



**Detroit Wayne
Integrated Health Network**
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CRSP/Outpatient Provider Meeting

Friday, January 12, 2024

Virtual Meeting

10:00 am –11:00 am

Agenda

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

- I. Welcome/Introductions
- II. 1915iSPA Update – Melissa Moody
- III. Claims Department - Debra Schuchert
 - Claims Reminders (Pages 3-7)
- IV. Adult Initiatives - Brad Cucuro
 - LOCUS (Pages 8-17)
 - Biopsychosocial Assessment - Alison Gabridge (Pages 18-25)
- V. Recipient Rights – LaShanda Neely
 - ORR Training
 - Monitoring (Pages 26-28)
- VI. Quality Improvement – Carla Spight-Mackey
 - Secure Death Certificate (and ME report when appropriate)
 - Updated Guidance Manual
 - CareAcademy Launch (Pages 29-35)
 - Behavior Treatment Plan Review Requirements – Fareeha Nadeem (Page 36)
 - Upcoming MDHHS Review – Danielle Dobija
 - Upcoming requests from DWIHN for evidence of service delivery/staff qualifications (Pages 37-42)
- VII. Utilization Management – Leigh Wayna
 - Outpatient Authorizations Requirements (Pages 42-48)
- VIII. MCO – Rai Williams
 - Litigation Report
 - Quarterly Contract Status Reports

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- IX. Access Center – Yvonne Bostic
 - Hospital Discharge Follow up Appointments
 - CRSP change requests
 - Sending communications to DWIHN Access Call Center (Fax/Email) (Pages 49-53)
- X. Children’s Initiative – Cassandra Phipps
 - Children HEDIS Newsletter
 - EBP Bulletin (Pages 54-57)
- XI. Administrative Updates – Eric Doeh, President and CEO
- XII. Questions
- XIII. Adjourn



Claims Department
Quinnetta Robinson
Claims Manager

Claims Data Entry Status

- Please remember when a claim is in “claims data entry” status you the Provider have complete control over the claim. The claim can be edited and modified as it has not been submitted for claims adjudication.

Batch Date	Batch Status	# of Claims	Totals	
10/31/2023	Claim Data Entry	1	Claimed: \$4,250.00 Payable: \$0.00	View Claims in Batch Adjudication Report Take Over Batch View Batch Info Scanned/Uploaded Documents

- Please **Do Not** send inquiries through the PIHP claims mailbox if your claim is in this status. Allow our adjudicators the opportunity to perform their job. Some errors/edits will be resolved in the adjudication phase of your claims processing. There will be a clear and precise comment placed on the claim if the issue can not be resolved. This comment will identify what needs to occur to bring forth claim payment. Only when the claim has completed the adjudication process, and you disagree with the outcome or need further clarification an inquiry should be sent to PIHPclaims@dwihn.org for further claims review at a management level.

Personal Work Emails

- The PIHP claims mailbox is managed by DWIHN's claims leadership team which includes.
 - Quinnetta Robinson (Claims Manager)
 - Deabra Hardrick-Crump (Director of Claims)
 - Debra Schuchert (Claims Supervisor)
- Please send all claims inquiries via the PIHPclaims@dwihn.org mailbox to have your issue reviewed and refrain for utilizing the personal emails of the individuals listed above. Your claims issues will be addressed timelier and allows for us to better track patterns and identify the scale of claim issues.

Payment Schedules

- ▶ Payment schedules are available online on the DWIHN website for Providers to view/printout to stay abreast of when payments can be expected. It is only when an expected payment is not received within the corresponding timeframe that an inquiry should be sent to Finance Department at Tomani@dwihn.org.



