



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, August 30, 2023
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.

- | | | |
|------|--|----------------------|
| I. | Announcements | A. Siebert |
| II. | Substance Use Disorder (SUD) | J. Davis/G. Lindsey |
| III. | Recipient Rights | C. Witcher |
| IV. | DWIHN Policies | |
| | ✚ Clinical Enrollment of Specialty Populations | Y. Bostic/A. Edwards |
| | ✚ 7-Day Follow-Up Appointments (Time Slots) | Y. Bostic/A. Edwards |
| V. | QAPIP Effectiveness | |
| | <i>Utilization Management</i> | |
| | a. 1915 ISPA Enrollment Requirements | M. Moody |
| | b. Over and Underutilization Reporting | L. Wayna |
| | c. Transportation Requests | J. Davis |
| | <i>Customer Service</i> | |
| | d. FY2023 Echo Survey (Adult) Preliminary Results | M. Keyes-Howard |
| | <i>Quality Improvement</i> | |
| | e. CE/SE Reporting | C. Spight-Mackey |
| | f. CE/SE Trainings | M. Lindsey |
| | g. HCBS Updates | D. Dobija |
| | • HCBS Remediation and Validation Project | |
| | • FY2023 Q3 Case Record Self-Reviews | |
| | • FY2023 Q1-Q2 Medicaid Claims Verification Review | |
| | • FY2023 Q3-Q4 Medicaid Claims Verification Review | |
| VI. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, August 30, 2023
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.
Note Taker: DeJa Jackson

1) Item: Announcements:

- The next CRSP outpatient and residential Provider meeting will be on September 29th.
- Henry Ford Health System, Mental Health Townhall will be featuring DWIHN’s CEO Mr. Eric Doeh.
- Cassandra Phipps, the Director of Children Initiatives will be recognized by the Michigan Chronicle for 40 under 40 event.

2) Item: Substance Use Disorder (SUD) – Gregory Lindsey

Goal: Updates from SUD

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# UM # CR # RR #

Discussion	Assigned To	Deadline
<p>Gregory Lindsey provided the workgroup with the following SUD updates:</p> <ul style="list-style-type: none"> • CMH has extended the registration deadline for the 24th Annual Substance Use Disorder and Co-occurring Conference, which will be Hybrid this year, the deadline will be extended until August 31st. The conference will take place at the Lansing Center. The Pre-conference is September 10th and the main conference will be on September 11th and 12th. The Pre-conference rate is \$55, and the main conference rate is \$225 for both days and \$155 for one day. • Please complete your pre-contracting form and submit to Aline Hedwood at ahedwood@dwihn.org. • On August 31st, the SUD department is having a Substance Use Disorder Overdose Awareness Event taking place at NCAD located at 2400 East McNichols. • The City of Detroit Office of Contracting and Procurement, on behalf of their Housing and Revitalization department, are sending out a request for proposals from qualified firms for services to better connect individual experiencing substance use disorders and homelessness. The goal is to connect with behavior health and physical health services. 		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		



Action Items	Assigned To	Deadline
None		

3) Item: Recipient Rights – Chad Witcher

Goal: Updates from ORR

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# ___ UM # ___ CR # ___ RR # ___

Discussion	Assigned To	Deadline
<ul style="list-style-type: none"> The Michigan Department of Health and Human Services, Office of Recipient Rights on site assessment of the DWIHN right system will be conducted on October 16th – 20th. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



4) Item: DWIHN Policies

Goal: Clinical Enrollment of Specialty Populations

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Yvonne Bostic, DWIHN Access Call Center Director, shared with the group the following updates to the Clinical Enrollment of Specialty Populations Policy/Procedure:</p> <ul style="list-style-type: none"> • This policy was designed to have a process to review all enrollments for specialty populations, including those being released from prison. DWIHN Access Call Center manages the enrollment of consumers through the Michigan Prisoner Release Initiative and Juvenile Assessment Center to determine appropriateness for eligibility and enrollment into the DWIHN system. • Time Frames and Procedural Steps for Priority Population Management: <ul style="list-style-type: none"> ○ Procedure Purpose ○ Expected Outcome ○ Procedure: <ul style="list-style-type: none"> ▪ Customer Service Walk-In Access Steps ▪ Pregnant Injecting Drug User Interim Services Requirements ▪ Pregnant Women (SUD) Interim Services Requirements ▪ Injecting Drug User Interim Services Requirements ▪ Parent at Risk of Losing Children Interim Services Requirements ▪ Individuals Under Supervision of MDOC and referred by MDOC or Individual Being Released Directly from MDOC Without Supervision and Referred by MDOC Interim Services Requirements ▪ All other Populations 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



4) Item: DWIHN Policies

Goal: 7-Day Follow-Up Appointments (Time Slots)

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# UM # CR # RR #

Discussion		
<p>Yvonne Bostic discussed the 7-Day follow Up Appointments (Time Slots) requirement with the workgroup:</p> <p>It is imperative that 7-Day Follow-Up Appointments are coordinated with the CRSP providers and begin upon admission. Providers are required to reference DWIHN’s Psychiatric Inpatient Policy, page 6, number 8 a-e. Screenshot were shared from DWIHN Psychiatric Inpatient Policy, page 6, number 8 a-e. Hospital Discharge Appointments and include the following:</p> <p>8. Coordination of Care and Discharge Planning</p> <ol style="list-style-type: none"> a. Coordination of care and discharge planning begins upon admission. b. It is expected that the hospitals will contact the outpatient treatment provider for coordination of care. It is expected that the Clinically Responsible Service Provider (CRSP) provide the inpatient treatment team with relevant assessments, medical information (such as prescribed medications, allergies, comorbid conditions) and crisis plans to facilitate inpatient treatment planning. c. The clinically responsible service provider shall be an active part of the plan development, coordinating with the inpatient team as soon as possible, no later than 72 hours from the admission. d. The discharge planning will be integrated and holistic, including coordination with appropriate systems of care (such as primary care and medical specialists, residential services, schools, etc.) e. Follow-up appointments should be provided at the time of discharge, including and appointment with the outpatient behavioral health provider within seven days of discharge from an inpatient hospital and an appointment with a Mental Health Practitioner within 30 days of discharge. <ul style="list-style-type: none"> • Please provide hospital discharge appointment availability on the MHWIN Hospital Discharge appointment calendar. 		



<ul style="list-style-type: none"> Existing/ Active members can meet with case management and do not require a 1–2-hour appointment slot. This is just a follow up. New members will need an appointment slot to accommodate a full intake. 		
Provider Feedback	Assigned To	Deadline
<p>Questions/Concerns</p> <ol style="list-style-type: none"> How is this being approached at the hospital level, as far as their responsibility to connect with the CRSP to let them know that a client is admitted, and coordination of discharge needs to occur? <p>Answers:</p> <ol style="list-style-type: none"> DWIHN is working as a team and working with the Hospital staff to address this issue. The process will be implemented for a seamless process with regards to the hospital and CRSP coordination. More information will be brought forth to this workgroup. 		
Action Items	Assigned To	Deadline
<p>DWIHN Crisis Access and Access Call center will work with the CRSP’s and the Hospitals to streamline a process for coordination of contact and scheduling of 7-day follow up appointments.</p>	<p>DWIHN Access Call Center</p>	<p>January, 2024</p>



5) Item: QAPIP Effectiveness – Utilization Management

Goal: 1915 ISPA Enrollment Requirements

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# _____ UM # _____ CR # _____ RR # _____

Discussion		
<p>Melisa Moody, VP of Clinical Operations, provided the following updates to the workgroup:</p> <ul style="list-style-type: none"> • The state is changing the Medicaid B3 services to the 1915 ISPA, beginning October 1st,2023. The services include community living supports, pharmacy, environmental modifications, family support training, fiscal intermediary, housing assistance, respite, skill building, specialized medical equipment, supported employment and integrated employment and any vehicle modifications. • As a reminder, it is required to make certain to enroll these individuals in the State’s waiver support application system. All of your organizations have led people to be able to process the applications. This is required to be completed on an annual basis. • All potential enrollees are to all be enrolled by September 17th. If members are not enrolled in the WSA System approving any of these services or multiple services, they will not be receiving those services after October 1st. • Members receiving these services in another waiver program do not have to complete the application. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



5) Item: QAPIP Effectiveness – Utilization Management

Goal: Over and Underutilization Reporting

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Leigh Wayna, Director of UM, discussed the following with the workgroup:</p> <ul style="list-style-type: none"> • Over and Under Utilization Definitions: <ul style="list-style-type: none"> ○ Under – Claims falling 25% below SUG Amount of service ○ Within – Claims falling within 25% below to 25% above SUG Amount of service ○ Over – Claims falling 25% above SUG Amount of service • Over and Under Utilization Data: Utilization of T1017 by Quarter 		
Provider Feedback	Assigned To	Deadline
<p>Questions/ Concerns</p> <ol style="list-style-type: none"> 1. Are you considering the timeframe for the authorizations? Some of the authorizations may be newly developed and have their authorizations not utilized yet. 2. How is this information going to be shared with the CRSP? <p>Answers:</p> <ol style="list-style-type: none"> 1. Yes, this data actually takes into account authorizations that already have claims attached. 2. The information will be shared by the UM Director regularly reporting, through the provider meetings. Also, information will be sent out to the provider network as needed. 		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
Additional under and overutilization data will be shared with the provider network, including this forum.	Leigh Wayna, Director of UM	Ongoing.



5) Item: QAPIP Effectiveness – Utilization Management

Goal: Transportation Requests

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Jacqueline Davis, Clinical Officer shared the following:</p> <ul style="list-style-type: none"> • CRSP Non-Emergency Transportation: DWIHN is working to reduce transportation barriers that our members face with getting to scheduled appointments. • An email was sent to MH CRSP on 7/20/23 asking for updates with their requests for transportation and identifying the contact person, hours of operation. • A 2nd communication was sent via email on 8/15/23, for MH CRSP's that did not respond to the initial request. • DWIHN has contracted with 2 vendors, God Speed Transportation and Mariners Inn. Non-emergency Transportation will be provided to: <ul style="list-style-type: none"> ○ Intake appointments for outpatient services ○ Physician Appointments ○ Post Discharge for hospital • Transportation must be reserved within 48 hours and will occur between 8am to 5pm, Mon-Fri. 		
Provider Feedback	Assigned To	Deadline
<p>Providers Questions/Concerns:</p> <ol style="list-style-type: none"> 1. Is there reimbursement available for handing out bus tickets? <p>Answers:</p> <ul style="list-style-type: none"> • Currently there is no reimbursement available for bus tickets. DWIHN will need to review this request and provide feedback at a later date. 		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
Review of the request for bus tickets reimbursement.	DWIHN Access Call Center	January, 2024



5) Item: QAPIP Effectiveness – Customer Service

Goal: FY2023 Echo Survey (Adult) Preliminary Results

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **QI #5** CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Margret Keyes-Howard shared with the group the SFY2023 Adult ECHO Survey Preliminary Results:</p> <p>Overview: Per the request of the Detroit Wayne Integrated Health Network (DWIHN), the Wayne State Center for Urban Studies (Center), conducted the ECHO (Experience of Care & Health Outcomes) Adult Survey* with its members. • The purpose was to assess the experiences of adults who have received mental health or substance use disorder services through DWIHN in the previous 12 months.</p> <p>Methodology: DWIHN provided the Center with a randomly selected list of 6,000 members, out of the approximately 45,000 adults receiving services. The survey was administered via three modes:</p> <ul style="list-style-type: none"> • The Center mailed the members a paper survey. • A link to the web version was included with the mailed invitation. • One week after the paper survey was sent, staff from the Center’s Computer Aided Telephone Interviewing (CATI) lab began calling members and asking them to complete the survey over the phone. Trained and supervised interviewers made calls to potential respondents on weekdays, evenings, and weekends. <p>Respondents received a chance to be randomly selected to receive one of three VISA cards (\$100, \$250, and \$500).</p> <p>Survey Highlights:</p> <ul style="list-style-type: none"> • 618 DWIHN members responded to the survey. • 618 members reported receiving services in the past year (81% of the 761 who responded to this question). • Compared to the sample, respondents were less likely to have a guardian (5% vs. 10%); and were less likely to have a primary disability designation (PDD) of developmental disability (7% vs. 10%) and more likely to have a PDD of severe mental illness (87% vs. 80%). 		



