being sent out, is this for new members or do we have re-do the surveys our members did a few years ago? If our members completed the HCBS surveys years ago and we have already been reviewed by the state, do we have to do this all over again?

A. Whether you have answered previous surveys for your current members, all surveys sent out must be completed and submitted for review by MDHHS. If the Member on the Survey does not currently receive services from you, please advise the DWIHN Quality/HCBS Performance Monitor Program. Please contact Eugene Gillespie at egillespie@dwihn.org or William Sabado at wsabado@dwihn.org.

13. Lack of Authorization in the MHWIN system for clients has been affecting our services recently. Can new Authorization be put in ahead, before the old one expires? This will avoid interruption of services, aid continuity of care for our clients and improve cash flow for providers. Can case Managers please pay attention to Authorization and start the process of renewal before the old Authorization expires!

A. Absolutely. We have continually reminded the CRSPs (Supports Coordinators) that they can begin the treatment planning and authorization request process up to 60 days prior to the expiration of the current IPOS.