



CRSP PROVIDER MEETING RECAP
Monday, June 12, 2023
11:00 a.m. – 12:00 p.m.

1. **Will DWIHN reimburse T1017 to the CRSP staff while the member is inpatient?**

If the member is at a hospital that provides both medical and psychiatric services, a T1017 can be submitted. If the member is at a psychiatric stand-alone hospital it is not current allowable for adults. It is allowable for children/youth. It is best practice for individuals to be seen. Contact can also be provided with hospital staff via phone as well.

2. **When will additional training be provided on the Risk Matrix?**

Previous training has been provided. We also sent out a memo in March on Risk Matrix that provided information and tips. If you need additional specific regarding the Risk Matrix, please contact either Marianne Lyons (Adult Director- mlyons@dwihn.org) or Cassandra Phipps (Children's Director- cphipps@dwihn.org)

3. **Will DWIHN be updating the crisis plan format so there are areas to add information regarding crisis that are not related to mental health needs such as natural disasters, loss of a family member that may be there caregiver, etc.?**

We have not currently discussed changes to the Crisis Plan, but recommendations can be provided to Melissa Moody at mmoody@dwihn.org.

4. **When was the memo sent on this training?**

This was sent out on 5/30/23.

5. **I did not receive the memo regarding prior authorizations. Please add me. Thank you, Tamara Hagar PsyGenics**

This was sent out on 5/30/23. The memo will be included in the recap packet that will be sent to everyone.

6. **The risk matrix training was not sufficient. The memo was not sufficient. MHWIN, POWERBI and the provider EMR all show different data and data disparity. Ebony Reynolds held the "training" and was not able to provide answers to questions asked.**

If you are seeing potential data disparity issues, please contact your Network Manager in the Managed Care Operations Department at DWIHN.

7. **Where are the memos posted on the DWIHN website?**

The memo is posted under the Provider link, under Provider Resources (purple box).

8. **I have a memo dated 6/5 about the authorization process changes, however I do not see a Zoom link or instructions for registering for the training on 6/15. Did I miss another communication on this?**

Yes, you did. I do see that you've responded to the meeting invite so it seems you've located it, but if you haven't, the memo will be sent out with the recap.

9. **Will the MichiCAN be a transitional tool for children and adolescents in residential foster care (and who already have a CANS completed)**

The CANS is a tool that is already utilized with other systems. The MichiCANS that MDHHS is launching is specifically for Community Mental Health Providers to start using instead of using the PECFAS and CAFAS.

10. **Will these slides be emailed out or posted?**

They will be emailed and posted to the website.

11. **If the person does the majority of their visits in person and becomes ill, can an option to use Telehealth be placed as an Objective within the IPOS as a "just in case"?**

This should be listed under Interventions.

12. **What if the clients do not have access to video capabilities to complete their telehealth and do not have transportation to attend in-person?**

Transportation resources should be provided to the member, whether this is internal to the organization or using an outside provider for this service.

13. **Is there a draft or sample of the MichiCANS available?**

When we receive a sample from MDHHS of the MichiCANS, this can be provided.

14. **Can we use our own internal Crises Plan format, or do we have to use the DWIHN format?**

Providers have to use our format for it to be able to HIE into MHWIN.

15. **How is the data for crisis plans collected? At Easterseals MORC, we complete Crisis Plans in our internal system and we have to upload manually into MHWIN. Are they counted when uploaded? We complete crisis plans at every IPOS meeting so our numbers do not seem accurate.**

Thank you for this information. We will be reviewing this internally to look interoperability.

