



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, March 27, 2024
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.

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|------|---|---------------------|
| I. | Announcements | A. Siebert |
| II. | Substance Use Disorder (SUD) | J. Davis/G. Lindsey |
| III. | Recipient Rights | C. Witcher |
| IV. | DWIHN Policies | |
| | a) Treatment with Dignity and Respect | C. Witcher |
| | b) Disclosure of Private and Confidential Information | C. Witcher |
| | c) Work Force and Provider Background Check (Tabled) | O. Ward |
| V. | QAPIP Effectiveness | |
| | <i>Utilization Management</i> | |
| | a) FY2023 UM Evaluation | L. Wayna |
| | b) Utilization Management Data Analysis | L. Wayna |
| | <i>Quality Improvement</i> | |
| | c) Critical/Sentinel Events Updates: | C. Spight-Mackey |
| | o Updated Policy/Procedures | |
| | d) MDHHS Waiver & iSPA Review Updates | D. Dobija |
| | e) MDHHS HCBS Monitoring | D. Dobija |
| | <i>Customer Service</i> | |
| | 🚦 Reducing the Racial Disparity of African Americans Seen for Follow-up Care w/ 7 days of discharge from a Psychiatric Inpatient Unit (PIP) | |
| | a) Phone Survey Results | M. Keyes-Howard |
| | 🚦 Behavior Treatment Advisory Committee | F. Nadeem |
| | o Upcoming MDHHS BTPRC TR Revisions | |
| | o BTPRC Data Submission Dates | |
| VI. | Adjournment | |



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Note Taker: DeJa Jackson

1) Item: Announcements:

- DWIHN’s Administration Building will be opening the first week of April.
- Celebrating National Developmental Disability Awareness Month.

2) Item: Substance Use Disorder (SUD) – G.Lindsey/ Judy Davis

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		
<ul style="list-style-type: none"> • Providers that wish to be placed on the SUD Qualified List to provide SUD services can sign up on our website DWIHN.org. Sign up is free and SUD will be accepting responses up until June 2027. 		
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		
<p>Chad Witcher provided to the group the following:</p> <p>Treatment with Dignity and Respect:</p> <ul style="list-style-type: none"> • The mental Health Code on Dignity & Respect: <ul style="list-style-type: none"> ○ MCL 330.1704 (3) ○ MCL 330.1708 (4) ○ MCL 330.1711 • DWIHN Policy on Dignity & Respect • Standards on Dignity & Respect • Rights to Confidentiality <ul style="list-style-type: none"> ○ MCL 330.1748 (1) • DWIHN Policy on Confidentiality • Standards on Confidentiality 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



5) Item: QAPIP Effectiveness – Utilization Management

Goal: FY2023 UM Evaluation

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 shared the following:</p> <p>FY2023 UM Evaluation:</p> <ul style="list-style-type: none"> • Demographics comparison of FY2022 and FY2023 • Status of Utilization Management Goals FY2023 • Strategic Plan Pillars <ul style="list-style-type: none"> ○ Customer Service Pillar Goals ○ Access Pillar Goals <ul style="list-style-type: none"> ▪ HSW Enrollment FY2023 ○ Finance Pillar Goals ○ Workforce Pillar Goals <ul style="list-style-type: none"> ▪ FY2023 Interrater Reliability Testing Summary ○ Quality Pillar Goals <p>Goals for FY2024</p> <ul style="list-style-type: none"> • Increase Compliance of timeliness of authorization dispositions to 90% • Address the over/under utilization trends with the provider network. • Achieve MMBPI 15% of less hospital recidivism quarterly standard for adults and children. • Maintain membership in “Statewide PIHP UM Workgroup”. 		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline



None.		
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5) Item: QAPIP Effectiveness – Quality Improvement

Goal: Critical/Sentinel Events 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>Carla Spight-Mackey shared with the group updates:</p> <p>Critical/Sentinel Events Updates:</p> <p>Updated Policy and Procedures:</p> <ul style="list-style-type: none"> • Death Certificates/ Medical Examiners/Toxicology Report: CRSP is responsible for securing a copy of the Death Certificate and, where appropriate, ME Report. • Reporting of Member Critical Event, Sentinel Event, and Death Policy: Changes: <ul style="list-style-type: none"> ○ Entering and Reporting RCA has been changed to 15 days of the initial report and shall contain a Plan of Action to remediate and/or eliminate the issue. ○ Name Change ○ Documentation Due Date ○ Obtaining Death Certificate ○ Root Cause Analysis Reporting Timeframe Changes • Rating Scale for compliance • Training Guide and Manual: <p>Use the Guidance Manual dated – March 2024</p>		