Provider Feedback	Assigned To	Deadline
No Provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
The Adult ECHO Survey Summary will be shared with the workgroup. The Children ECHO Survey Summary will be discussed/reviewed during the October 2023 QOTAW meetings.	Margaret Keyes-Howard	October 31, 2023



5) Item: QAPIP Effectiveness – Quality Improvement

Goal: CE/SE Reporting

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **QI # 1** CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Carla Spight-Mackey, Clinical Specialist Performance Improvement shared with the work group the following:</p> <ul style="list-style-type: none"> DWIHN’s Quality Improvement team is continuing to review the root cause analysis (RCA) process as part of our continuous review cycle. The review and analysis will include a rating scale that comes in four levels to identify if the standard of care is not met, and what attributed to it, is it a system issue or an individual practitioner issue. Another part of the process will be that during the reviewing process of the event, a link will be forwarded. This process will be implemented in October, the CRSP manager or supervisor of that staff noting that the staff must take a training and that organization. A certificate to that staff stating that they were fully trained with access to have the certificate in their file. The Q3 CE/SE analysis report will be available by the end of September. By October 1, 2023, all CE and SE’s will be categorized as a preventable or non-preventable event. QI will also be forwarding a list of CE and SE’s that require “Additional Information” to the designated person within your organization. Additional information is required to close events for FY2023. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
Review of Q3 CE/SE analysis will be shared with the workgroup.	Carla Spight-Mackey	October 31, 2023



5) Item: QAPIP Effectiveness – Quality Improvement

Goal: CE/SE Trainings

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Micah Lindsey, Clinical Specialist Performance Improvement discussed the following: Critical/sentinel event reporting module training for 2023: The trainings are on the second Thursday of each month Via Teams Webinar 9:00 a.m. – Noon</p> <ul style="list-style-type: none"> • September 14th <ul style="list-style-type: none"> • Registration closes one week prior to the webinar. • Participants will not be admitted after 9:10 a.m. • Participants’ camera must remain on for the entire training. • Registration is required. Manager/supervisors must register staff. • Space is limited to the 1st 75 participants. Wait lists will be established. <p>The 2024 CE/SE Training Schedule will be available by September 2023.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



5) Item: QAPIP Effectiveness – Quality Improvement

Goal: HCBS Updates

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
<p>Danielle Dobija, QI Administrator discussed the following with the workgroup related to the HCBS Remediation and Validation process:</p> <ul style="list-style-type: none"> • What’s going on: <ol style="list-style-type: none"> a. MDHHS gave DWIHN a list of Survey Responses from the 2020 HCBS Survey. b. DWIHN is required to work with all of you to validate and or remediate the responses from this list. c. The validation and remediation process begins now and ends Sept. 15, 2023 • What is validation: <ol style="list-style-type: none"> a. Validation is used when your response to a question on the HCBS Survey supported your compliance with HCBS requirements. b. This means you will now provide evidence that you are doing what you said you are doing. The evidence you provide will validate your answers on the survey. • How do we validate: <ul style="list-style-type: none"> ○ Policies and procedures that are in place to support an HCBS Setting, ○ Progress Notes ○ Case Notes ○ Individual Plans of Services (IPOS) ○ Activity Calendars ○ Appointment Calendars ○ Community Meeting Notes ○ Staff Meeting Notes ○ House Logs ○ Pictures of HCBS Required Equipment (Bedroom and Bathroom Locks) ○ Interviews with Member(s), Guardian(s), and Supports Coordinator(s), etc. <p>Additional information was discussed regarding the Validation and Remediation Process and required follow-up. In summary, the goal is to receive HCBS compliance from MDHHS and retain the ability to provide and be funded for the provision of HCBS services.</p>		



Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		

New Business Next Meeting: 09/27/23

Adjournment: 08/30/2023

Over/Under Utilization Report for Targeted Case Management

Over And Under Utilization (Definitions)

Under

- Claims falling 25% below SUG Amount of service

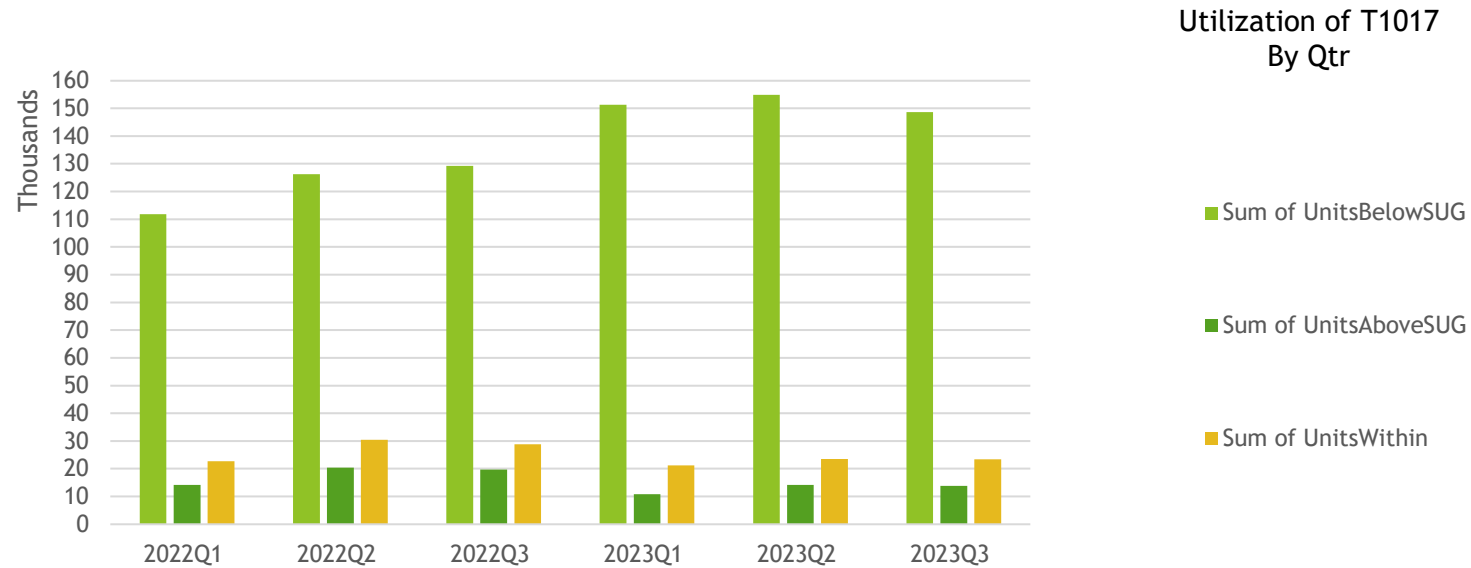
Within

- Claims falling within 25% below to 25% above SUG Amount of service

Over

- Claims falling 25% above SUG Amount of service

Over And Under Utilization (Data)



Row Labels	Sum of UnitsBelowSUG	Sum of UnitsAboveSUG	Sum of UnitsWithin
2022Q1	111812	14142	22732
2022Q2	126186	20418	30428
2022Q3	129228	19732	28860
2023Q1	151295	10867	21158
2023Q2	154829	14153	23573
2023Q3	148604	13862	23347

QUESTIONS?



DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

www.dwihn.org



Non-Emergency Transportation

Jacquelyn Davis

Quality Operations Technical Assistance Workgroup
Meeting
August 30, 2023

CRSP Non-Emergency Transportation

- ▶ DWIHN is working to reduce transportation barriers to scheduled appointments
- ▶ An email was sent to MH CRSP on 7/20/23 asking for updates to the information on an Excel spreadsheet
- ▶ A 2nd communication was sent via email on 8/15/23
- ▶ Updated information is needed from the following:
 - ▶ ACC
 - ▶ Abundant Community Recovery
 - ▶ CCIH
 - ▶ CNS
 - ▶ Starfish
 - ▶ Team Wellness

Please send your information to: jdavis2@dwihn.org

MH CRSP

Non-Emergency Transportation Providers

- DWIHN has contracted with 2 vendors, God Speed Transportation and Mariners Inn. Non-emergency transportation will be provided to:
 - *Intake appointments for outpatient services*
 - *Physician Appointments*
 - *Post Discharge from hospital*
- Transportation must be reserved within 48 hours and will occur between 8am to 5pm, Mon-Fri.
- Details will be provided in a memo next week.



EXPERIENCE OF CARE AND HEALTH OUTCOMES

Findings from the 2022-2023

Experience of Care and Health Outcomes
(ECHO) Adult Survey

WAYNE STATE
UNIVERSITY

THE CENTER FOR URBAN STUDIES



Table of Contents

Content	Slide
Summary	
Overview	<u>3</u>
Methodology	<u>4</u>
Survey Highlights	<u>6</u>
Sample and Respondent Profile	<u>8</u>
Respondent Demographics	<u>11</u>
ECHO Reporting Measures	<u>17</u>
Highlights from Statistical Significance Testing	<u>20</u>
Opportunities	<u>29</u>
Detailed Findings	
ECHO Reporting Measures	<u>31</u>
Statistically Significant Differences by Subgroup	<u>53</u>

Overview

Per the request of the Detroit Wayne Integrated Health Network (DWIHN), the Wayne State Center for Urban Studies (Center), conducted the ECHO (Experience of Care & Health Outcomes) Adult Survey* with its members.

- The purpose was to assess the experiences of adults who have received mental health or substance use disorder services through DWIHN in the previous 12 months.
- The Center deployed the most current version, 3.0, for managed behavioral healthcare organizations (MBHOs).

* The Survey was developed by the CAHPS (Consumer Assessment of Healthcare Providers and Systems) team at AHRQ (Agency for Healthcare Research and Quality) within the U.S. Department of Health & Human Services. More information available at <https://www.ahrq.gov/cahps/surveys-guidance/echo/index.html>

Methodology

- DWIHN provided the Center with a randomly selected list of 6,000 members, out of the approximately 45,000 adults receiving services.
- The survey was administered via three modes:
 1. The Center mailed the members a paper survey.
 2. A link to the web version was included with the mailed invitation.
 3. One week after the paper survey was sent, staff from the Center's Computer Aided Telephone Interviewing (CATI) lab began calling members and asking them to complete the survey over the phone.
 - Trained and supervised interviewers made calls to potential respondents on weekdays, evenings, and weekends.
- Respondents received a chance to be randomly selected to receive one of three VISA cards (\$100, \$250, and \$500).