16. **Utilization Management Training, Thursday, June 15, 2023 at 1:00 p.m.:**

Join Zoom Meeting

<https://us05web.zoom.us/j/89413046836?pwd=R2xqdk5sZnp4cUhPRVZjR0xmL1NiQT09>

Meeting ID: 894 1304 6836

Passcode: Kqv4Y

Provider Meeting

6-12-23

Inpatient Hospital Discharges

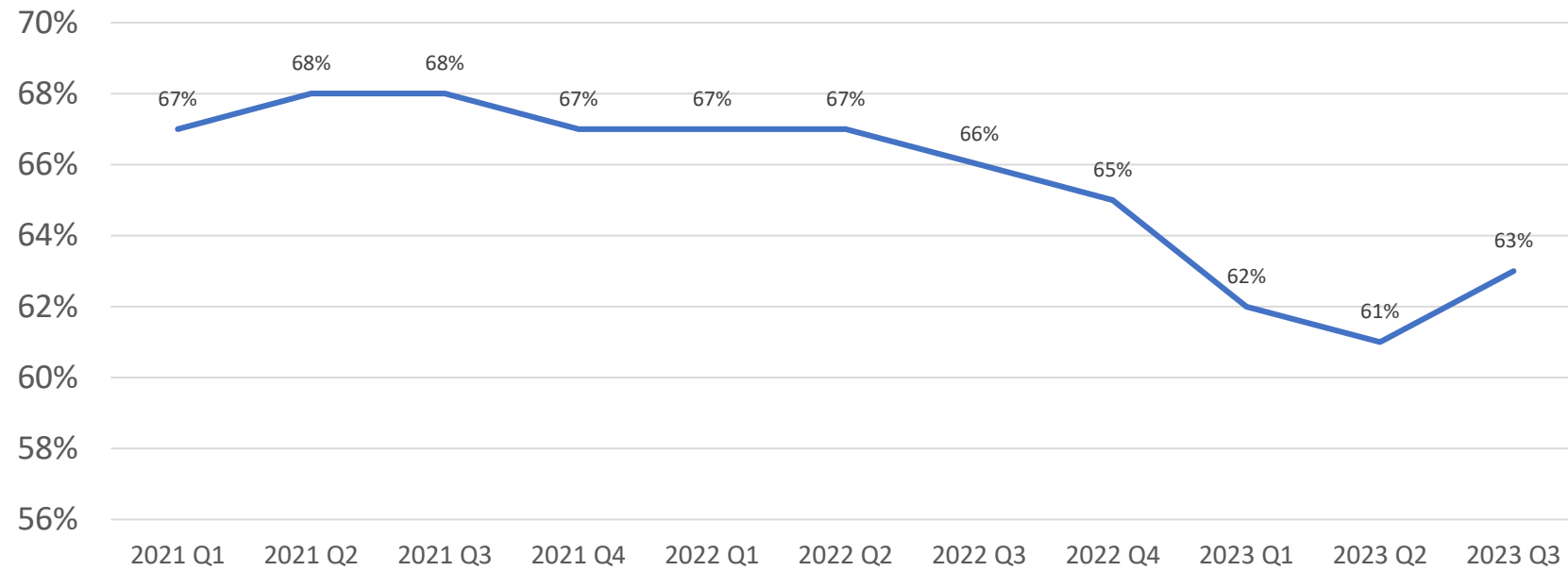
Crisis Plans

Inpatient Hospitalizations

- ▶ It is the expectation that CRSPs start working with the member and hospital on discharge planning upon admission.
- ▶ CRSP staff should be monitoring the member's status and consulting with the hospital staff in preparation for discharge.
- ▶ If the person is unhoused the CRSP staff need to work with the member on housing options prior to discharge.
- ▶ Once the member is discharged from the hospital they need to be seen within 7 days of discharge to ensure their needs are being met and that they continue are stable during this vulnerable time.
- ▶ If a member is placed from the hospital into a specialized residential home it is imperative that the CRSP staff promptly make contact with the member at this new location to continuity of care and appropriate services are provided.