<p>Final FY2023/2024 Training Dates:</p> <ul style="list-style-type: none"> ○ April 11 ○ May 9 ○ June 13 <p>Registration is required.</p>		
Provider Feedback	Assigned To	Deadline
No Provider feedback.		
Action Items	Assigned To	Deadline
None.		



5) Item: QAPIP Effectiveness – Quality Improvement

Goal: MDHHS Waiver & iSPA Review 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 shared the following with the workgroup:</p> <p>MDHHS Waiver & iSPA Review Updates:</p> <ul style="list-style-type: none"> • MDHHS has completed the review of: <ul style="list-style-type: none"> ○ 51 case records ○ 269 staff qualifications • Clinical records: Strengths noted with thorough assessments. • CWP Clinical records: Overall, very good reviews • HSW Clinical records reviews/trends • SEDW Clinical records reviews/trends • iSPA Clinical records reviews/trends • Staff Files reviews/trends <p>MDHHS HCBS Monitoring:</p> <ul style="list-style-type: none"> • MDHHS is preparing to issue another survey to the provider network. • MDHHS Monitoring • Valid IPOS requirements 		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
None.		



5) Item: QAPIP Effectiveness – Customer Service

Goal: Racial Disparity of AAs seen for Follow-up care w/ 7 day of Discharge

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>Margaret Keyes-Howard shared the following with the workgroup:</p> <p>Customer Service (Survey): Seven day (7-day) follow up/Disparity Review/Preliminary Data:</p> <ul style="list-style-type: none"> • Survey Code • Box track member • Gender There were 59% males and 41% females. 1740 total. • Race All participants were African American. • Age • CRSP • Call Impact/Barrier There were 2408 Calls made and 160 responses. Slightly more than 56% were 'No Answer'. Nearly 18% were 'member has no primary number'. Less than 10% stated 'wrong number'. • Follow-up questions • Living Arrangements • Marital Status 69% Single, 12% never married, 4% divorced, 4% committed relationship, 5% married, and 3% separated. • 7-day follow-up appointment was made • Other reasons that might apply to not going to your 7-day follow-up appointment. • Questions asked about 7-day follow-up appointment. 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



5) Item: QAPIP Effectiveness – Customer Service

Goal: Behavior Treatment Advisory

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>Fareeha Nadeem provided the following to the workgroup:</p> <p>Upcoming MDHHS BTPRC TR Revisions:</p> <ul style="list-style-type: none"> Some revisions were made in the language of the BTPRCTR. They asked for feedback from the PIHPs and they even submitted the comments on March 8, 2024. The network providers will be notified once the version is finalized, and the changes are made to our policy. <p>BTPRC Data Submission Dates:</p> <ul style="list-style-type: none"> January 15th: 1st Quarter (October-December) April 15th: 2nd Quarter (January-March) July 15th: 3rd Quarter (April-June) October 15th: 4th Quarter (July-September) 		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		

New Business Next Meeting: 04/24/24

Adjournment: 3/27/2024



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Quality Operations Technical Assistance Workgroup

Performance Monitoring

March 27, 2024

MDHHS Waiver and iSPA Review

In our third week of the review.

Please ensure EMR access is functioning.

Some reviews are occurring outside of the review schedule provided to you.



MDHHS Waiver and iSPA Review

As of Tuesday, 3/26/2024, MDHHS has completed the review of

- 51 case records
 - 10 CWP
 - 19 HSW
 - 5 SEDW
 - 17 iSPA
- 269 staff qualifications
 - 68 Professional
 - 201 Aide



MDHHS Waiver and iSPA Review

Clinical records

Strengths noted with thorough assessments

- Evidence of health appraisal within the IBPS

Evidence of the “Golden Thread”