Methodology *(cont.)*

- Consistent with CAHPS guidance, the Center calculated the 16 ECHO Reporting Measures:
 - 10 single item measures
 - Each score indicates the percentage of respondents who selected the most positive category for a given item.
 - 5 composite measures
 - Each of these is an average of scores of two to six single items.
 - 1 global rating of counseling and treatment
- Each of the measures is explained in the Detailed Findings: ECHO Reporting Measures section.

Survey Highlights

- 797 DWIHN members responded to the survey.
- 618 members reported receiving services in the past year (81% of the 761 who responded to this question).
- Compared to the sample, respondents:
 - were less likely to have a guardian (5% vs. 10%); and
 - were less likely to have a primary disability designation (PDD) of developmental disability (7% vs. 10%) and more likely to have a PDD of severe mental illness (87% vs. 80%).

Survey Highlights (*cont.*)

- DWIHN scored well on several of the ECHO reporting measures, notably:
 1. Privacy (91%);
 2. Patients rights information (88%); and
 3. Information to manage condition (80%).
- There were three measures with scores of less than 50%:
 1. Perceived improvement (30%);
 2. Getting treatment quickly (44%); and
 3. Office wait (49%).
 - While this measure remains below 50%, it has increased from 33% in 2017 to 49% in 2023.
- Results in 2023 were roughly the same as in 2021, with one exception:
 - A lower percentage of members reported that they felt they could refuse a specific type of treatment (78% in 2023 vs. 84% in 2021; this difference was statistically significant, $p < 0.05$)

Sample Profile

- DWIHN provided a random sample of 6,000 members, who were 18 years and older and had received services in the past year.

Characteristic	Number	Percentage
Dual Eligible (Medicaid/Medicare)	1,000	17%
Primary Disability Designation: Developmental Disability	581	10%
Primary Disability Designation: Severe Mental Illness	4,805	80%
Has Guardian	585	10%
No Valid Address	662	11%
No Valid Phone Number	498	8%
No Valid Address or Phone Number	106	2%

Survey Response

- Overall, **797** responded to the survey.
- Over 80% of respondents said they had received counseling, treatment, or medicine in the last 12 months.

	<u>CATI</u>		<u>Mail</u>		<u>Web</u>		<u>Total</u>	
Respondents	N	%	N	%	N	%	N	%
Total	557	70%	227	28%	13	2%	797	100%

Reporting services in past 12 months	618	81%
Out of	761	

Note: Some mail respondents skipped answering Q1, which asked whether they had received services in the last 12 months. Respondents had the option to skip survey questions. For each question, *N*, the total number of responses for that question, will also be reported.

Respondent Profile

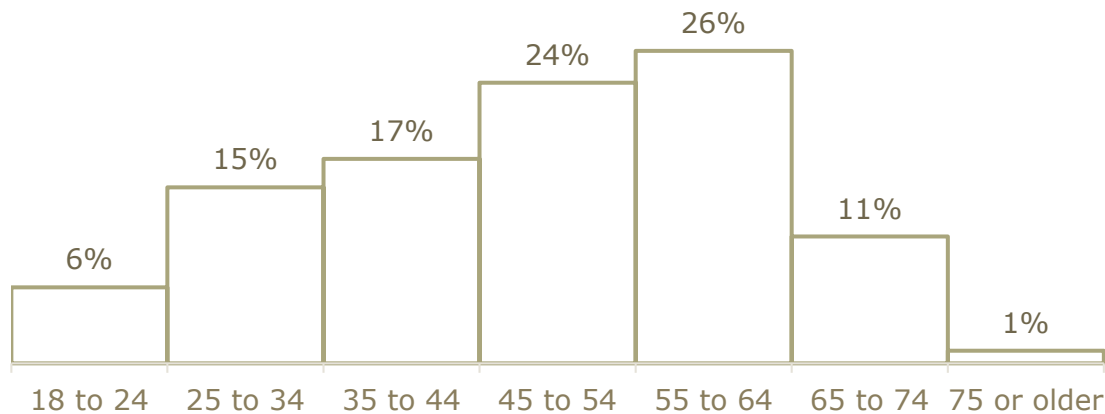
- Compared to the overall sample of 6,000 members, the 797 respondents were less likely to have a guardian and more likely to have a PDD of severe mental illness rather than developmental disability (differences were statistically significant, $p < 0.05$).
- There were 44 Clinically Responsible Service Providers (CRSPs) represented in the sample, compared to 29 in the respondent pool. However, the missing CRSPs each served 16 or fewer members in the sample.

Characteristic	<u>SAMPLE</u>		<u>RESPONDENTS</u>	
	Number	Percentage	Number	Percentage
Dual Eligible (Medicaid/Medicare)	1,000	17%	134	17%
Primary Disability Designation: Severe Mental Illness	4,805	80%	697	87%
Primary Disability Designation: Developmental Disability	581	10%	53	7%
Has Guardian	585	10%	41	5%
CRSPs	44	--	29	--

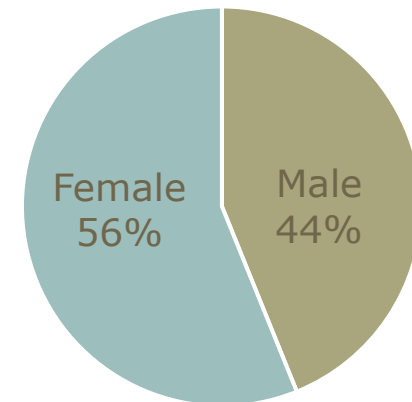
Respondent Demographics: Age and Gender

- Half of respondents reported their ages to be between 45 and 64.
- Over half of respondents identified as female.

**Respondent Age Distribution
(N=750)**



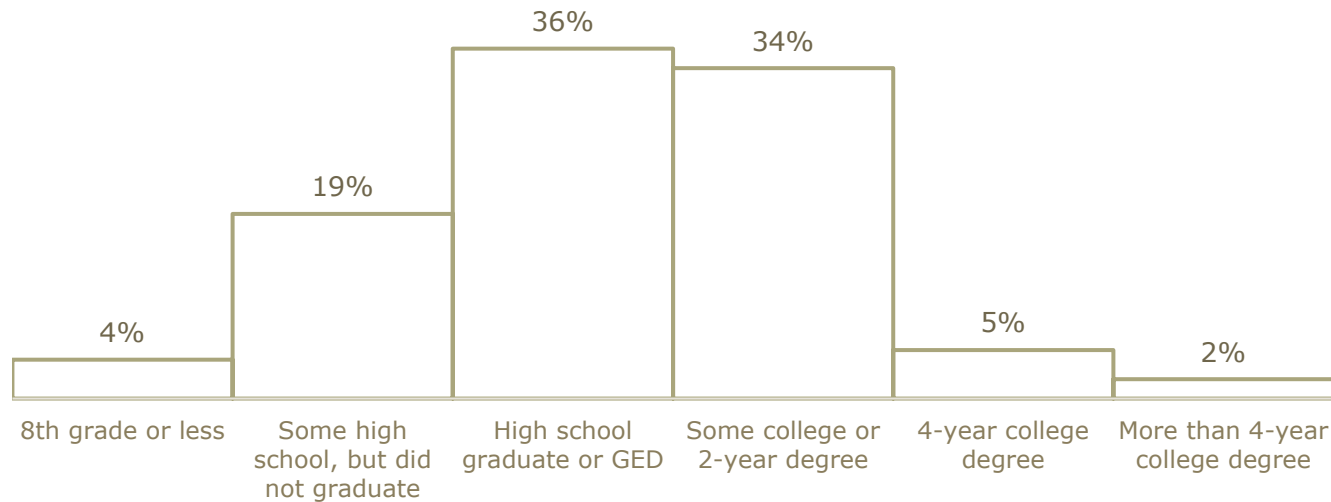
**Respondent Gender
(N = 752)**



Respondent Demographics: Education Level

- Over $\frac{3}{4}$ of respondents reported completing high school or beyond, with approximately 40% having attended at least some college.

What is the highest grade or level of school that you have completed? (N=740)



Respondent Demographics: Race and Ethnicity

Race (N=728)	Number	Percentage
Black or African American	470	65%
White	181	25%
Other	46	6%
Two or more Races	20	3%
American Indian or Alaska Native	7	1%
Asian	3	<1%
Native Hawaiian or Pacific Islander	1	<1%

Respondents could identify as many races as applied. Twenty indicated multiple races and appear as “Two or More Races” above. “Other” was an option on the survey and was selected by 46 people.

Are you of Hispanic or Latino origin or descent?	Number	Percentage
Yes	40	5%
No	698	95%

Respondent Demographics: Overall Health

- Over half rated their overall health as “good” or better.

In general, how would you rate your overall health now?(N=750)



Respondent Demographics: Overall Mental Health

- Over half of respondents rated their overall mental health as “good” or better.

In general, how would you rate your overall mental health now?(N=610)



Help with the Survey

- Roughly one-tenth (n=22) of mail and web respondents indicated that someone had helped them complete the survey.
- 41 respondents shared one or more ways that someone had helped them with the survey:

How did that person help you?	Respondents	
	Number	Percentage
Read the questions to me	26	63%
Wrote down the answers I gave	10	24%
Answered the questions for me	6	15%
Translated the questions into my language	4	10%
Helped in some other way	7	17%

Notes: For 6 surveys, someone answered the questions for the target respondent. These “proxy data” were removed from the data before analysis, per guidance in the CAHPS documentation. Some respondents, who did not answer the question on whether they were helped, reported ways they were helped.

ECHO Reporting Measures

Composite Measures	Getting treatment quickly	<u>44%</u>
	How well clinicians communicate	<u>69%</u>
	Getting treatment and information from the plan or MBHO	<u>57%</u>
	Perceived improvement	<u>30%</u>
	Information about treatment options	<u>69%</u>
	Global Rating: Treatment (Overall rating of counseling and treatment)	<u>52%</u>
Single Item Measures	Office wait	<u>49%</u>
	Told about medication side effects	<u>76%</u>
	Including family and friends	<u>55%</u>
	Information to manage condition	<u>80%</u>
	Patient rights information	<u>88%</u>
	Patient feels he or she could refuse treatment	<u>78%</u>
	Privacy	<u>91%</u>
	Cultural competency	<u>76%</u>
	Amount helped	<u>59%</u>
	Treatment after benefits are used up	<u>56%</u>

ECHO Reporting Measures, Comparison Across Years

Composite Measures and Global Rating	2017	2020	2021	2023
Getting treatment quickly	37%	43%	46%	<u>44%</u>
How well clinicians communicate	65%	68%	68%	<u>69%</u>
Getting treatment and information from the plan or MBHO	54%	57%	51%	<u>57%</u>
Perceived improvement	29%	31%	30%	<u>30%</u>
Information about treatment options	70%	71%	68%	<u>69%</u>
Global Rating: Treatment (Overall rating of counseling and treatment)	46%	51%	51%	<u>52%</u>

Note: due slight change in rounding convention for composite measures in these reports, 2017 *Getting treatment and information from the plan or MBHO* and 2021 *Perceived improvement* differ slightly from prior reports.

