



Residential Provider Meeting Q&A

Friday, June 7, 2024

Virtual Meeting

11:30 am –12:30 pm

1. Question: Please share the address on Woodward.

Answer: 8726 Woodward, Detroit MI 48202

2. Question: Hello Mr. Morgan...were you able to get any feedback from providers about the new note...in the past the notes were not realistic based on the DD home's unique needs and such

Answer: Thank you for your question. I have received feedback from a multitude of entities. I have been provided with historical information about previous efforts. I am continuing to work to accommodate as much as I can and make the rollout as seamless as possible...with the understanding that we need to continue to move forward with the rollout.

3. Question: will you please make sure that the CRSPs are trained thoroughly as we are having lots of problems, they don't know what they are doing

Answer: Yes, we will provide any training that is needed, initially and ongoing

4. Question: If we have staff that received initial Rights training face-to-face in 2005 and have taken annual rights every year would they have to take face-to-face again?

Answer: If the staff has been taking their annual rights training, and you are able to provide documentation for the last 3 FY they won't be required to retake the NHRRT. I hope this helps.

5. **Question:** I have staff that took the recipient rights Face to Face during COVID. I emailed RR there saying that he did not take the class. I know that he completed the class.

Answer: Good morning. If the staff attended the Rights Training they would have a record of it. When did the staff take the NHRRT?

6. **Question:** Regarding credentialing, I have been working through Medversant for almost a year now to get our accreditation updated. Ours expired in December 2023. Frequent, sometimes weekly emails to DWHIN gets the response that "Medversant is slow." At this point their lack of urgency is affecting our ability to get a newly licensed home updated in the DWHIN system, which has a direct impact on our authorizations. Can you provide some insight into when and if this will change?

Answer: We are currently aware of some issues regarding the efficiency of the onboarding process. We are working with the vendor to get credentialing applications through the process swiftly. Please reach out to pihpcredentialing@dwhin.org to follow up with your credentialing status.

7. **Question:** If the member has a guardian, must they request it or can the member?

Answer: Either the guardian or the member can request it. We would need both to sign the agreement

8. Question: We are having similar issues with Medversant as well. We submit information and they stated they did not get it.

Answer: Please follow up with pihpcredentialing@dwihn.org for additional assistance with your application.

9. Question: Did you say that we have 90 days to submit claims for inpatient services like AFC residential services?

Answer: Residential claims have 60 days to submit claims

10. Question: What is the NPI for?

Answer: MCO needs to do an update for MC Ops

11. Question: April Siebert what is your contact info?

Answer: asiebert@dwihn.org - Director of Quality Improvement

Goals of CCM

- Connect to appropriate community resources
- Develop teams that include family, medical, and behavioral health professionals
- Improve quality of life
- Provide early intervention to prevent crisis

CMM services do not take the place of current services but are integrated with the clinically responsible service provider's case management services.

Referral Process

The DWIHN CCM staff may receive referrals for services via:

- E-mail
- Fax
- Phone

A referral form is available on the DWIHN website on the Integrated Health Care page.

Referrals can be faxed to 313-989-9529 or e-mailed to pihpccm@dwihn.org.

Along with the referral form please send current bio Psychosocial assessment, LOCUS/SIS assessment and any other relevant clinical documents.

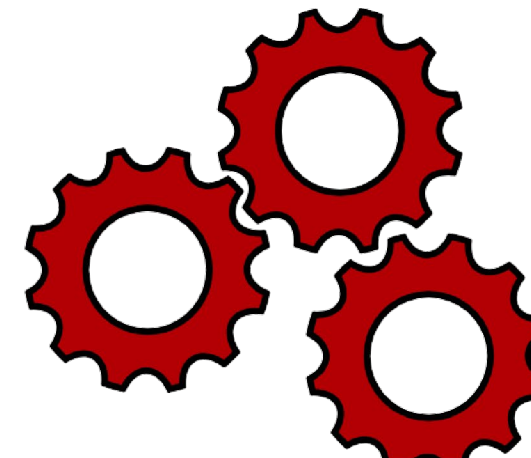


Detroit Wayne Integrated Health Network

707 W. Milwaukee Street
Detroit, MI 48202
313-833-2500
www.dwihn.org

24-Hour Access Center

800-241-4949



What is Complex Case Management (CCM)?