Evidence of satisfaction

High praises for some plans of service

High praises for some Wraparound plans



MDHHS Waiver and iSPA Review

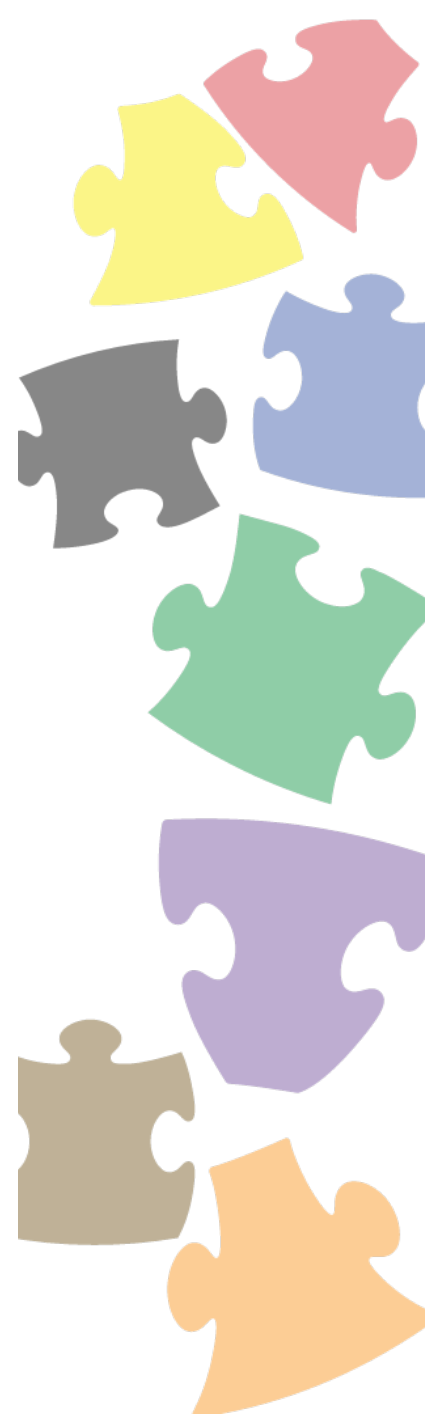
CWP Clinical records

Overall, very good reviews

Trend:

P.4.2 Services and supports are provided as specified in the IPOS including type, amount, scope duration and frequency. (5 records)

- Under utilization of CLS
- CLS PN lacked activities engaged in



MDHHS Waiver and iSPA Review

HSW Clinical records

Trend:

P.2.7 The individual plan of service is developed in accordance with policies and procedures established by MDHHS. (10 records)

- Record reflecting IF and or SD not offered
- Lack of guardian involvement
- Assessed needs not addressed in the plan of service
- services in plan to address needs assessed



MDHHS Waiver and iSPA Review

SEDW Clinical records

Trend:

P.6.1 Services and supports are provided as specified in the IPOS including type, amount, scope duration and frequency. (5 records)

- Frequency / amount of wraparound and or home based not occurring as specified in the plan



MDHHS Waiver and iSPA Review

iSPA Clinical records

Trend:

P.1.B.2 Specific services and supports that align with the individual's assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS (15 records)