CRISIS PLANS

% Members with Crisis Plans





Detroit Wayne Integrated Health Network

2023 Required Courses



Title of Training	Staff Required to Take Training	Source of Training	New Hires?	Frequency
1. Medicare & Medicaid Compliance Training <i>(Previously Corporate Compliance)</i>	All CMH Staff (Clinical and Non-Clinical)	Employer hosted/sponsored DWC Website NOTE: DWHN are required to complete this course on DWC (www.dwctraining.com)	Yes	At Hire Annually
2. Cultural Competence/Diversity <i>(Previously Cultural Competence: A Foundational Course)</i>	All CMH Staff (Clinical and Non-Clinical)	Employer hosted/sponsored DWC Website (www.dwctraining.com)	Yes	Every 2 years
3. Human Sex Trafficking <i>(Previously Child Sex Trafficking in America)</i>	All CMH Staff (Clinical and Non-Clinical)	Employer or DWC Website (www.dwctraining.com)	Yes	At Hire Every 2 years after
4. Emergency Preparedness	All CMH Staff including Direct Care Workers	Employer or DWC Website (www.dwctraining.com)	Yes	At Hire Every 3 years after
5. Medicare Fraud & Abuse <i>(Replaces Medicare Fraud Waste and Abuse)</i>	All clinical administrative staff providing service to persons with Medicare. Required for Dual Eligible/MI-Health Link employees involved in the administration or delivery of Medicare benefits, including, but not limited to: Clinicians, billers, Utilization Management, Quality, Legal, compliance and management.	DWC Website (www.dwctraining.com)	Yes	Within 60 days of hire Annually (Required annually for Dual Eligible/MI-Health Link employees involved in the administration or delivery of Medicare benefits, including, but not limited to: Clinicians, billers, Utilization Management, Quality, Legal, compliance and management.)
6. HIPAA (Basics)	All CMH Staff (Clinical and Non-Clinical)	DWC Website (www.dwctraining.com)	Yes	At Hire Annually for DWHN staff every 3 years for others
7. Universal Precautions/Blood Borne Pathogens/Infection Control <i>(Previously Infection Control & Standard Precautions)</i>	All CMH Staff (including Self Determination hires)	Employer or DWC Website NOTE: DWHN staff are required to complete this course on DWC (www.dwctraining.com)	Yes	At Hire Annually
8. Limited English Proficiency (LEP)	All CMH Staff (Clinical and Non-Clinical)	Employer or DWC Website NOTE: DWHN staff are required to complete this course on DWC (www.dwctraining.com)	Yes	At Hire Every 3 years after
9. Medicaid Fair Hearings, Local Appeals and Grievances	All CMH Staff (Clinical and Non-Clinical)	DWC Website (www.dwctraining.com)	Yes	At Hire Every 2 years after
10. Person-Centered Planning with Children, Adults, & Families	All CMH Staff, including Self-Determination Hires	DWC Website (www.dwctraining.com)	Yes	At Hire (prior to delivering services) Every 3 years after
11. Person-Centered Planning & Individual Plan of Service for Direct Support Professionals (Direct Care Workers)	Direct Care Workers	DWC Website (www.dwctraining.com)	Yes	Annual
12. Recipient Rights (New Hires)	ALL CMH Staff (Clinical and Non-Clinical)	DWHN (Recipient Rights; Face 2 Face)	Yes	At Hire (including Self Determination staff) within 30 days of hire.
13. Recipient Rights - Annual	All CMH Staff (Clinical and Non-Clinical)	DWC Website (www.dwctraining.com)	Yes	Annually (Each calendar year)
14. Abuse & Neglect: Reporting Requirements	All CMH Staff (Clinical and Non-Clinical)	DWC Website (www.dwctraining.com)	Yes	At Hire Every 2 years after
15. Anti-Harassment & Non-Discrimination Training for Employees (Everyone other than a Supervisor)	All Non-Managerial Staff	DWC Website (www.dwctraining.com)	Yes	Front line Every 2 Years
16. Anti-Harassment & Non-Discrimination Training for Leaders (Supervisors Only)	Managerial Staff (supervisors, managers, directors, administrators and officers)	DWC Website (www.dwctraining.com)	Yes	Supervisors Every 2 Years

All CMH Staff Includes: Administrative (over CMH programming), DWHN and Provider Board Members, Clinicians serving CMH, IDD, SUD populations (Child Mental Health Professionals, Substance Abuse Treatment Specialists, Qualified Intellectual Disabilities Professionals, and Qualified Mental Health Specialists), Direct Care Workers, DWHN Financial, Managerial/Supervisory (over CMH programming), New Hires, Project Consultants, Satellite Offices, Support Staff, Temporary Staff, and Volunteers. **New Hire Indicators:** Within 60 days of hire or first available training date, unless otherwise specified by DWHN. **At Hire** is based on Provider requirements; not to exceed 60 days.

****All required courses should be taken within 60 days of being hired with the exception of Recipient Rights for New Hires which should be taken within 30 days****

2023 Required Prevention Courses

Title of Training	Source of Training	Frequency
Abuse & Neglect	Detroit Wayne Connect	At Hire Every 2 years after
Human Sex Trafficking in America	Employer-Sponsored or Detroit Wayne Connect	At Hire Every 2 years after
Communicable Diseases (Level I/II)	improvingmipractices.org and employer-sponsored (CHAG)	At Hire Level I and Level II Annually
Medicare & Medicaid Compliance Training (Previously Corporate Compliance)	Detroit Wayne Connect	At Hire, Annually after
Medicaid Fair Hearings, Local Appeals and Grievances	Detroit Wayne Connect	At Hire Every 2 years after
Cultural Diversity – includes Competency	Employer-Sponsored or Detroit Wayne Connect	At Hire Every 2 years after
New Employee Provider Orientation	Agency-specific	At Hire
HIPAA	Detroit Wayne Connect	At Hire Every 3 years after
SUD 42 CFR, Part 2 / Confidentiality –	improvingmipractices.org	At Hire
Limited English Proficiency (LEP)	Detroit Wayne Connect	At Hire Every 3 years after
SUD Recipient Rights	improvingmipractices.org	Annually
Narcan (Naloxone) Training	Detroit Wayne Connect (offered monthly or bi-monthly)	At Hire, As required by organization
Substance Abuse Prevention Ethics	preventionnetwork.org and kdail	As required by MCBAP