ECHO Reporting Measures, Comparison Across Years

Single Item Measures	2017	2020	2021	2023
Office wait	33%	36%	44%	<u>49%</u>
Told about medication side effects	75%	74%	79%	<u>76%</u>
Including family and friends	59%	60%	60%	<u>55%</u>
Information to manage condition	78%	81%	75%	<u>80%</u>
Patient rights information	91%	91%	88%	<u>88%</u>
Patient feels he or she could refuse treatment*	78%	81%	84%	<u>78%</u>
Privacy	91%	91%	93%	<u>91%</u>
Cultural competency	76%	69%	69%	<u>76%</u>
Amount helped	52%	58%	57%	<u>59%</u>
Treatment after benefits are used up	48%	55%	56%	<u>56%</u>

Note: The difference between *Patient feels he or she could refuse treatment* in 2021 and 2023 (-6%) was found to be statistically significant, using a test of proportion, with $p < 0.05$.

Statistical Significance Testing

- Statistical tests were conducted to identify differences between different subgroups on the items that comprise the Reporting Measures. We considered:
 - demographic characteristics (gender, race, ethnicity, age);
 - Medicaid/Medicare eligibility;
 - whether or not the member had a guardian;
 - primary disability designation;
 - service provider; and
 - survey mode.
- In conducting the tests, we excluded those with missing information and those who were part of subgroups with fewer than 30 people participating in the survey.
 - For example, when conducting the age subgroup analysis, those who did not indicate their age were not included, nor were respondents 75 or older as only 8 such respondents participated in the survey.
 - As such, the overall scores reported in that section will differ from those presented for the scorecard measures, which includes all respondents.

Statistical Significance Testing

Using Pearson's chi-squared test, several results had a statistically significant ($p < 0.05$) difference between subgroups:

Grouping	Items with Differences
<u>Gender</u>	Q19, Q20 , Q21, Q31, Q33
<u>Race</u>	Q13 , Q21
Ethnicity (Hispanic/Latino)	<i>None</i>
<u>Age Group</u>	Q5, Q7, Q11, Q14, Q18, Q20, Q22, Q28, Q29, Q32
<u>Medicare/Medicaid Eligibility</u>	Q5 , Q7, Q19 , Q29
<u>Guardian Status</u>	Q10, Q11, Q18
Primary Disability Designation	<i>None</i>
<u>CRSP</u>	Q7, Q19, Q22, Q28, Q41
<u>Survey Mode</u>	Q10, Q15, Q24, Q25, Q31, Q34

Bolded items had subgroups whose scores differed by 20% or more.

Statistically Significant Differences in Subgroups: Gender

- There were five items with statistically significant differences by gender. For example, male respondents were more likely to report that:
 - they were told about self help or support groups (78%), compared to 57% for female respondents;
 - someone talked to them about including their family or friends in treatment (66%), compared to female respondents (46%); and
 - they were given information about different kinds of available treatment (81%), compared to 69%.

Statistically Significant Differences in Subgroups: Race

- Overall, approximately three-quarters of respondents indicated the people they went to showed respect for what they had to say; however, ratings differed by race:
 - Those who reported their race as “Other” were most likely (89%) to report this, while White respondents were least likely (66%).
- Overall, roughly three-quarters of respondents indicated they were given information about different kinds of available treatment:
 - Black/African American respondents were most likely (78%) to report this, while White respondents were least likely (64%).

Statistically Significant Differences in Subgroups: Age Group

Ten items had statistically significant differences by age group, with the youngest respondents frequently having the lowest scores and those 65 to 74 years old having the highest. For example:

- 18-24 year old respondents were least likely to rate their treatment as a **9** or **10** (20%), while 65-74 year old respondents were most likely (66%).
- 38% of 18-24 year olds reported they were **always** involved as much as they wanted in their treatment, in contrast to 61% overall and 73% of 65-74 year olds.
- 34% of 18-24 year olds reported that they **always** got appointments as soon as they wanted, compared to 68% of 65-74 year olds and 48% overall.
- 36% of 18-24 year olds reported that the people they saw for treatment **always** spent enough time with them, in contrast to 62% overall and 70% for those 55-64 years old and those 65-74 years old.

Statistically Significant Differences in Subgroups: Eligibility

- Respondents who were dual eligible were most likely to report that:
 - someone asked them about involving friends or family in treatment (68%), compared to 55% overall and 35% of those who were eligible for Medicare only; and
 - they were helped a lot by their treatment (73%), compared to 59% overall and 55% for those eligible for neither.
- Respondents eligible for Medicare only were most likely to report that they **always** saw someone as soon as they wanted when they needed treatment right away (58%), compared to 39% overall and 34% for those eligible for neither.
- Overall, 48% of respondents reported they **always** got appointments as soon as they wanted.
 - Those with Medicare only or who were dual eligible reported this 58% of the time, compared to 49% of those with Medicaid only and 40% for those with neither.

Statistically Significant Differences in Subgroups: Guardianship Status

- Respondents with a guardian were more likely to report that they **always** were seen within 15 minutes of their appointment (75%), compared with 48% of those without guardians.
- Respondents without a guardian were more likely to report that the people they went to for treatment **always** listened carefully to them (67%), compared with 44% of those with guardians.
- Respondents without a guardian were more likely to report that they were **always** involved as much as they wanted in their treatment (62%), compared with 38% of those with guardians.

Statistically Significant Differences in Subgroups: CRSP

Five items had statistically significant differences across the different CRSPs, with differences between CRSP scores varying from 37% to 67%. For example:

- The percentage of respondents indicating someone had talked to them about including their family or friends in treatment ranged from 18% at Neighborhood Service Organization to 85% at Development Centers.
- Respondents reporting getting help when calling customer service was **not a problem** varied from 93% at Lincoln Behavioral Services to 42% of respondents for whom DWIHN did not indicate a CRSP.
- Respondents reporting they were given as much information about managing their condition as they wanted ranged from 55% at Neighborhood Service Organization to 100% at Southwest Counseling Solutions.

Statistically Significant Differences in Subgroups: Survey Mode

There were six items with statistically significant differences between respondents who participated via different survey modes.

For example, those who participated via a CATI interview were more likely to report:

- They were seen with 15 minutes of their appointment (54%), compared to 37% by mail;
- They felt they could refuse a specific medicine or treatment (82%), compared to 68% by mail;
- They **always** felt safe with the people they went to for treatment (83%), compared to 72% by mail; and
- Their ability to deal with daily problems was **much better** (36%), compared to 25% by mail.

Opportunities

Based on the findings from this survey, DWIHN might consider several avenues to refine operations, including:

- Working with service providers and members to explore the reasons why more members do not perceive improvements and whether their self-assessments reflect their clinicians' assessments;
- Working with service providers to identify barriers to members getting help quickly and to explore potential solutions; and
- Investigating differences between subgroups (especially gender, race, age, and CRSP) to understand whether those differences are due to discrepancies in services received, perceptions around services, or a combination of these and other factors.

Opportunities *(cont.)*

- The preceding areas could be studied in a variety of ways, including individual interviews or surveys with clinicians and/or administrators at CRSPs and focus groups with members.
- Additionally, DWIHN can consider investigating ways to gather feedback from members with guardians. Fewer than 50 members with guardians participated in the survey and only 21 of those reported services in the last 12 months. Focus groups with members with guardians, as well as *separate* focus groups with their guardians, could delve into:
 - their experiences of care;
 - what can be done to increase their participation in the ECHO survey; and
 - possible alternate means to solicit their input.

DETAILED FINDINGS

ECHO Reporting Measures

Measure: Getting Treatment Quickly

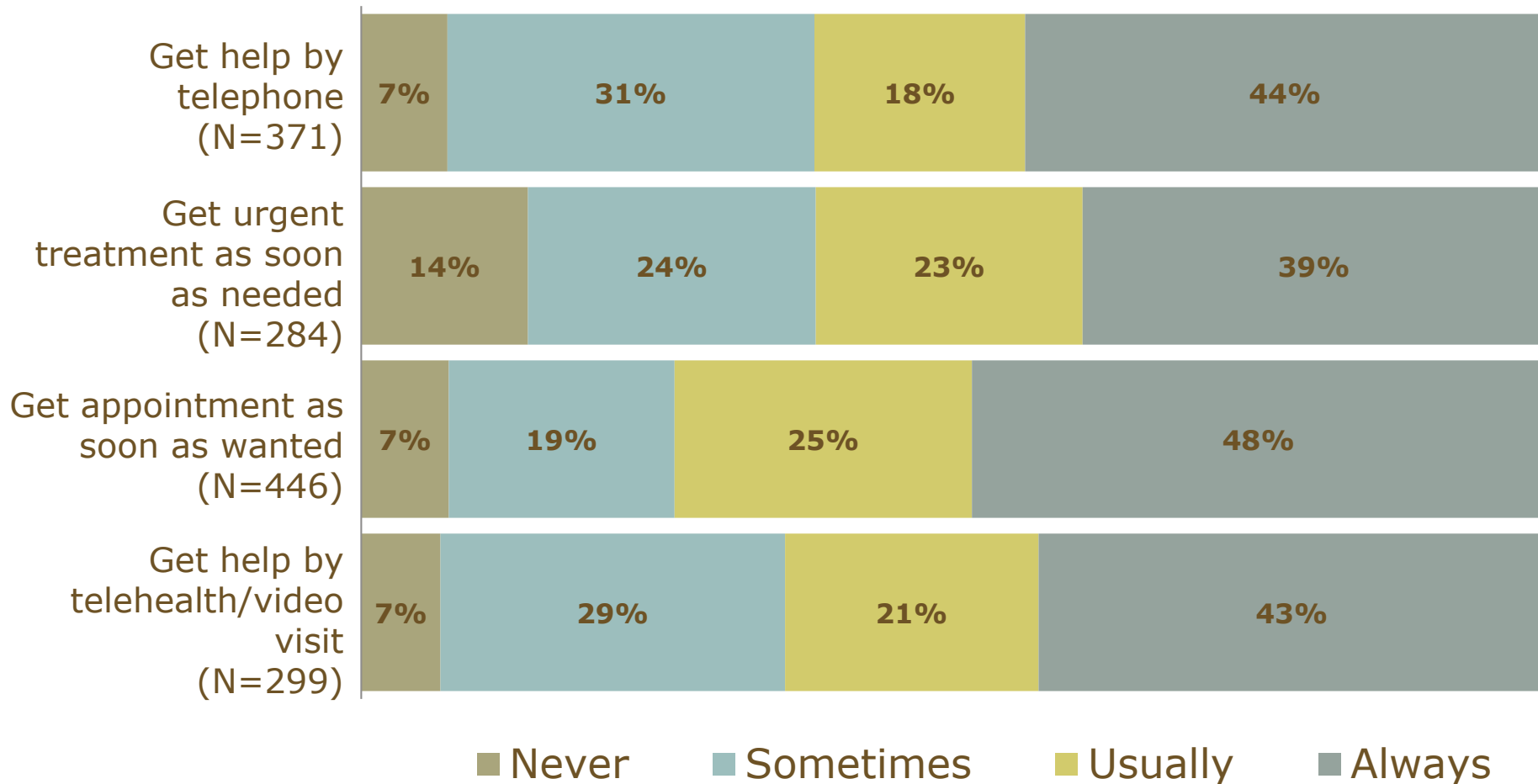
Getting treatment quickly: 44%

- This composite measure is based on these questions:

	Question	Score
Q3	In the last 12 months, how often did you get the professional counseling you needed on the phone?	44%
Q5	In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?	39%
Q7	In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?	48%
D2	In the last 12 months, how often did you get the professional counseling you needed through telehealth or video visit?	43%

- Score is the percentage of respondents who answered "Always."

Detail: Getting Treatment Quickly



Note: Due to rounding, percentages will not always sum to 100%.