CCM is a collaborative process that includes assessment, planning, facilitation, and advocacy. It explores options and services to meet a person's identified needs with the ultimate goal of promoting high quality, person friendly and cost effective outcomes.

CCM does not take the place of services already being received- it compliments them. Participation is not dependent upon the health benefit available to enrollee.



CRITERIA TO PARTICIPATE IN CCM

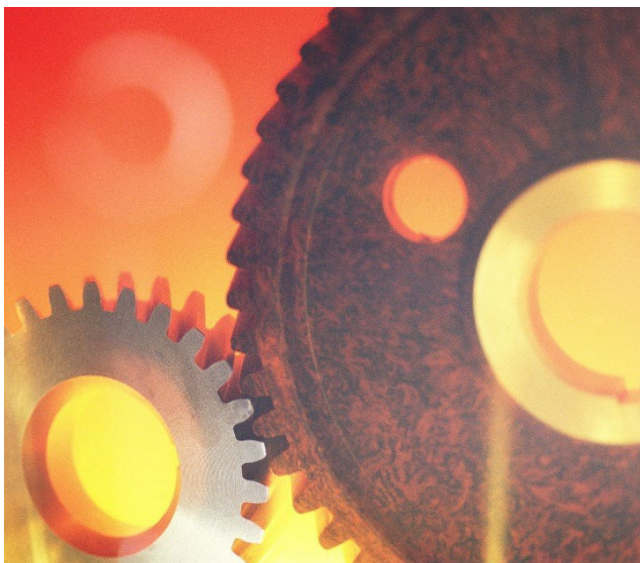
The DWIHN CCM program has general eligibility criteria for adults and children/youth.

ADULTS

- An active member of outpatient behavioral health services with a disability designation of SMI, DD/IDD, or SUD as evidenced by at least one visit within the quarter with a
 - DWIHN provider AND
 - Evidence of one or more gaps in services, i.e., absence of primary care or specialty medical care visits within the last 12 months, or gaps in medication refills for behavioral health and /or medical chronic conditions
 - AND
 - One or more of the following chronic medical health conditions: hypertension, diabetes, asthma, COPD, heart disease and obesity or chronic pain as well as ten or more visits to the ED in the last six months OR
 - Willingness to be an active participant in the program for at least 90 days.

CHILDREN/YOUTH

- Diagnosed with serious emotional disturbances (SED) and Autism Spectrum Disorder (ASD) seen for services at a DWIHN provider at least once in the last quarter AND
 - Should range between the ages of 2-21 years of age- those enrollees in this cohort that are 18-21 are usually designated as youth with learning disabilities, court wards, I/DD, etc.
 - AND
 - Diagnosed with chronic asthma or other medial health condition AND
 - 4 or more ED visits related to medical and/or behavioral health in the last 12 months OR Gaps in service/ care - i .e., absence of primary care visit within the last six months& gaps in refilling medications AND
 - Willingness of Legal Guardian & Child/Youth to be an active participant in the program for at least 90 days





Integrated Health Care Initiatives Complex Case Management Referral Form

Complex Case Management is designed to assess, plan, implement, coordinate, monitor and evaluate options and services needed to meet an enrollee's chronic complex health (behavioral and physical) and human service needs. Enrollees are chosen for Complex Case Management because of frequent inpatient admissions, frequent visits to the Emergency Department, and because they have complex medical and behavioral needs that are not being resolved using traditional means/resources. Along with this referral form, please include the psychosocial assessment, current LOCUS, medication sheet, and any other clinicals that would be useful in managing this enrollee's care.