**MCBAP Training Calendar – employer-sponsored*

<https://mcbap.com/on-site-training-calendar/>

**Apply for a development plan immediately if you do not have a MCBAP certification*



PRIOR AUTHORIZATION REQUESTS

Urgent vs. Non-Urgent Requests

WHEN: On 6/15/23 at 1:00pm

WHAT: The DWIHN Utilization Management Department will be hosting a brief training regarding a change in the way authorizations are entered/requested.

WHERE: Zoom

<https://us05web.zoom.us/j/89413046836?pwd=R2xqdk5sZnp4cUhPRVZjR0xmL1NiQT09>

Meeting ID: 894 1304 6836 -- Passcode: Kqvk4Y



PRE-SERVICE REQUEST DEFINITIONS

Urgent Pre-Service - A request for coverage of care or services where **absent a disposition within 72 hours**, application of the time frame for making routine or non-life-threatening care determinations could seriously jeopardize the life, health or safety of the enrollee/member or others, due to the enrollee/member's psychological state or, in the opinion of the practitioner, would subject the enrollee/member to adverse health consequences without the care or treatment. **If the request meets this criteria**, a disposition will be provided within 72 hours.

Non-Urgent Pre-Service - A request for care or services for which application of the time periods for decision making does not jeopardize the life or health of the enrollee/member, or the enrollee/member's ability to regain maximum function, and would not subject the member to severe pain. If the request does not meet the criteria for Urgent Pre-Service Request, the disposition will be provided within 14 days.



QUESTIONS?



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

MEMO

June 12, 2023

To: Clinically Responsible Service Providers (CRSP)

From: Leigh Wayna, Director of Utilization Management

CC: Melissa Moody, Vice President of Clinical Operations; Manny Singla, Executive Vice President of Operations; Ebony Reynolds, Clinical Officer; Tasha Bridges, UM Administrator, Lucinda Brown UM Administrator, Marlena Hampton UM Administrator.

Re: Prior Authorized Service Requests

As Detroit Wayne Integrated Health Network continues to improve our service delivery to our members and our stakeholders, we will begin a new process with regard to authorization requests.

On 6/15/23 at 1:00pm, the DWIHN Utilization Management Department will be hosting a brief training regarding a change in the way authorizations are requested. We would like to implement the following procedures and changes in the MHWIN authorizations request screen. Providers will be expected to request their PCE Program Managers ensure that these changes also translate to their respective PCE Systems.

1. When requesting authorizations for outpatient services, a requester will be able to select the **urgency level** of the request.
 - a. Urgent Pre-Service - A request for coverage of care or services where **absent a disposition within 72 hours**, application of the time frame for making routine or non-life-threatening care determinations could seriously jeopardize the life, health or safety of the enrollee/member or others, due to the enrollee/member's psychological state or, in the opinion of the practitioner, would subject the enrollee/member to adverse health consequences without the care or treatment. If the request meets this criteria, a disposition will be provided within 72 hours.
 - b. Non-Urgent Pre-Service - A request for care or services for which application of the time periods for decision making **does not** jeopardize the life or health of the enrollee/member, or the enrollee/member's ability to regain maximum function,

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Dr. Cynthia Tauog, Vice Chairperson
Lynne F. Carter, MD
Kevin McNamara

Dora Brown, Treasurer
Eva Garza Dewaelsche
Bernard Parker

William Phillips, Secretary
Angelo Glenn



and would not subject the member to severe pain. If the request does not meet the criteria for Urgent Pre-Service Request, the disposition will be provided within 14 days.