Measure: How Well Clinicians Communicate

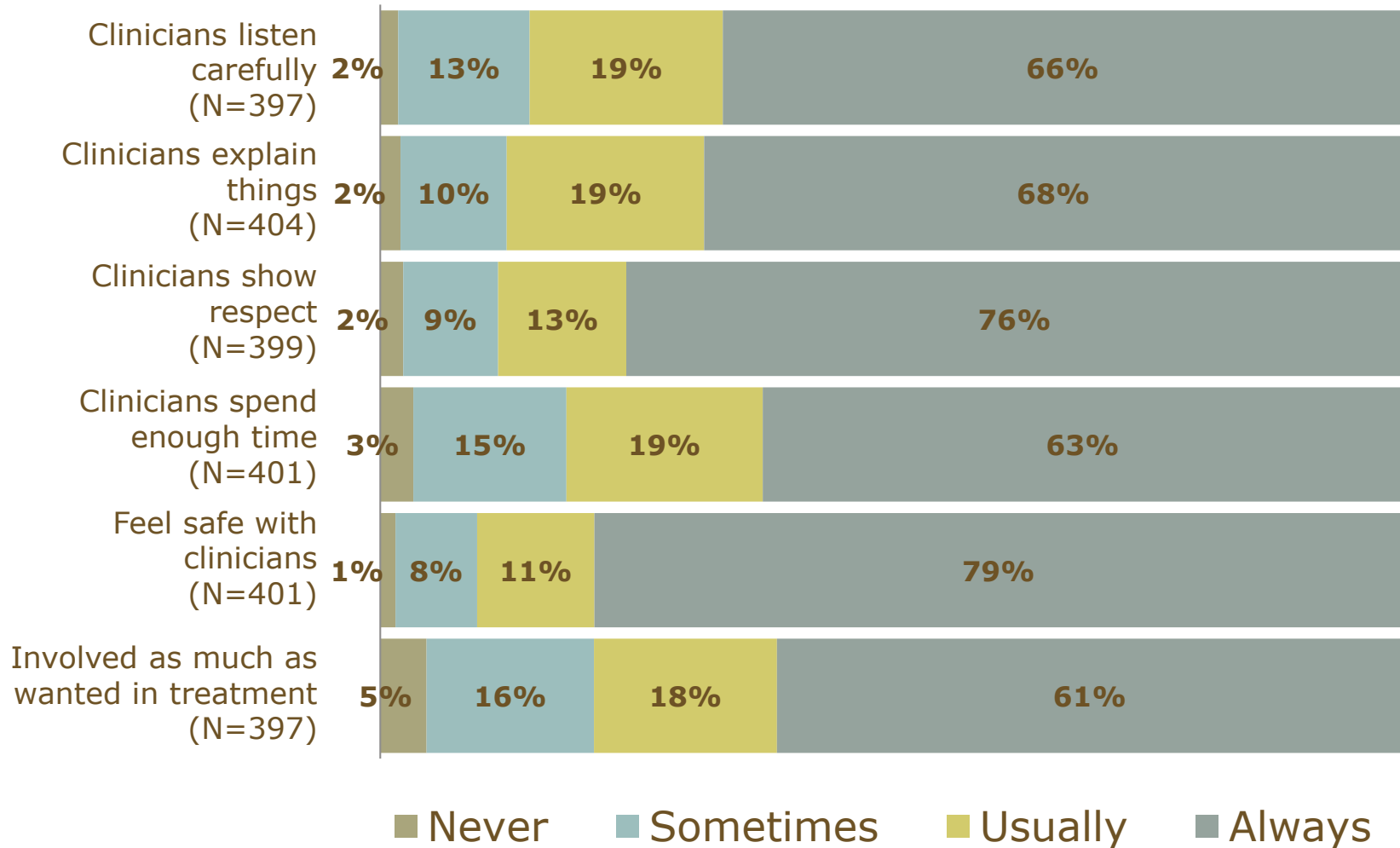
How Well Clinicians Communicate: 69%

- This composite measure is based on these questions:

	Question	Score
Q11	In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?	66%
Q12	In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?	68%
Q13	In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?	76%
Q14	In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?	63%
Q15	In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?	79%
Q18	In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?	61%

- Score is the percentage of respondents who answered “Always.”

Detail: How Well Clinicians Communicate



Note: Due to rounding, percentages will not always sum to 100%.

Measure: Getting Treatment and Information from the Plan or MBHO

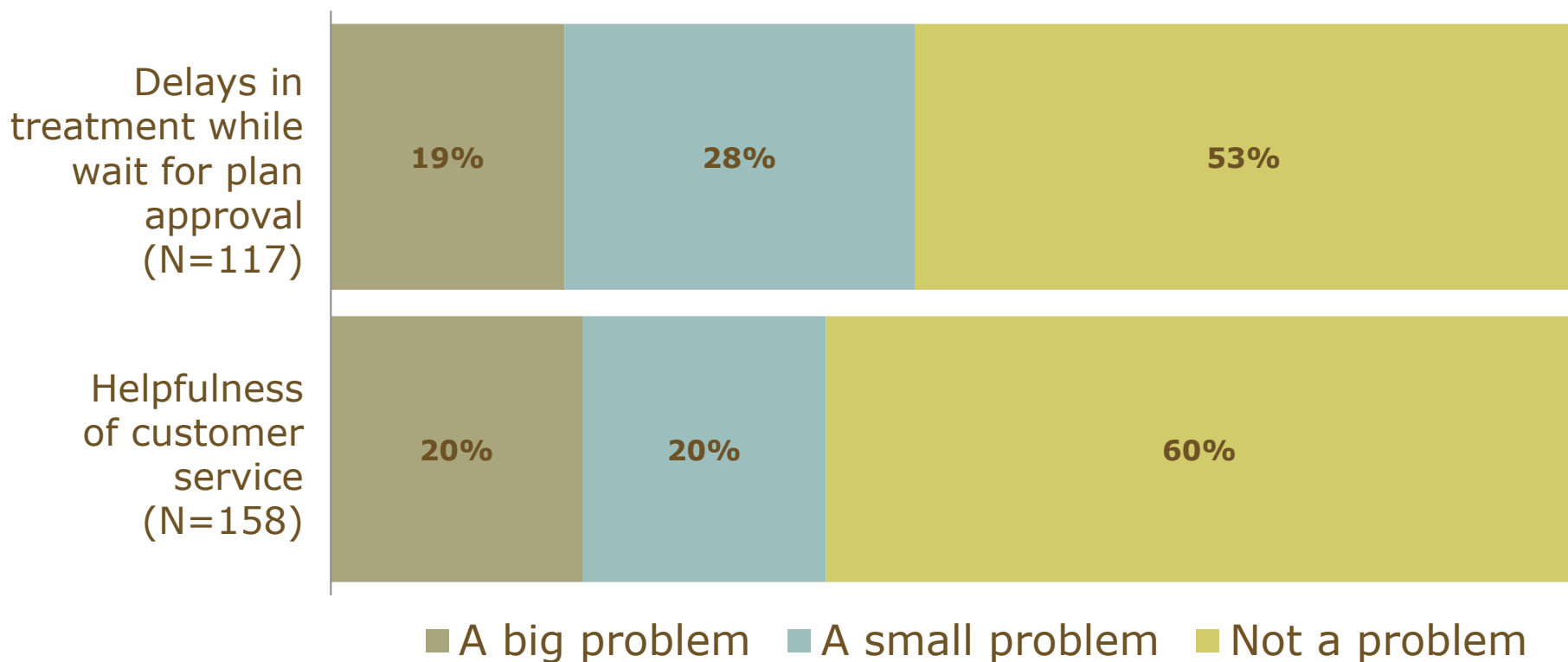
Getting Treatment and Information : 57%

- This composite measure is based on these questions:

	Question	Score
Q39	In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?	53%
Q41	In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called customer service?	60%

- Score is the percentage of respondents who answered “Not a problem.”

Detail: Getting Treatment and Information from the Plan or MBHO



Measure: Perceived Improvement

Perceived Improvement: 30%

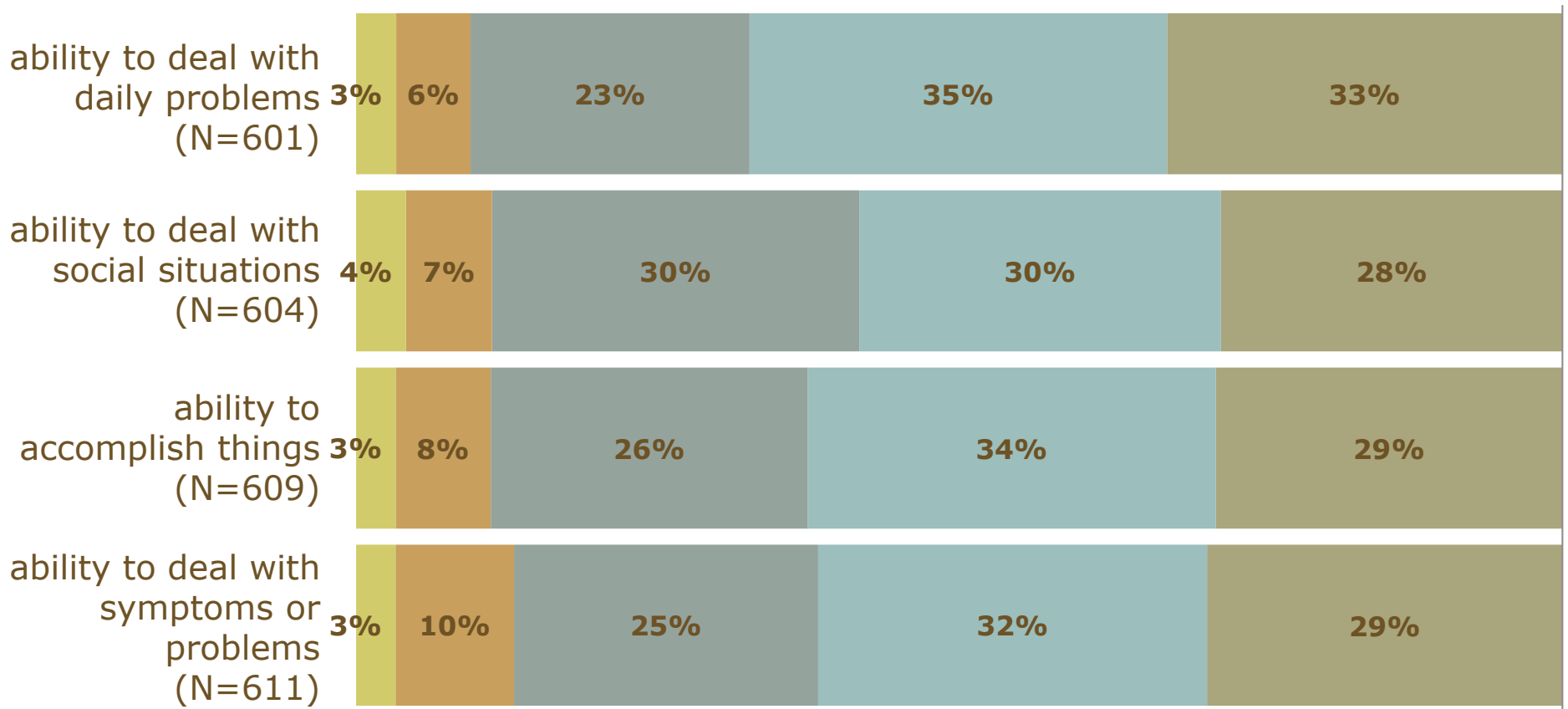
- This composite measure is based on these questions:

	Question	Score
Q31	Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	33%
Q32	Compared to 12 months, how would you rate your ability to deal with social situations now?	28%
Q33	Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?	29%
Q34	Compared to 12 months ago, how would you rate your problems or symptoms now?	29%

- Score is the percentage of respondents who answered “Much better.”