**Office of Fiscal Management (Finance)
Payment Processing Schedule
DWIHN-CMH Service Providers
(Residential & Outpatient)
FY2023/2024**

**Claims and Encounters MUST be submitted within MH-WIN by 5:00 pm.
Dates are subject to change in observance of holidays.
EFT/ACH Payments are initiated on the date preceding the payment issue date.
Note: Inpatient service providers are excluded from this payment schedule.**

Submitted to MH-WIN By:	Payment Issued By:
10/13/2023	10/20/2023
10/27/2023	11/3/2023
11/10/2023	11/17/2023
11/24/2023	12/1/2023
12/8/2023	12/15/2023
12/22/2023	1/5/2024

Contacts

- **Issues should be sent to the appropriate department.**
- Authorizations – pihpauthorizations@dwihn.org / residentialauthorizations@dwihn.org
- Contract issues – contact your Contract Manager
- System issues – mhwin@dwihn.org
- Finance issues - tomani@dwihn.org



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LOCUS

Brad Cucuro, Clinical Specialist, DWIHN

Gentle Reminders

- ▶ When to complete the LOCUS
- ▶ Importance of LOCUS
- ▶ Policy
- ▶ Questions

Importance of LOCUS

- ▶ The LOCUS assists in determining the appropriate level of care for a member. There is a significant trend in relation to recidivistic members and outdated LOCUS scores.
- ▶ Per policy: “The LOCUS helps clinicians assess the service needs of individuals seeking behavioral health care by determining the best level of care related to the intensity of service needs, level of care placement, and continuity of care. The LOCUS provides a framework for evaluating clinical outcomes as well as the impact of treatment.”

When to complete the LOCUS

- ▶ When a member turns 18 years of age
- ▶ A minimum of annually (typically done during biopsychosocial)
- ▶ Whenever a major life event occurs (hospitalization, incarceration, etc.)
- ▶ A major change occurs in a member's functioning
- ▶ 10 days prior to discharge

It can be done as a separate document after completing service reviews or after hospitalizations but is to be done during the biopsychosocial.

*A biopsychosocial can be signed without the LOCUS being completed which appears to be why it is not being completed a minimum of annually.

Policy

LOCUS: Level of Care Utilization System Protocol

PROCEDURE PURPOSE

To provide guidelines for the completion and utilization of the Level of Care Utilization System (LOCUS) in assessments and treatment planning, assuring services are delivered as appropriate to the needs of adults referred for services delivered through DWIHN provider networks. A LOCUS assessment is a level of care tool to help determine the resource intensity needs of individuals who receive adult behavioral health services.

Policy Continued

EXPECTED OUTCOME

The LOCUS will be incorporated into the initial assessment process and all treatment planning for all individuals 18 and older seeking supports and services for behavioral health challenges. Required subsequent ratings are conducted throughout the course of treatment when medically necessary and at discharge. The LOCUS helps clinicians assess the service needs of individuals seeking behavioral health care by determining the best level of care related to the intensity of service needs, level of care placement, and continuity of care. The LOCUS provides a framework for evaluating clinical outcomes as well as the impact of treatment.

Link to LOCUS PDF and Link to DWIHN Policy

- ▶ <https://www.cchealth.org/home/showpublisheddocument/8257/638263423691330000>
- ▶ <https://dwmha.policystat.com/policy/13906199/#autoid-4paw4>

THANK YOU!

Brad Cucuro, Clinical Specialist, DWIHN

bcucuro@dwihn.org

Questions?



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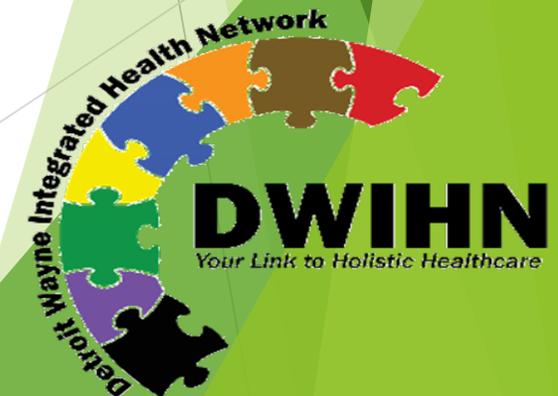
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Detroit Wayne Integrated Healthcare Network

Behavioral Health Screening Programs
January 12, 2024

Alison Gabridge LMSW CAADC
Manager-Adult Initiatives



Required Assessments for All Members

Integrated Biopsychosocial Assessment
And

Patient Health Questionnaire-9 (PHQ-9 or PHQ-A)



Why??