- When requesting Urgent requests, the two additional questions need to be answered **and clinical justification/explanation needs to be provided in the "Provider Notes" Box:**

Authorization Effective Date* 5/24/2023 Use Current Date

Authorization Expiration Date* 05/31/2023

Urgency*
 Non-Urgent (Standard) Pre-Service Request Urgent Pre-Service Request

Member Life or Safety Risk* Yes No

Member Would be Subject to Adverse Health Consequences* Yes No

Provider Notes
Member experiencing frequent seizures and requires additional respite care to assist with overnight monitoring for safety

Authorization

Affiliate / PIHP
DWIHN CMH

Provider* [lookup](#)

Consumer

Address

City State Zip

Individual Plan of Service
IPOS Eff: 05/16/2023 Exp: 5/15/2024

Authorization Effective Date* 5/24/2023 Use Current Date

Authorization Expiration Date* 05/31/2023

Urgency*
 Non-Urgent (Standard) Pre-Service Request Urgent Pre-Service Request

Provider Notes
Non-Urgent Pre-Service
A request for care or services for which application of the time periods for decision making does not jeopardize the life or health of the enrollee/member, or the enrollee/member's ability to regain maximum function, and would not subject the member to severe pain. If the request does not meet the criteria for Urgent Pre-Service Request, the disposition will be provided within 14 days.

- Upon receipt of an **Urgent Pre-Service Request** - DWIHN Utilization Management will review the authorization request within 72 hours and will determine if the above definition of urgency is met.
 - If yes, the authorization disposition will be provided within 72 hours of the receipt of request.
 - If no, the DWIHN Utilization Management team will document this determination in the "Authorizing Agent Notes" section and the authorization request will be processed via the Non-Urgent Pre-Service request process (detailed below).
- Upon receipt of a **Non-Urgent Pre-Service Request** - DWIHN Utilization Management will review the authorization request within 14 calendar days and provide disposition.

In addition to the above detailed process, DWIHN Utilization Management will no longer utilize “resubmission” dates as the “Request Date”. The **original request date will be the date used for the above-mentioned timeframes.**

This will require diligence upon the part of the requester.

Should an **Urgent Pre-Service** authorization request need to be returned to the requester for a correction or for additional information, that correction/additional information will need to be returned to DWIHN UM within **24 hours** or the authorization may be subject to disposition being rendered on the available request/information which **could result in denial of the requested authorization if the appropriate clinical information is not present.**

Should a **Non-urgent Pre-Service** authorization request need to be returned to the requester for a correction or for additional information, that correction/additional information will need to be returned to us within **72 hours** or the authorization may be subject to disposition being rendered on the available request/information which **could result in denial of the requested authorization if the appropriate clinical information is not present.**

REDUCING THE RACIAL DISPARITY OF AFRICAN AMERICANS SEEN FOR FOLLOW-UP CARE WITHIN 7 DAYS OF DISCHARGE FROM A PSYCHIATRIC INPATIENT UNIT

DETROIT WAYNE INTEGRATED HEALTH NETWORK



RACIAL DISPARITY PROJECT

- DWIHN has been closely monitoring its hospitalizations as well as working to reduce the number of members needing hospitalization services.
- DWIHN recognizes that providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.
- Studies have also proven that poor integration of follow-up treatment in the continuum of psychiatric care leaves many individuals, particularly African Americans, with poor-quality of ongoing treatment. Based on a Michigan Health Endowment study, disparities in quality of care exist in all counties and PIHP regions, for most measures. There were differences in the extent of the disparity depending on the measure, county, and year. County-level rates for the White population are consistently higher than the statewide average.

RACIAL DISPARITY PROJECT

- The data is captured through the demographics fields in MHWIN. This data field is pulled from a variety of sources including, but not limited to, DWIHN's Access Center calls and Clinically Responsible Service Providers' (CRSP) clinician assessments.

RACIAL DISPARITY PROJECT

- Challenges
 - Difficulty getting an appointment within required timeframes
 - Historical mistrust of providers
 - Mental health stigma
 - Lack of resources
 - Staff shortages
 - Staff biases
 - Failure to engage members resulting in no shows, cancelations, rescheduling of appointments or refusal of services
 - Poor coordination of care

RACIAL DISPARITY PROJECT

- Interventions
 - Data collection
 - Data analysis and meetings/presentations to the CRSP's
 - Formulation of interventions and implementation
 - Analyze success and adjust accordingly
 - Sample of non-compliant cases to review barriers

RACIAL DISPARITY PROJECT

Table 1: DWIHN 2021 Performance Indicator #4a (1/1/21-12/31/21)