Detail: Perceived Improvement

Compared to 12 months ago, how would you rate your...



■ Much better ■ A little better ■ About the same ■ A little worse ■ Much worse

Note: Due to rounding, percentages will not always sum to 100%.

Measure: Information About Treatment Options

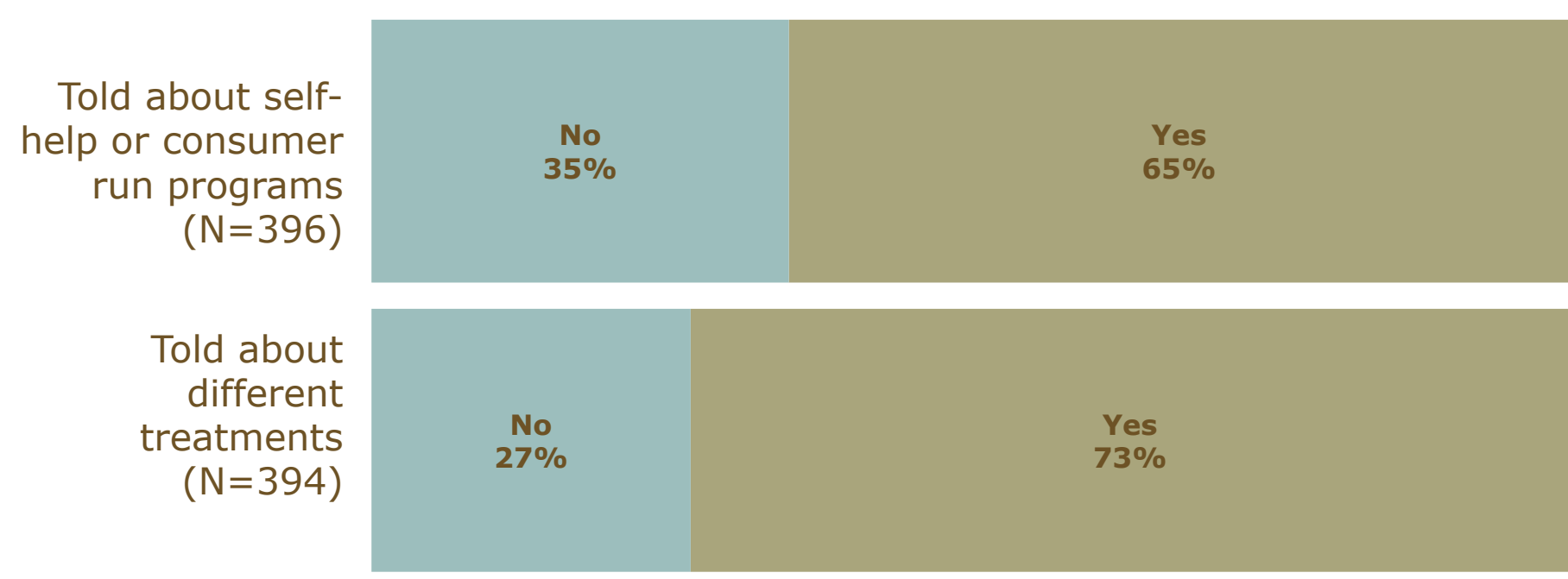
Information About Treatment Options: 69%

- This composite measure is based on these questions:

	Question	Score
Q20	In the last 12 months, were you told about self help or support groups, such as consumer run groups or 12 step programs?	65%
Q21	In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	73%

- Score is the percentage of respondents who answered “Yes.”

Detail: Information About Treatment Options

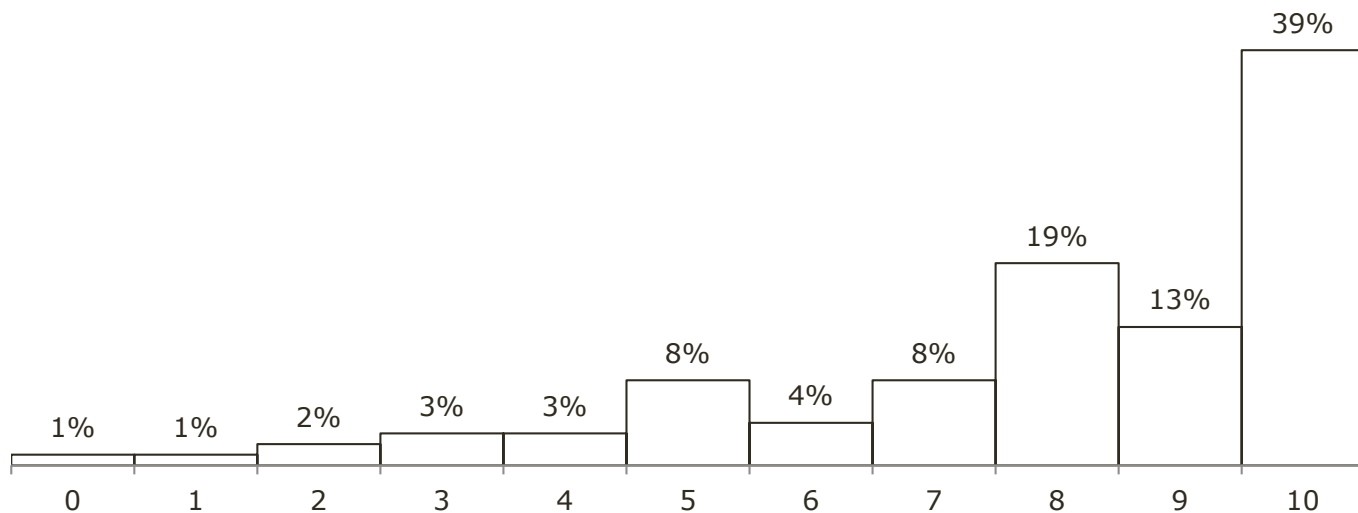


Measure: Global Rating - Treatment

Overall rating of counseling and treatment: 52%

Score is the percentage of respondents who selected 9 or 10.

Q28 Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months? (N=399)



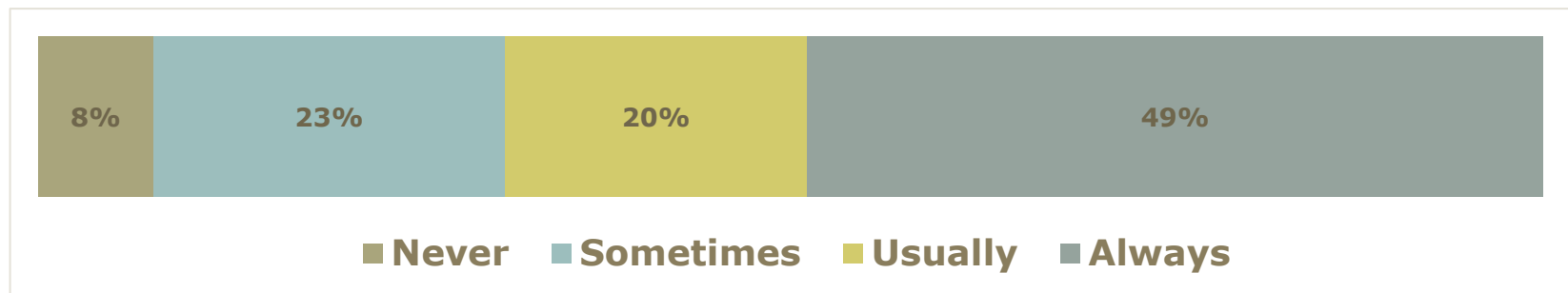
Note: Due to rounding, percentages will not always sum to 100%.

Measure: Office wait

Seen within 15 minutes of appointment time : 49%

Score is the percentage of respondents who answered “Always.”

Q10 In the last 12 months, how often were you seen within 15 minutes of your appointment? (N=403)



Measure: Told about medication side effects

Told about side effects of medication: 76%

Score is the percentage of respondents who answered “Yes.”

Q17 In the last 12 months, were you told what side effects of those medicines to watch for? (N=329)



Measure: Including family and friends

Talk about including family and friends in treatment: 55%

Score is the percentage of respondents who answered “Yes.”

Q19 In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment? (N=399)

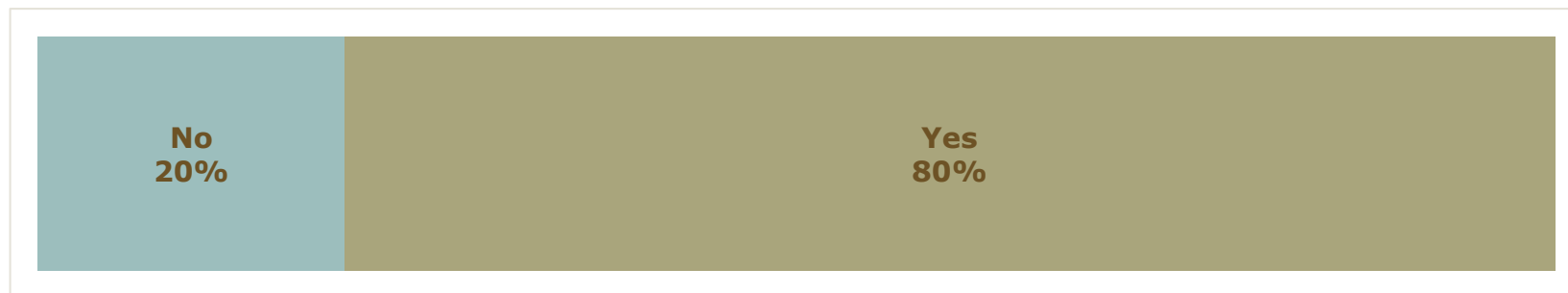


Measure: Information to manage condition

Given as much information as wanted to manage condition: 80%

Score is the percentage of respondents who answered “Yes.”

Q22 In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition? (N=401)

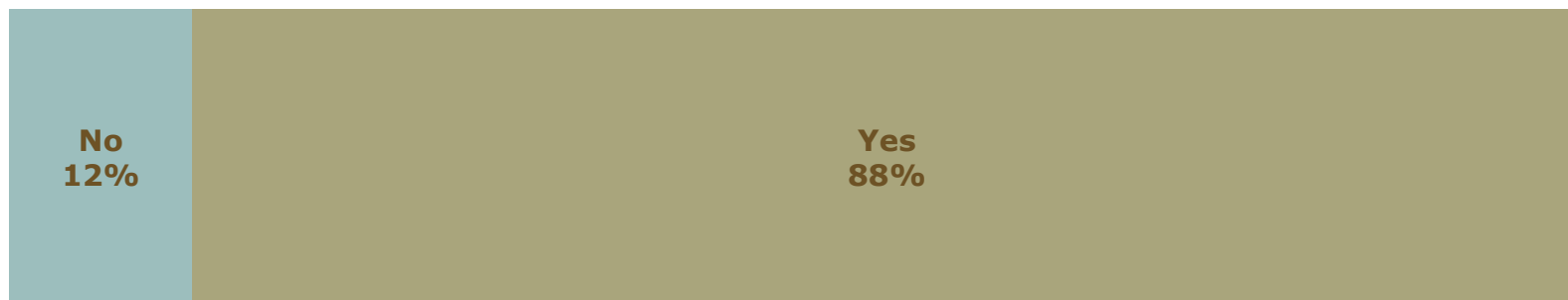


Measure: Patient rights information

Given information about rights as a patient: 88%

Score is the percentage of respondents who answered “Yes.”