- Detroit Wayne Integrated Health Network (DWIHN) is committed to excellence in behavioral health service delivery. DWIHN strives not only to meet but also to surpass standards set forth by the National Council for Quality Assurance (NCQA) for Managed Behavioral Health Organizations (MBHO). NCQA is an accrediting organization intended to assist behavioral health organizations in achieving the highest level of performance possible, reducing member risk for untoward health outcomes, and creating an environment of continuous improvement.
- To best serve our members with the provision of appropriate behavioral health and substance use services, and to continue to exceed quality standards, DWIHN is dedicated to advancing wellness and taking action to reduce negative effects of mental illness and substance use disorders through the promotion of early screening and assessment.
- Towards this effort and dedication, DWIHN has implemented two screening programs, one for coexisting mental health and substance use disorders using the **Bio-psychosocial Assessment**



Biopsychosocial Assessment Cont...

- Required for all members served by DWHIN/providers
- At Intake and repeated annually for duration of services

Annnndddd...the PHQ-9 (PHQ-A)

- A second screening program, for screening for depression in adults, **the Patient Health Questionnaire-9 (PHQ-A)**.
- Required for all members served by DWIHN/providers
- At intake, annually, and repeated every 90 days if score is <10



How??

These two screening measures are based on scientific evidence, best practice, and industry standards. DWIHN will review scientific evidence and update these programs every two years, or more often, where appropriate if new evidence becomes available in between scheduled reviews. The selection of screening measures, identification of population screened, recommended frequency of the screenings, and overall program design has been a collaborative effort between DWIHN and its Network Providers, consisting of practitioners and provider stakeholders.



Link to provider manual on DWHIN Website

https://www.dwhin.org/provider_manual





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ORR New Hire Recipient Rights Training

Updates:

- ❑ *ORR Triennial assessment-01/2024
- ❑ *ORR Trg. info located on the DWIHN website (dwihn.org) and in MHWIN, as well as the FAQ's form has been updated. See under: "Provider tab/ORR training info"
- ❑ *Current NHRRT availability-continues to be about **2 weeks out**; 2 mos. open trgs. at any given time
- ❑ *Register staff for NHRRT during the **onboarding/orientation** process.
- ❑ *NHRRT-available seats: (same) **50/class=600/mo.**
- ❑ *If staff marked "Incomplete" for NHRRT, must contact Trainers at orr.training@dwihn.org to reschedule.
- ❑ *NHRRT vs. ARRT-NHRRT: Virtual ZOOM new staff; ARRT: DWC website (1year after NHRRT training date, and annually thereafter)
- ❑ If Providers need to **cancel/reschedule** their staff for NHRRT, notify ORR Trainers at orr.training@dwihn.org.
- ❑ NHRRT conducted **Mon-Wed** each week from **10am-12pm.** Evening NHRRT-2nd Tuesday of the month from **4pm-6pm.** Check MHWIN for available training dates.
- ❑ If your staff experiences any issues with NHRRT, you may contact us via email at: orr.training@dwihn.org no later than **½ hour prior** to the class start time.
- ❑ *NHRRT is held via the Zoom App-**participants need a strong Wi-Fi signal** to participate and be familiar w/chat feature.
- ❑ Participants **must** be present **online**, with working cameras, and remain **visible** and available to communicate with us **throughout** the course.
- ❑ If your staff are **OBSERVED DRIVING OR OTHERWISE NOT ENGAGED DURING THE TRAINING**, they will be removed from the training and will need to be rescheduled.
- ❑ *NHRRT must be completed **w/in 30 doh** for new staff.
- ❑ *ORR Trainers: Lashanda Neely, Michael Olver, Joyce Wells

OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

Updates:

- ▶ *ORR Monitoring- MDHHS Triennial Assessment-01/2024; to assess compliance
- ▶ *New Contracts/Address change-Vendors pls. include notification to ORR Monitoring Mgr. @ spride@dwhn.org
- ▶ *Providers please assure your agency's staff adhere to the MMHC requirements re: NHRRT

Site Review Process:

- ▶ *ORR Site Visit conducted onsite (in person). Covid 19 Questionnaire-If +exposure, an alternative site review will be arranged
- ▶ Review new staff hired since the previous site review-NHRRT must be completed w/i 30 doh
- ▶ *ORR accepts NHRRT obtained from *different* counties w/ evidence provided/verification
- ▶ ORR Reviewer looks for: required postings, RR booklets, confidential items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights awareness and complaint filing

- ▶ *Any violation(s) found requires a Corrective Action Plan. Provider has 10-business days from the date of the site visit to remedy violation
- ▶ *End of site review visit, Site Rep **required to sign & date page #4 of site review tool**

Important Reminders:

- ▶ Provider contact info and staff records should be kept current, as required in MHWIN
- ▶ *New ORR Monitoring Staff
- ▶ *Questions re: ORR Monitoring: esims1@dwhn.org or spride@dwhn.org



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Quality Performance Improvement

Critical/Sentinel Event Updates

Death Certificate Medical Examiners/Toxicology Report

- ▶ CRSP is responsible for securing a copy of the Death Certificate and, where appropriate, ME Report.
- ▶ Death Certificates DO NOT have to be certified - they can be a copy with no seal.
- ▶ Building a relationship with various Funeral Homes that the organizations' members may use is helpful in securing a copy of the Death Certificate.
- ▶ ME Reports come from the Medical Examiner in the County where the individual passes.

ME Reports - Toxicology Reports are used to verify whether a death may be attributed to drugs.

Wayne County ME Office has at least a six-month backlog. It is acceptable to just submit a copy of the Death Certificate.

Care Academy Protocols Pilot Program - 500 Learner Slots

SEVEN CRSP PROVIDERS SELECTED

- Hegira (SUD and Behavioral Health, Crisis Intervention)
- The Guidance Center (BH, Crisis Intervention)
- Wayne Center (I/DD)
- Community Living Services (I/DD)
- Neighborhood Service Organization (Elderly & I/DD)
- Starfish (Children/Youth)
- Team Wellness (BH/SUD/ Homeless)

Care Academy Protocols

SELECTION CRITERIA

Organizations selected based on data reviews of FY2022/2023:

- Severity of injury
- Cause of Death (Overdose, Suicide)
- Incomplete plans (IPOS, Crisis, Safety, Assessments)
- Adaptive Equipment - Failure to properly use
- Choking
- Falls with injuries
- Standard of care/Scope of Service failures
- Staff lacking appropriate training (Inappropriate Physical Management leading to injury)
- Medication Errors
- ORR allegations/investigations; APS/CPS; and Police Involvement
- Suicide attempts and Self-Injurious behavior

Rating scale for compliance

Beginning FY 2023/2024 –
Root Cause Analysis will be rated:

- ▶ Standard of care met; no action needed
- ▶ Standard of care met, with room for improvement
- ▶ Standard of care not met, attributable to systems
- ▶ Standard of care not met, attributable to individual practitioner

When the Standard of Care is attributable to an individual practitioner **within the pilot group, FY 2023/2024**, that staff person will be assigned training through the CareAcademy based on severity of event.