Race	Total Events	Compliant Events	Non-Compliant Events	Compliance Rates
Black or African American	4,252	1,516	2,736	35.65%
White	1,890	759	1,131	40.16%
Disparity Gap	-	-	-	4.51 percentage points

RACIAL DISPARITY PROJECT

Table 2: DWIHN 2022 Performance Indicator #4a (1/1/22-12/31/22)

Race	Total Events	Compliant Events	Non-Compliant Events	Compliance Rates
Black or African American	3,713	1,280	2,433	34.47%
White	1,678	725	953	43.21%
Disparity Gap	-	-	-	8.73 percentage points

RACIAL DISPARITY PROJECT

Table 2: DWIHN 2nd Quarter 2023 Performance Indicator #4a (Preliminary)

Race	Total Events	Compliant Events	Non-Compliant Events	Compliance Rates
Black or African American	1,042	360	682	34.55%
White	419	190	229	45.35%
Disparity Gap	-	-	-	10.80 percentage points

NEXT STEPS

- Meet internally with DWIHN Departments to analyze and review data for barriers and interventions.
- Meet with CRSP's that have a high disparity % and member count to review and share data and receive input for barriers and interventions.
- 2022-2023 PIP Submission to HSAG is due on July 14th, 2023.
 - Report barriers to care specifically related to race and group.
 - Specific interventions addressing those races and ethnicity-based barriers.

RACIAL DISPARITY PROJECT

- Questions?

DETROIT WAYNE INTEGRATED HEALTH NETWORK

CHILDREN'S INITIATIVE DEPARTMENT

CRSP Meeting 6.12.23



MichiCANS Update

MDHHS is transitioning to using the MichiCANS

- Why Change to the MichiCANS (Child and Adolescent Needs and Strengths Assessment)?
 - Includes youth with Serious Emotional Disturbance and Intellectual/ Developmental Disabilities
 - Can be used up to age 21
 - Supports cross system understanding and collaboration
 - Elevates strengths and needs for planning
 - May help with early identification of health needs for youth and families and support crisis prevention

Life Domains

*Life Functioning

*Individual Strengths

*Risk Behaviors

*Care Giver Resources and Needs

*Behavioral / Emotional Needs

*C-SSRS (Columbia Suicide Severity Rating Scale)

*Cultural Factors

*Transition to Adulthood

MichiCANS Update

Current Assessments

- ❑ **Child and Adolescent Functional Assessment Scale (CAFAS)**
 - Phase out use of this tool over the next two to three years
- ❑ **Preschool and Early Childhood Functional Assessment Scale (PECFAS)**
 - Phase out use of this tool over the next two to three years
- ❑ **Devereux Early Childhood Assessment (DECA)**
 - Continue use of this tool up to age 6

MDHHS is launching the MichiCANS Soft Launch

- ❑ Having the PCE system was a requirement to participate in the Soft Launch
- ❑ 2 Children Providers volunteered to participate in the soft launch
- ❑ If Wayne County is selected to participate in the soft launch then the MichiCANS will be administered during: Access Screening, Intake, Throughout Treatment, and upon Discharge.
 - Also, simultaneously while continuing to administer the current assessments of CAFAS / PECFAS / DECA as applicable.

MichiCANS Update

Proposed Plan for Soft Launch



October – December 2023

Intensive training for soft launch participants.



January – March 2024

Soft launch phase for selected PIHPs and CMHSPs.

Soft launch sites will participate in structured meetings with MichiCANS leadership and learning communities provided by Praed Foundation.

Throughout this time, processes and procedures related to access and intake, decision support models, and platform may be modified based on input from soft launch participants.



April – September 2024

Soft launch sites continue with use of tool and learning communities.



October 2024

Anticipated statewide launch and go-live of MichiCANS for all PIHPs and CMHSPs.

MichiCANS Update

4.28.23 - Memo

Required MichiCANS Agency Staffing Survey Link:

<https://www.surveymonkey.com/r/8KXF2PJ>

In addition to the soft launch, MDHHS is preparing for statewide MichiCANS training. MDHHS staff are requesting each PIHP and CMHSP to provide an estimated number of employees who will require training in the MichiCANS. Please complete and submit the attached survey by May 15, 2023.

Definitions:

- ▶ Direct Staff = Salaried Staff
- ▶ Staff Employed by a provider under contract = Contractual Staff

Questions

If you have any questions please contact:

- ▶ Director of Children's Initiatives, Cassandra Phipps (cphipps@dwihh.org)
- ▶ Special Project Specialist, Marika Orme (morme1@dwihh.org)