Q23 In the last 12 months, were you given information about your rights as a patient? (N=397)



Measure: Patient feels he or she could refuse treatment

Patient feels that he or she could refuse a specific type of treatment: 78%

Score is the percentage of respondents who answered “Yes.”

Q24 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment? (N=391)

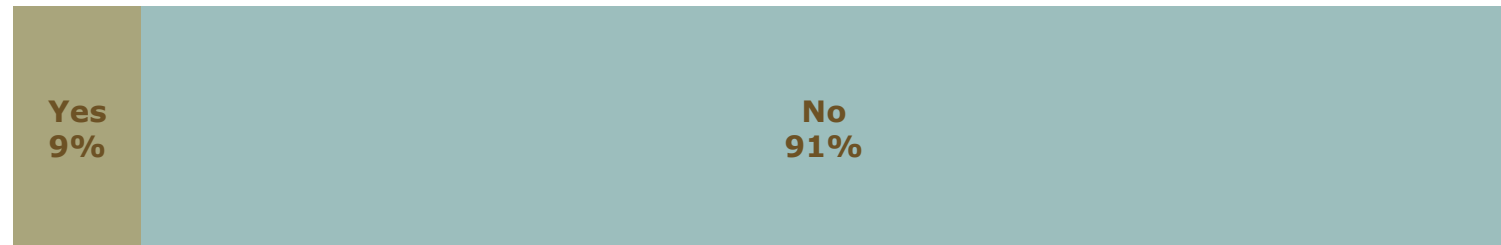


Measure: Privacy

Confident about privacy of treatment information: 91%

Score is the percentage of respondents who answered “No.”

In the last 12 months, as far as you know did anyone you went to for Q25 counseling or treatment share information with others that should have been kept private? (N=384)



Measure: Cultural Competency

Care responsive to cultural needs: 76%

Score is the percentage of respondents who answered “Yes.”

Previous question: *Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?*

Q27 In the last 12 months, was the care you received responsive to those needs? (N=55)



Measure: Amount helped

Amount helped by treatment: 59%

Score is the percentage of respondents who answered “A lot.”

Q29 In the last 12 months, how much were you helped by the counseling or treatment you got? (N=610)



Measure: Treatment after benefits are used up

Plan provides information about how to get treatment after benefits are used up: 56%

Score is the percentage of respondents who answered “Yes.”

Q37 Were you told about other ways to get counseling, treatment, or medicine?
(N=70)



DETAILED FINDINGS

Statistically Significant Differences by Subgroup

Statistically Significant Differences in Subgroups: Gender

- Male respondents were more likely to report that:
 - they were told about self help or support groups (78%), compared to female respondents (57%);
 - someone talked to them about including their family or friends in treatment (66%), compared to female respondents (46%).
 - they were given information about different kinds of available treatment (81%), compared to 69%;
 - their ability to deal with daily problems was **much better** compared to a year ago (39%), compared to 30%; and
 - they would rate their ability to accomplish the things they want **much better** compared to a year ago (34%), compared to 26%.

Results Comparison by Gender

Items with Statistically Significant Results

- Q19 Did anyone talk to you about whether to include your family or friends in your counseling or treatment? (% Yes)
- Q20 Were you told about self help or support groups? (% Yes)
- Q21 Were you given information about different kinds of counseling or treatment that are available? (% Yes)
- Q31 Compared to 12 months ago, how would you rate your ability to deal with daily problems now? (% Much better)
- Q33 Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now? (% Much better)
-

Results Comparison by Gender

	Overall		Score Spread	Male		Female	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q19	390	54%	20%	157	66%	233	46%
Q20	387	66%	21%	157	78%	230	57%
Q21	385	74%	12%	154	81%	231	69%
Q31	588	33%	9%	236	39%	352	30%
Q33	596	29%	8%	237	34%	359	26%

Maximum
value

Minimum
Value

Statistically Significant Differences in Subgroups: Race

- Overall, approximately three-quarters of respondents indicated the people they went to showed respect for what they had to say; however, ratings differed by race:
 - Those who reported their race as “Other” were most likely (89%) to report this, while White respondents were least likely (66%).
- Overall, roughly three-quarters of respondents indicated they were given information about different kinds of available treatment:
 - Black/African American respondents were most likely (78%) to report this, while White respondents were least likely (64%).

Results Comparison by Race

Items with Statistically Significant Results

Q13 How often did the people you went to for counseling or treatment show respect for what you had to say? (% Always)

Q21 Were you given information about different kinds of counseling or treatment that are available? (% Yes)

Results Comparison by Race

	Overall		Score Spread	Black/African American		White		Other	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q13	361	76%	23%	227	79%	107	66%	27	89%
Q21	358	74%	14%	224	78%	107	64%	27	74%

Maximum
value

Minimum
Value

Notes: Too few Asian, Native American/Other Pacific Islanders, and American Indian/Alaska Native respondents (<30 each) participated in the survey to be included in this analysis.

Statistically Significant Differences in Subgroups: Age Group

Ten items had statistically significant differences by age:

- Overall 52% rated their treatment as a **9** or **10**.
 - 18-24 year old respondents were least likely (20%) to do so, while 65-74 year old respondents were most likely (66%).
- Overall 61% reported they were **always** involved as much as they wanted in their treatment.
 - 38% of 18-24 year olds did so, in contrast to 73% of 65-74 year olds.
- Overall 48% reported that they **always** got appointments as soon as they wanted.
 - 34% of 18-24 year olds did, compared to 68% of 65-74 year olds.
- Overall 62% reported that the people they saw for treatment **always** spent enough time with them
 - 36% of 18-24 year olds did, in contrast to 70% among those 55-64 years old and those 65-74 years old.
- Overall 39% reported that they always saw someone as soon as they wanted when they needed treatment right away, ranging from 22% for those 25-34 years old to 53% of those 65-74 years old.

Statistically Significant Differences in Subgroups: Age Group *(cont.)*

- Overall 59% reported they were helped **a lot** by their treatment.
 - Less than half of 18-25 year olds (46%) and 25-34 year olds (41%) did so, in contrast to 72% of 65-74 year olds.
- Overall 65% reported being told about self help or support groups.
 - This was least common among the youngest and oldest groups: 46% of 18-24 year olds and 54% of 65-74 year olds reported this.
- Overall 80% reported they were given as much information as they wanted about managing their condition.
 - Younger respondents were less likely to report this: 60% of 18-24 year olds and 69% of 25-34 year olds did so. The older age groups each had scores of 75% or greater.
- Overall 28% rated their ability to deal with social situations **much better** compared to 12 months ago.
 - This was true for only 17% of 18-25 year olds, in comparison to 44% of 65-74 year olds.
- Overall 66% reported that the people they saw for treatment **always** listened carefully to them, with scores for the various age groups ranging from 51% for 35-44 year olds to 73% for 55-64 year olds.

Results Comparison by Age Group

Items with Statistically Significant Results

Q5 When you needed counseling or treatment right away, how often did you see someone as soon as you wanted? (% Always)

Q7 Not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted? (% Always)

Q11 How often did the people you went to for counseling or treatment listen carefully to you? (% Always)

Q14 How often did the people you went to for counseling or treatment spend enough time with you? (% Always)

Q18 In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment? (% Always)

Q20 Were you told about self help or support groups? (% Yes)

Q22 Were you given as much information as you wanted about what you could do to manage your condition? (% Yes)

Q28 What number would you use to rate all your counseling or treatment in the last 12 months? (% 9 or 10)

Q29 How much were you helped by the counseling or treatment you got? (% A lot)

Q32 Compared to 12 months ago, how would you rate your ability to deal with social situations now? (% Much better)

Results Comparison by Age Group

	Overall		Score Spread	18 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65 to 74	
	N	Score		N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
Q5	272	39%	31%	18	44%	41	22%	59	27%	65	42%	70	50%	19	53%
Q7	434	48%	34%	29	34%	63	35%	68	38%	113	50%	123	55%	38	68%
Q11	387	66%	22%	25	52%	53	68%	71	51%	98	72%	103	73%	37	70%
Q14	391	62%	34%	25	36%	52	56%	72	57%	100	65%	105	70%	37	70%
Q18	387	61%	35%	24	38%	51	67%	71	48%	100	66%	104	63%	37	73%
Q20	386	65%	29%	24	46%	50	58%	70	73%	100	62%	105	75%	37	54%
Q22	391	80%	29%	25	60%	52	69%	71	75%	100	83%	105	89%	38	84%
Q28	389	52%	46%	25	20%	52	44%	72	44%	99	53%	103	63%	38	66%
Q29	590	59%	31%	35	46%	81	41%	104	57%	143	57%	163	68%	64	72%
Q32	587	28%	27%	36	17%	82	30%	101	32%	141	23%	163	25%	64	44%

Maximum value Minimum Value

Note: Too few respondents age 75 and older (<30) participated in the survey to be included in this analysis.

Statistically Significant Differences in Subgroups: Eligibility

- Respondents who were dual eligible were most likely to report that:
 - someone asked them about involving friends or family in treatment (68%), compared to 55% overall and 35% of those who were eligible for Medicare only; and
 - they were helped a lot by their treatment (73%), compared to 59% overall and 55% for those eligible for neither.
- Respondents eligible for Medicare only were most likely to report that they **always** saw someone as soon as they wanted when they needed treatment right away (58%), compared to 39% overall and 34% for those eligible for neither.
- Overall, 48% of respondents reported they **always** got appointments as soon as they wanted.
 - Those with Medicare only or who were dual eligible reported this 58% of the time, compared to 49% of those with Medicaid only and 40% for those with neither.

Results Comparison by Eligibility

Items with Statistically Significant Results

Q5 When you needed counseling or treatment right away, how often did you see someone as soon as you wanted? (% Always)

Q7 Not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted? (% Always)

Q19 Did anyone talk to you about whether to include your family or friends in your counseling or treatment? (% Yes)

q29 How much were you helped by the counseling or treatment you got? (% A lot)

Results Comparison by Eligibility

	Overall		Score Spread	Neither		Medicare Only		Medicaid Only		Both	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q5	284	39%	24%	120	34%	26	58%	106	36%	32	53%
Q7	446	48%	18%	163	40%	55	58%	157	49%	71	58%
Q19	399	55%	33%	145	54%	52	35%	142	57%	60	68%
Q29	610	59%	18%	218	55%	81	60%	214	56%	97	73%

Maximum value	Minimum Value
---------------	---------------

Statistically Significant Differences in Subgroups: Guardianship Status

- Respondents with a guardian were more likely to report that they **always** were seen within 15 minutes of their appointment (75%), compared with 48% of those without guardians.
- Respondents without a guardian were more likely to report that the people they went to for treatment **always** listened carefully to them (67%), compared with 44% of those with guardians.
- Respondents without a guardian were more likely to report that they were **always** involved as much as they wanted in their treatment (62%), compared with 38% of those with guardians.