(This ONLY applies to the seven identified CRSPs only during this pilot program). The training is time-framed and upon testing and completion a certificate is provided. **These events are considered preventable.**

Training Guide and Manual

Please use the Guidance Manual dated - January 2024

Updates are being completed and the new Manual will be uploaded to DWIHN website under the Provider tab/Quality Management

Final FY 2023/2024 Training Dates

February 8
March 14
April 11
May 9
June 13

To register for training - use the link below:

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



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Behavior Treatment Plan Review Requirements Outpatient Providers Meeting January 12, 2024

The Behavior Treatment Plan Review process includes all the following elements as required by the Technical Requirement for Behavior Treatment Plan Review Committees (BTPRC):

- Documentation that the composition of the Committee and meeting minutes comply with the Technical Requirements (TR).
- Evaluation of committees' effectiveness occurs as specified in the TR.
- Quarterly documentation of tracking and analysis of the use of all physical management techniques and the use of intrusive/restrictive techniques by each individual receiving the intervention.
- Documentation of the Committees' analysis of the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis.
- Documentation that behavioral intervention related injuries requiring emergency medical treatment or hospitalization and death are reported to the Department via the event reporting system.
- Expedited Review Mechanism at each BTPRC.
- **Reference:** <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines/behavior-treatment-plans>

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Bernard Parker

Eric W. Doeh, President and CEO





MDHHS 1915(c) Waiver and 1915(i) State Plan Amendment (iSPA) Review

Outpatient Provider Meeting

1/12/2024

Why, What, When, and Who

Why:

Ensure compliance with the CWP, SEDW, & HSW, and the iSPA Medicaid requirements

What:

A remote review of the following:

- Clinical Case Records (CRSP providers)
- Progress Notes documenting the delivery of CLS & respite services
- Progress Notes documenting the delivery of vocational services (voc. providers)
- Qualifications of staff who provide services (all service providers)
- Interviews with members and their family / legal responsible representative

When:

March 11 - April 26, 2024

Who:

118 Members who receive Waiver and the iSPA services

10 CWP members

10 SEDW members

25 HSW members

73 iSPA members

CRSP Provider Role

Next Step

If a member you support is selected for review, you have, or will receive a notification by Friday (1/12/2024) from DWIHN.

The notification letter will include

- instructions for self-reviewing the member records
- detailed instructions for submitting EMR login information
- detailed instructions for submitting staffing information and staff qualification evidence
- Summary of due dates for evidence submission

Along with the notice you will receive

- Sample of members selected for review
- Excel spreadsheet for submitting staffing information
- MDHHS clinical record review protocol
- MDHHS Professional / clinical staff coversheet

DWIHN has scheduled a preparation training for **Wednesday, Jan. 17th at 10:00 am.**
Teams invitation will be sent out by COB Friday, 1/12/2024.

Other Provider Role

Next Step

If a member you support is selected for review, you will receive a notification by Friday next week (1/19/2024) from DWIHN or the member's CRSP provider.

The notification letter will include

- detailed instructions for submitting progress notes (CLS, respite, vocational)
- detailed instructions for submitting staffing information and staff qualification evidence
- Summary of due dates for evidence submission
- Date of a DWIHN preparation training

Along with the notice you will receive

- Sample of members selected for review
- Excel spreadsheet for submitting staffing information
- MDHHS Professional / clinical staff coversheet
- MDHHS Aide / non-clinical staff coversheet

CLS, Respite, Vocational Provider Role

MDHHS will be reviewing two consecutive weeks of progress notes that correspond to the most recent, completed 3 months of services for each member selected.*

- The notes are reviewed to ensure that services recommended (in the IPOS) are being provided.

*For the MDHHS review beginning March 11, 2024, you will need to provide two consecutive weeks of progress notes from December 1, 2023, thru the due date for submission

MDHHS requires the evidence to be submitted **before** the review starts on 3/11/2024.

There will be a short amount of time from the date you are notified to the date you must submit the required documents

Be prepared for an early February due date

All Providers Role

MDHHS will be reviewing staff qualifications to ensure Medicaid requirements are met (i.e., clearance checks, Credentials, licenses, & trainings, including training on the member's IPOS)

MDHHS requires the evidence to be submitted **before** the review starts on 3/11/2024.

There will be a short amount of time from the date you are notified to the date you must submit the required documents.

Be prepared for an early February due date

DWIHN Customer Service Department will be coordinating with CRSP providers and the members for the interview portion of the MDHHS review.