Referral Source:

Behavioral Health Provider Medical Health Provider/Primary Care Provider
 DWIHN Self-Referral
 Other (specify): _____

Name of Facility/Agency/Referral Source: _____

Telephone #: _____

Fax #: _____

Enrollee Name: _____ **Date of Birth:** _____

Enrollee Telephone #: _____

Reason for Referral:

Please fax completed form to: 313-989-9529

Please send via secure email to: pihpccm@dwihn.org

For DWIHN USE:

Date Referral Received: _____

Case Assigned To: _____

Date Referral Assigned: _____



DWHN
Your Link to Holistic Healthcare



Detroit Free Press

National Committee for Quality Assurance

Maria B. Stanfield, MA, LLP, CADC

June 8, 2024





DWIHN
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National Commission on Quality Assurance NCQA

NCQA's Managed Behavioral Healthcare Organization (MBHO) Accreditation program evaluates organizations on whether they implement industry best practices to provide high-quality behavioral healthcare.





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Revisit our path to success Areas Assessed

Areas of focus for entities who earn MBHO accreditation through NCQA are as follows:

Provides a framework for internal quality improvement in:

- Quality Management and Improvement.
- Care Coordination.
- Utilization Management.
- Credentialing and Recredentialing.
- Members' Rights and Responsibilities.

DWIHN has had uninterrupted NCQA MBHO accreditation since February of 2018.



National Committee for Quality Assurance Managed Behavioral Healthcare Organization




National Committee for Quality Assurance
has awarded

Detroit Wayne Integrated Health Network
Medicaid MBHO
the status of
Full

for the development and maintenance of a clinically effective
managed behavioral healthcare delivery system
which maintains as its primary objective the delivery of
high quality member care and service.




CHAIR, BOARD OF DIRECTORS


PRESIDENT

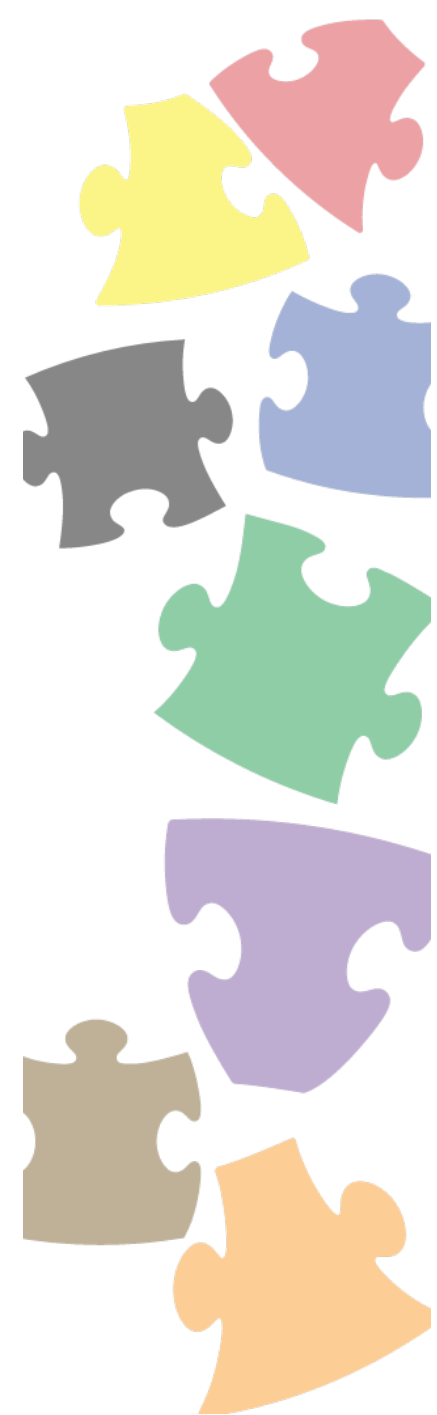

CHAIR, REVIEW OVERSIGHT COMMITTEE

05/14/2024 05/14/2027
DATE GRANTED EXPIRATION DATE



Where do we go from here?