Results Comparison by Guardian Status

Items with Statistically Significant Results

- Q10 In the last 12 months, how often were you seen within 15 minutes of your appointment? (% Always)
- Q11 How often did the people you went to for counseling or treatment listen carefully to you? (% Always)
- Q18 How often were you involved as much as you wanted in your counseling or treatment? (% Always)

	Overall		Score Spread	No Guardian		Has Guardian	
	N	Score		N	Score	N	Score
Q10	403	49%	27%	387	48%	16	75%
Q11	397	66%	23%	381	67%	16	44%
Q18	397	61%	24%	381	62%	16	38%

Maximum value	Minimum Value
---------------	---------------

Statistically Significant Differences in Subgroups: CRSP

Five items had statistically significant differences across the different CRSPs:

- The percentage of respondents indicating someone had talked to them about including their family or friends in treatment ranged from 18% at Neighborhood Service Organization to 85% at Development Centers.
- Respondents reporting getting help when calling customer service was **not a problem** varied from 93% at Lincoln Behavioral Services to 42% of respondents for whom DWIHN did not indicate a CRSP.
- Respondents reporting they were given as much information about managing their condition as they wanted ranged from 55% at Neighborhood Service Organization to 100% at Southwest Counseling Solutions.
- Respondents rating their treatment a **9** or **10** ranged from 33% at the Guidance Center to 71% at Lincoln Behavioral Services.
- Respondents indicating they always got appointments as soon as they wanted varied from 67% at Southwest Counseling Solutions to 30% among respondents with no CRSP given.

Results Comparison by CRSP

Items with Statistically Significant Results

Q7 Not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted? (% Always)

Q19 Did anyone talk to you about whether to include your family or friends in your counseling or treatment? (% Yes)

Q22 Were you given as much information as you wanted about what you could do to manage your condition? (% Yes)

Q28 What number would you use to rate all your counseling or treatment in the last 12 months? (% 9 or 10)

Q41 How much of a problem, if any, was it to get the help you needed when you called customer service? (% Not a problem)

Results Comparison by CRSP

	Overall		Score Spread	All Well-Being Services		Central City Integrated Health		CNS Healthcare		Development Centers, Inc		The Guidance Center	
	N	Score		N	Score	N	Score	N	Score	N	Score	N	Score
Q7	405	49%	37%	15	53%	38	58%	30	47%	41	41%	21	43%
Q19	362	54%	67%	18	50%	27	56%	19	58%	33	85%	18	61%
Q22	363	79%	45%	18	72%	27	63%	19	84%	33	91%	18	72%
Q28	361	52%	38%	18	50%	27	37%	19	47%	33	70%	18	33%
Q41	141	63%	51%	--	--	--	--	--	--	15	67%	--	--

	Hegira Health, Inc		Lincoln Behavioral Services Inc		Neighborhood Service Organization		Southwest Counseling Solutions		Team Mental Health Services, Inc		None Given	
	N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
Q7	54	54%	64	64%	--	--	18	67%	71	44%	44	30%
Q19	50	44%	55	51%	11	18%	13	38%	69	52%	49	59%
Q22	49	82%	56	89%	11	55%	13	100%	70	81%	49	67%
Q28	50	40%	56	71%	11	45%	13	62%	69	52%	47	45%
Q41	18	67%	14	93%	--	--	--	--	31	74%	19	42%

Note: Only CRSPs who had at least 30 clients participating in the survey were included in this analysis, along with a "None Given" category for respondents for whom DWIHN did not provide a CRSP. For items with <10 respondents, values are hidden.

Maximum value	Minimum Value
---------------	---------------

Statistically Significant Differences in Subgroups: Survey Mode

Those who participated via a CATI interview were more likely to report:

- They were seen with 15 minutes of their appointment (54%), compared to 37% by mail;
- They felt they could refuse a specific medicine or treatment (82%), compared to 68% by mail;
- They **always** felt safe with the people they went to for treatment (83%), compared to 72% by mail;
- Their ability to deal with daily problems was **much better** (36%), compared to 25% by mail;
- Compared to 12 months ago, their problems or symptoms were **much better** (33%), in contrast to 22% by mail; and
- that no one they went to for treatment shared their private information (93%), in contrast to 86% by mail.

Results Comparison by Mode

Items with Statistically Significant Results

- | | |
|-----|---|
| Q10 | How often were you seen within 15 minutes of your appointment? (% Always) |
| Q15 | How often did you feel safe when you were with the people you went to for counseling or treatment? (% Always) |
| Q24 | Did you feel you could refuse a specific type of medicine or treatment? (% Yes) |
| Q25 | Did anyone you went to for counseling or treatment share information with others that should have been kept private? (% No) |
| Q31 | Compared to 12 months ago, how would you rate your ability to deal with daily problems now? (% Much better) |
| Q34 | Compared to 12 months ago, how would you rate your problems or symptoms now?(% Much better) |

Results Comparison by Mode

	Overall		Score Spread	Mail		CATI	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q10	395	49%	17%	116	37%	279	54%
Q15	393	79%	11%	113	72%	280	83%
Q24	383	78%	14%	110	68%	273	82%
Q25	376	91%	7%	108	86%	268	93%
Q31	590	33%	11%	178	25%	412	36%
Q34	600	30%	11%	184	22%	416	33%

Maximum
value

Minimum
Value

Note: There were too few web respondents (<30) in the survey to be included in this analysis.

Research Team

Asmara Ruth Afework

Charo Hulleza

Da (Jane) Li

Ruth Waite

Luna Yue Xuan

Wayne State Center for Urban Studies

<http://http://www.cus.wayne.edu>

313-577-2208

WAYNE STATE
UNIVERSITY

THE CENTER FOR URBAN STUDIES



Critical/Sentinel Event Reporting Module Training

2023 Training

SECOND (2nd) THURSDAY TEAMS WEBINAR
9:00 a.m. – Noon

May 11
June 8
August 10
September 14

Registration closes one (1) week prior to the webinar

PARTICIPANTS WILL NOT BE ADMITTED AFTER 9:10 A.M.

Participants camera MUST REMAIN ON for ENTIRE training

This training prepares and updates participants for the electronic submission of the Critical & Sentinel Events into the MHWIN Critical/Sentinel Event Module.

CRSP's are able to register a maximum of 10 staff per training. Additional training may be available based on the workload of the trainers (Request to Carla Spight Mackey, Sinitra Applewhite, or Micah Lindsey).

Registration is required. Managers/Supervisors must register staff by clicking on the link below and completing ALL of the information requested

Space is Limited to the 1st 75 participants. Wait lists will be established.

<https://app.smartsheet.com/b/form/33026fe9b0c7463fadd398bbc8f1c4d4>





HCBS Remediation and Validation

WHAT'S GOING ON?

- ▶ MDHHS gave DWIHN a list of Survey Responses from the 2020 HCBS Survey.
- ▶ DWIHN is required to work with all of you to validate and or remediate the responses from this list.
- ▶ The validation and remediation process begins now and ends Sept. 15, 2023

WHAT IS VALIDATION?

- ▶ **Validation** is used when your response to a question on the HCBS Survey supported your compliance with HCBS requirements.
- ▶ This means you will now provide evidence that you are doing what you said you are doing. The evidence you provide will validate your answers on the survey.

How do we VALIDATE?

- ▶ The Evidence you need to provide to Validate your answers can be one or more of the following
 - ▶ Policies and procedures that are in place to support an HCBS Setting,
 - ▶ Progress Notes
 - ▶ Case Notes
 - ▶ Individual Plans of Services (IPOS)
 - ▶ Activity Calendars
 - ▶ Appointment Calendars
 - ▶ Community Meeting Notes
 - ▶ Staff Meeting Notes
 - ▶ House Logs
 - ▶ Pictures of HCBS Required Equipment (Bedroom and Bathroom Locks)
 - ▶ Interviews with Member(s), Guardian(s), and Supports Coordinator(s), etc.

WHAT IS REMEDIATION?

- ▶ **Remediation** is used when your response to a question on the HCBS Survey did NOT supported compliance with HCBS requirements.

The remediation process will go as follows:

- ▶ 1. Did you answer the survey question wrong by mistake?
 - ▶ If yes, you will provide evidence that you have been and continue to follow the HCBS requirements.
 - ▶ If no, you will correct (i.e., remediate) the non-compliance and provide evidence of the correction (i.e., remediation).

How do we REMEDIATE?

- ▶ The Evidence you need to provide to Remediate your answers can be one or more of the following:
 - ▶ Individual Plans of Services (IPOS)
 - ▶ Activity Calendars
 - ▶ Appointment Calendars
 - ▶ Community Meeting Notes
 - ▶ Staff Meeting Notes
 - ▶ House Logs
 - ▶ Pictures of HCBS Required Equipment (Bedroom and Bathroom Locks)
 - ▶ Interviews with Member(s), Guardian(s), and Supports Coordinator(s), etc.

Validation and Remediation Process

The Provider will receive a notice by email from DWIHN. It will include the following:

- ▶ A notification letter briefly outlining the Validation and Remediation process
- ▶ HCBS Validation/Remediation Attestation Form with the member's MH-WIN ID # and the list of survey questions that need validating and / or remediating
 - ▶ You will receive a separate checklist for each member
 - ▶ Each member may have the same survey questions that need validating and or remediating
- ▶ Guidelines instructing you on what evidence you need to submit for each survey question.

Validation and Remediation Process: Step 1

- ▶ Review the notice to ensure DWIHN has the correct contact information for you or your designated representative.
- ▶ Email correct contact information immediately, if needed

Validation and Remediation Process: Step 2

- ▶ Begin reviewing the information right way and start collecting needed information.
- ▶ Someone from the DWIHN HCBS team will call you within 3 business days of sending you the notice to review instructions and answer questions.

Validation and Remediation Process: Step 3

- ▶ Begin sending in the required documentation right away
- ▶ All PHI needs to be sent via secure email, MH-WIN message box, or fax (313-833-2086)
- ▶ Additional follow up calls can be arranged as needed.

Validation and Remediation Process: Step 4

- ▶ In order to ensure all evidence strongly demonstrates HCBS compliance, evidence, such as policies / procedures, may be returned to you for edits. You may also be required to submit additional documentation.
- ▶ This must all be completed by the close of the validation and remediation process on Sept. 15, 2023

Post Validation and Remediation Phase

- ▶ DWIHN will report the completion of the validation and remediation process to MDHHS
- ▶ MDHHS will make the final assessment as to HCBS Compliance
- ▶ Further information or evidence may be requested by MDHHS. DWIHN will follow up with you with further instructions if needed.

Validation and Remediation: Follow Up

- ▶ MDHHS may request a follow-up review by Michigan State University's Institute for Health Policy to further validate the evidence provided during the review. This is conducted by the Health Policy Unit.
- ▶ If found 100% HCBS Compliant to MDHHS' Satisfaction, Provider will be fully deemed an HCBS Compliant Home until next round of reviews (Survey, Audit, Spot Review)
- ▶ If found non-compliant, MDHHS may designate home as on Heightened Scrutiny and the respective sanctions will be imposed and enforced as directed by MDHHS.

SUMMARY

- ▶ Receive checklist of survey questions that need to be validated and / or remediated.
- ▶ Collect and submit evidence of compliance with HCBS requirements.
- ▶ Consult with DWIHN for technical assistance as needed
- ▶ GOAL: Receive HCBS Compliance from MDHHS and retain the ability to provide and be funded for the provision of HCBS service

**Thank you for your support
of our Members and
Community!**

Questions?

Contact the Quality Residential/HCBS Team:

HCBSInforPIHP@dwihn.org