We appreciate your cooperation with this process to ensure a successful review.

Authorization Requests Refresher

Utilization Management



Items needed to request an authorization:

1. Must have completed assessments relating to the appropriate levels of care (i.e. LOCUS, CAFAS, PECAFAS, etc IBSPA).
2. Must have completed IPOS or Addendum related to the authorizations being requested.
3. Each service requested should have a corresponding goal, objective and intervention.
4. IPOS should indicate the amount, scope and duration of services being requested. How many units per week are going to be used of this service in order to achieve the stated goal?
5. If requesting services above the SUGs, must provide rationale for the need for this number of units (should be documented in assessments, IPOS, etc. - The Golden Thread).



Important things to be aware of

- ▶ When requesting authorizations - check to be sure there are not already authorizations in place for the services you are requesting.
 - ▶ Early Terminate any un-needed authorizations, or begin the new authorizations after the expiration date of the previous ones.
 - ▶ Memo from August regarding how to Early Terminate authorizations so that leftover units are not adding to current requests and causing delays in approvals.
 - ▶ <https://www.dwihn.org/resources/upload/4991/UM%20Provider%20Memo%20-%20Early%20Termination%20Authorization%20Issues.pdf>
- ▶ When requesting authorizations - check to be sure they are not outside of the SUGs, or if there is rationale for requesting above the SUGs, that you've provided that.
 - ▶ SUGs can be found on our website
 - ▶ https://www.dwihn.org/providers_um_sugs



TIMEFRAMES -- UM

- ▶ Utilization Management has 14 days to review and provide a disposition on authorization requests.
 - ▶ Please make sure you are requesting authorizations prior to the needed effective date to allow time for this processing.
 - ▶ When authorizations are returned for corrections/additional information, please review them and correct them in a timely fashion to avoid further delays or potential administrative denials.
 - ▶ We will make every attempt to prioritize authorizations that have already been “sent back” and are being returned to us with corrections made, however please note we continue to have 14 days from the date of the original request.



Timeliness

Backdating of authorizations should not occur. All services are prior authorized services and must be requested prior to the start date of the service.

Requests to backdate authorizations are subject to administrative denial.

If there is no active IPOS for the dates of service, then services cannot be authorized.



Questions?





**DWIHN Access Call Center
CRSP Outpatient/ Residential Meeting
Friday January 15, 2024**

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Hospital Discharge Follow-up Appointments

- Reminder: Follow up appointments should be provided at the time of discharge, to include scheduling with the CRSP within 7 days of discharge with at least a case manager and an appointment with a Mental Health Practitioner within 30 days of discharge.
 - If the appointment is scheduled with a Mental Health Practitioner, first, then no other follow up appointment is needed. But if the first appointment is with a case manager, then the member must also attend an appointment with the MH practitioner within 30 days of discharge.
 - All appointments should be scheduled through MHWIN /DWIHN (via call center or UM department or hospital liaison) for tracking purposes.
 - DWIHN Hospital Liaisons may reach out providers to assist with coordinating appointments
 - Please make sure that your agency's contact person responds to emails and voice messages regarding appointments, even if an appt is not available

CRSP Change Requests

- ▶ CRSP change requests are for existing/active members seeking to transfer services from one CRSP to another
 - ▶ The member must be in agreement with the CRSP change request and will be contacted by DWIHN Access Call Center to verify this request
 - ▶ The new CRSP must be contracted to provide services within the member's assigned designation (SMI designation cannot transfer to a provider that only offers I/DD services)
 - ▶ The new CRSP must have capacity to accept the member
 - ▶ The member does not have to be transferred to a new CRSP or change designation if the current CRSP does not offer a particular service. **An addendum can be added to the treatment plan.**
 - ▶ Example: member with I/DD designation and primary DD diagnosis needs psychiatric medication management.
 - ▶ A verbal consent must include the name and phone number of the person providing the consent. The form must also include the name of the provider, staff named and phone number of the person completing the form.