- Continuous Quality Improvement
- Strategic Planning and Accreditation Alignment
- Modify and Augment our existing tools
- Modify and revise policies PRN
- Revisit our Quality Plans and activities
- Share our accreditation with the State of Michigan and Provider Network
- Provider Recognition Programs: NCQA offers recognition programs for healthcare providers, such as physicians and physician groups. These programs assess the quality of care provided by healthcare professionals
- Public reporting of performance against our measures and standards becomes the focus for groups we evaluate and for their customers

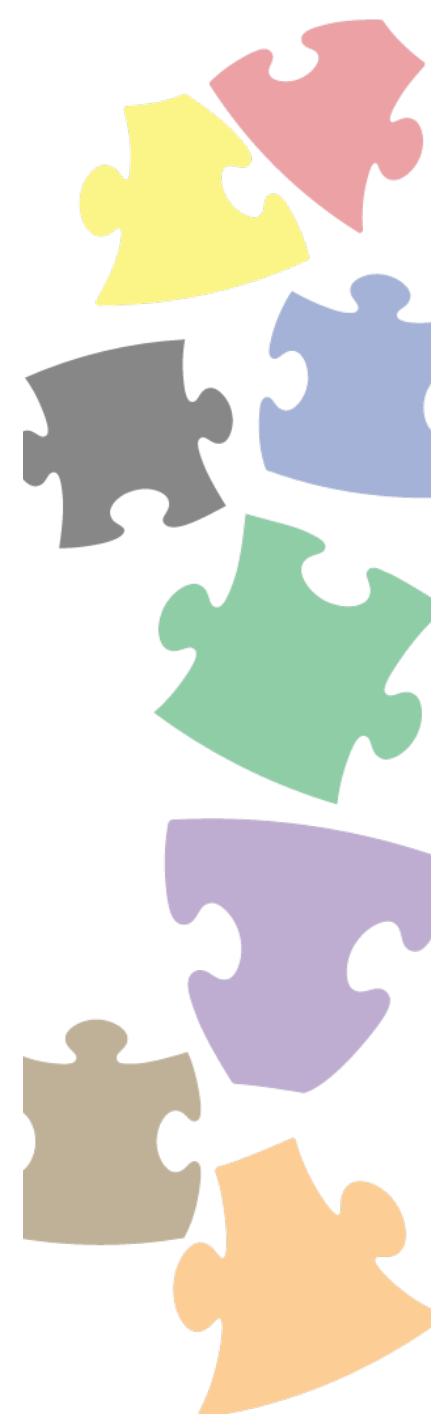


See it before you see it!



Why NCQA MBHO Accreditation?

- Demonstrates a level of health plan performance and commitment to Quality
- Considered the “gold standard” for quality
- Entities must demonstrate that they follow evidence-based practices for providing high-quality care across multiple standards. MBHO Accreditation emphasizes care coordination, complex case management and data exchange between health plans and behavioral health organizations.
- The MBHO standards focus on:
 - **Quality Management and Improvement:** The MBHO has processes to monitor, evaluate and improve the quality and safety of care provided, including practitioner availability, behavioral health screening programs and complex case management.
 - **Care Coordination:** The MBHO coordinates care among behavioral health practitioners and between behavioral healthcare and medical care.
 - **Utilization Management:** Utilization management is a critical component of accreditation. The MBHO demonstrates, through extensive record review, that it adheres to a process that ensures members are receiving decisions on treatments that are timely and evidence-based.
 - **Credentialing:** The MBHO has and follows processes for verifying and monitoring the credentials of practitioners in its network.
 - **Member Experience:** The MBHO ensures a positive member experience and follows processes for handling member complaints and appeals.





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FY 2024-2025 PRE-CONTRACTING PREREQUISITES

MANAGED CARE OPERATIONS



FY 2024-2025 PRE-CONTRACTING PREREQUISITES

- Credentialing Status
 - Approved or Application Completed

- Certificate of Insurance (COI)
 - Proof of General, Professional, Auto & Workers Comp per DWIHN Contract
 - Coverage thru 10-1-24 @ minimum
 - DWIHN is listed as additional insured
 - DWIHN listed as certificate holder
 - If auto not applicable, a statement on company letterhead

- Active SAM.Gov with CAGE #

- NPI # or proof of application

***Please contact your Contract Manager with any questions.**