- Lacked specific amount, scope, duration of services



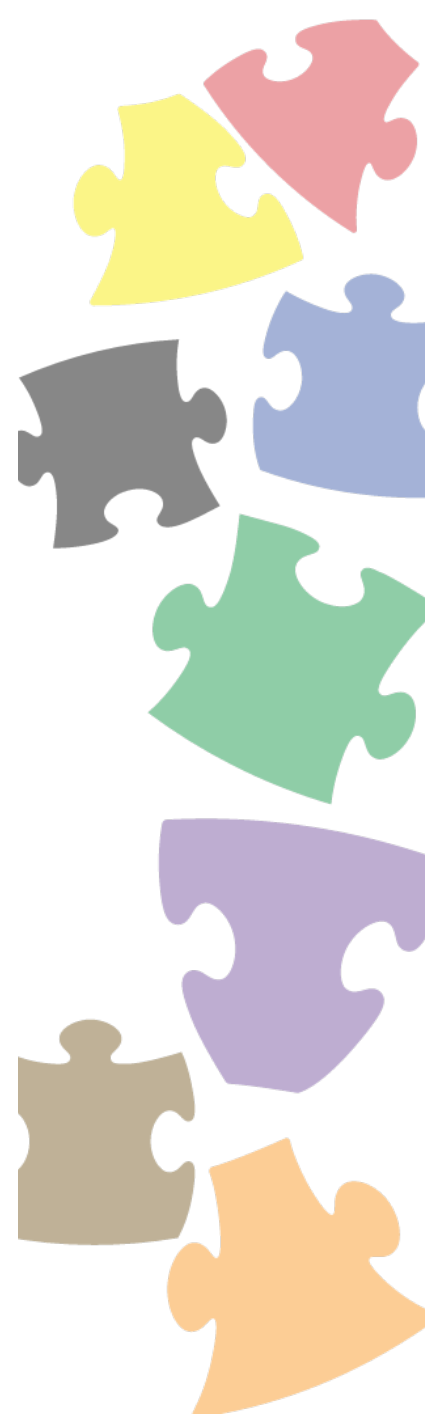
MDHHS Waiver and iSPA Review

iSPA Clinical records

Trend:

P.1.B.3 Services and treatment identified in the IPOS are provided as specified in the plan, including measurable goals/objective, the type, amount, scope, duration, frequency and timeframe for implementing (13 records)

- Under / over utilization of services
- Timeliness of securing services and supports



MDHHS Waiver and iSPA Review

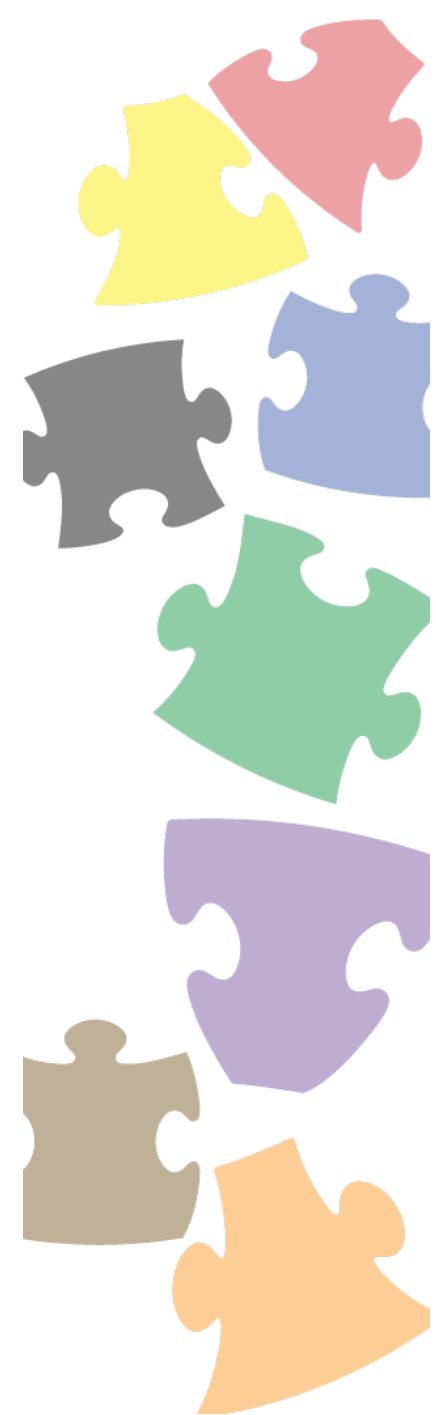
Staff Files

Trend:

Poor evidence of Direct Support Professionals receiving training on the IPOS

Evidence needs to include

- **Who** provided the training
- **Who** received the training
- **What** the staff were trained on
- **When** the training occurred



HCBS Monitoring

MDHHS is preparing to issue another survey to the provider network

- Completion of Survey is Mandatory
- Setting characteristics
 - Pass / Fail HCBS compliance



HCBS Monitoring

MDHHS Monitoring

Signed IPOS is on site, at the service provider location
Evidence all Staff have received training on the IPOS

- 7,870 members identified by MDHHS
- evidence due to MDHHS 5/31/2024



Valid IPOS

The IPOS must be signed by the member / legal representative to be valid.

Preferred method:

Signatures can be provided via ink pen, electronic signature, or fax.



Valid IPOS

If verbal consent is obtained, it must follow statutory requirements.

Per statutory requirements, verbal consents can not be witnessed by the person providing treatment , i.e., the plan author.

- Member's choice / approval of witness
- Member's privacy and confidentiality needs to be maintained