Sending Information (fax/email) to DWIHN Access Call Center

- ▶ Please use a cover page or include a note to explain the reason for the communication and the contact person
- ▶ Give the Access Call Center a follow up call if your request has not been processed within 24 hours
- ▶ Incomplete documents will be returned to you and may delay the processing of your request
 - ▶ CRSP change requests: CRSPprovider@dwihn.org
 - ▶ Disability Designation Change Requests: go to DWIHN.org website (For Providers, then Access Call Center)
 - ▶ Fax (877-909-3950)
 - ▶ IMH enrollment & TCW / PCW enrollments
 - ▶ Generate Member ID, etc.
 - ▶ Send the following to AccessCenter@dwihn.org
 - ▶ Enrollment for School Success Initiatives
 - ▶ Enrollment for CCBHC services
 - ▶ Enrollment Crisis Stabilization Services, etc.

Questions?



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BULLETIN NUMBER: 24-001

ISSUED/REVISED: 12/06/2023

EFFECTIVE: 10/1/2023

SUBJECT: Children Services Evidenced Based Services

SERVICE AFFECTED: Children Services

BACKGROUND

Currently Michigan Department of Health and Human Services (MDHHS) permits certain modifiers for children services Evidenced Based Practices (EBP). It is the goal of DWIHN to develop local modifiers to capture all of the children services EBPs to identify members who are receiving EBPs and to measure outcomes of services.

PROCEDURE

Effective 10/1/2023 Children Providers who are currently participating in an EBP Cohort and or completed an EBP Cohort with MDHHS certification approval are to utilize the identified CPT codes and modifiers according to the chart below. In addition, Providers are also able to resubmit claims effective 10/1/2023 if needed.

DEFINITIONS:

- **Evidenced Based Practice:** EBP is a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services. (National Association of Social Work)
- **Assessment:** H0031
- **Outpatient Therapy:** 90832, 90837, 90839, 90840, 90846, 90847, 90849,
- **Home Based Therapy:** H0036
- **Group Therapy:** 90853
- **Family Support and Training:** S5111
- **New DWIHN Local Modifiers:** E1, E2, E3, E4, E5, E6, E7, E8

Services	MDHHS CPT Code / Mod	Cohort CPT Code / Mod	Post Cohort Code / Mod
Caregiver Education Service Type: Family Support and Training	None	E1	ST
Child Parent Psychotherapy Service Type: Outpatient Therapy, Group Therapy	None	E2	E2
Dialectical Behavior Therapy (DBT) Service Type: Outpatient Therapy, Home Based Therapy, Group Therapy	None	E3	Y2
Motivational Interviewing for Adolescents Service Type: Outpatient Therapy, Home Based Therapy	None	E4	E4
Parent Management Training Oregon Model (PMTO) Service Type: Outpatient Therapy, Home Based Therapy, Family Home Care Training	Y3	E5	Y3
Parenting Through Change (PTC) Service Type: Group Therapy	None	E6	E6
Trauma Focused Cognitive Behavioral Therapy (TFCBT) Service Type: Assessment, Outpatient Therapy, Home Based Therapy	ST	E7	ST
Multisystemic Therapy (MST) Service Type: Home Based Therapy	H2033	NA	H2033
Strengthening Families (SF) Service Type: Group Therapy	None	NA	E8
Supported Employment Service Type: Outpatient Therapy	H2023	NA	H2023
Therapeutic Foster Care Oregon Service Type: SED Waiver ONLY	S5145	NA	S5145

REFERENCES:

Clinical Practice Improvement Policy

<https://dwmha.policystat.com/policy/13103301/latest>

MDHHS Website: SFY 2024 Behavioral Health and Provider Qualifications

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

DWIHN Rate Charts

<https://www.dwihn.org/rate-charts>

If there are any additional questions and or concerns please contact Director of Children's Initiative, Cassandra Phipps (cphipps@dwihn.org).



Antipsychotic Medications: Why It Matters

Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades. These medications can elevate a child's risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks and the potential lifelong consequences, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

Best Practice & Tips

- Incorporate metabolic testing into the Individual Plan of Services (IPOS)
- Coordinate with Primary Care Doctor and Psychiatrist regarding metabolic testing of glucose and cholesterol levels
- Members who received both of the following during the measurement year on the same or different dates of service:
 - At least one test for blood glucose or HbA1c and at least one test for LDL-C or cholesterol.
 - If the medications are dispensed on different dates, even if it is the same medication, test both blood glucose with either a glucose or HbA1c test, and cholesterol with either a cholesterol or an LDL-C test.
 - Measure baseline lipid profiles, fasting blood glucose level, and body mass index.
- Ordering a blood glucose and cholesterol test every year and building care gap alerts in the electronic medical record.
- Coordinate with primary care doctor to test blood glucose and cholesterol at a member's annual checkup or school physical to reduce additional visits.
- Educate members and caregivers about the:
 - Increased risk of metabolic health complications from antipsychotic medications.
 - Importance of screening blood glucose and cholesterol levels.
- Behavioral health providers:
 - Ordering blood glucose and cholesterol screening tests for members who do not have regular contact with their PCP and within 1 month of changing a member's medication.

Purpose

Our purpose is to monitor children and adolescents ages 1 to 17 who take antipsychotic medication on an ongoing basis to ensure they receive both a glucose and a cholesterol test during the year.

THE HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) IS ONE OF HEALTH CARE'S MOST WIDELY USED PERFORMANCE IMPROVEMENT TOOLS. DWIHN CHILDREN'S INITIATIVE DEPARTMENT'S GOAL IS TO IMPROVE HEALTH OUTCOMES FOR CHILDREN AND ADOLESCENTS PRESCRIBED ADHD MEDICATION AND ANTIPSYCHOTIC MEDICATIONS.

Additional HEDIS educational information and resources are available on DWIHN website:
<https://www.dwihn.org/providers-HEDIS>

References:

1. Patten, S.B., W. Waheed, L. Bresee. 2012. "A review of pharmacoepidemiologic studies of antipsychotic use in children and adolescents." *Canadian Journal of Psychiatry* 57:717-21.
2. Cooper, W.O., P.G. Arbogast, H. Ding, G.B. Hickson, D.C. Fuchs, and W.A. Ray. 2006. "Trends in prescribing of antipsychotic medications for US children." *Ambulatory Pediatrics* 6(2):79-83.
3. Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. "Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents." *Journal of the American Medical Association*
4. Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. "Antipsychotic medication use among children and risk of diabetes mellitus." *Pediatrics* 128(6):1135-41.
5. Srinivasan, S.R., L. Myers, G.S. Berenson. January 2002. "Predictability of childhood adiposity and insulin for developing insulin resistance syndrome (syndrome X) in young adulthood: the Bogalusa Heart Study." *Diabetes* 51(1):204-9.



ADHD Medication: Why It Matters

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. 11% of American children have been diagnosed with ADHD. The main features include hyperactivity, impulsiveness, and an inability to sustain attention or concentration. Of these children, 6.1% are taking ADHD medication.

When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.

Purpose

The two rates of this measure assess follow-up care for children prescribed ADHD medication:

Initiation Phase: Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

Continuation and Maintenance Phase: Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.

Best Practices & Tips

- Age Clarification: 6 years as of March 1 of the year prior to the measurement year to 12 years as of the last calendar day of February of the measurement year.
- Timing of scheduled visits is key based on the prescription day supply to evaluate medication effectiveness, and any adverse effects and to monitor the patient's progress.
- When prescribing a new ADHD medication for a patient:
 - Schedule follow-up visits to occur before the refill is given.
 - Schedule a 30-day, 60-day, and 180-day follow-up visit from the initial visit before member leaves office.
 - Consider scheduling follow-up visit within 14 to 21 days of each prescription.
 - Consider prescribing an initial two-week supply and follow-up prescriptions to a 30-day supply to ensure patient follow-up.