




Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, April 24, 2024
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 (Tabled) | C. Witcher |
| IV. | DWIHN Policies | |
| |  Workforce and Provider Background Check (Tabled) | O. Ward |
| V. | QAPIP Effectiveness | |
| | <i>Quality Improvement</i> | |
| | a) MDHHS Waiver & iSPA Review Updates | D. Dobija |
| | b) MDHHS HCBS Project/ Deliverables | D. Dobija |
| | c) iPOS Modification Section/BTAC | F. Nadeem |
| | d) Critical/Sentinel Events Updates: | Carla/Sinitra/Micah |
| | o Supporting Documentation Requests | |
| | o Non-Reporting Trends | |
| | o Death Certificate (DWIHN Letter) | |
| VI. | Adjournment | |



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Note Taker: DeJa Jackson

1) Item: Announcements:

- A gentle reminder that the CRSP/Outpatient Residential Provider meetings is scheduled for Friday, April 26th, starting at 10:00am.
- DWIHN has launched a month long partnership with the Detroit Zoo for Mental Health Awareness Month beginning May 1, 2024.
- Happy Retirement Josphine Austin! And thank you for all of your contributions to DWIHN.

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"> • No SUD Updates. 		
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		
No ORR Updates.		
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, QI Administrator, shared the following updates with the workgroup:</p> <p>MDHHS Waiver & iSPA Review Updates:</p> <ul style="list-style-type: none"> • The MDHHS Waiver Review is in the seventh and final week. An exit summary is set for Friday, 4/26/24 at 2:00pm. • Trend from the MDHHS review include the following: <ul style="list-style-type: none"> ○ Poor evidence of Direct Support Professionals receiving training on the IPOS ○ Evidence needs to include <ul style="list-style-type: none"> ▪ Who provided the training ▪ Who received the training ▪ What the staff were trained on ▪ When the training occurred • Quarterly Case Record Reviews have been reduced from 35 case records to 20. Six weeks to complete. 		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
None Required.		



5) Item: QAPIP Effectiveness – Quality Improvement

Goal: iPOS Modification Section/BTAC

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>Fareeha Nadeem, Clinical Specialist QI, provided the following updates to the workgroup for the IPOS Modifications Section to the BTAC requirements:</p> <p>As MDHHS’ EQRO, Health Services Advisory Group, Inc. (HSAG) is contracted to conduct the compliance review activity with each of the contracted PIHPs delivering services to members enrolled in the Michigan Behavioral Health Managed Care Program Based on the findings of the SFY 2021 and SFY 2022 compliance review activities, DWIHN was required to develop and submit a CAP for each element assigned a score of Not Met. MDHHS and HSAG reviewed the CAP for sufficiency, and DWIHN was responsible for implementing each action plan in a timely manner.</p> <p>HSAG Recommendations include the following: While the PIHP included a dedication section in the Individualized Plan of Service (IPOS) to document the requirements of this element when there is a modification of the conditions, under 42 CFR §441.301(c)(4)(vi)(A) through (D). HSAG recommends that the PIHP conduct ongoing training to ensure this section is appropriately filled out. As an example, for the question: “WHO IS RESPONSIBLE FOR MONITORING THE MODIFICATIONS LIMITATIONS THAT ARE IN PLACE TO ASSURE INTERVENTIONS AND SUPPORTS WILL CAUSE NO HARM TO THE MEMBERS? WHAT • DATA IS / WILL BE COLLECTED AND HOW OFTEN (FREQUENCY OF MONITORING AND REPORTING OF PROGRESS)?”, only “BTPC</p> <p>Please see handout “HSAG Standard-V Coordination and Continuity of Care Home and Community-Based Settings Element 13 (Section A-D) Individualized Plan of Services Modification of Conditions for more information.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None Required.		



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 Clinical Specialist Performance Improvement, shared with the workgroup the following updates for Critical/Sentinel Events updates:</p> <ul style="list-style-type: none"> • Please have your teams and providers to review all supporting documentation request. Documents are due to MDHH in “Real Time” through the CRM system • Non-Reporting Trends • Death Certificate (DWIHN Letter) <p>Final FY2023/2024 CE/SE Training Dates:</p> <ul style="list-style-type: none"> ○ May 9 ○ June 13 <p>Registration is required.</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: 05/29/24

Adjournment: 4/24/2024

Quality Operations Technical Assistance Workgroup

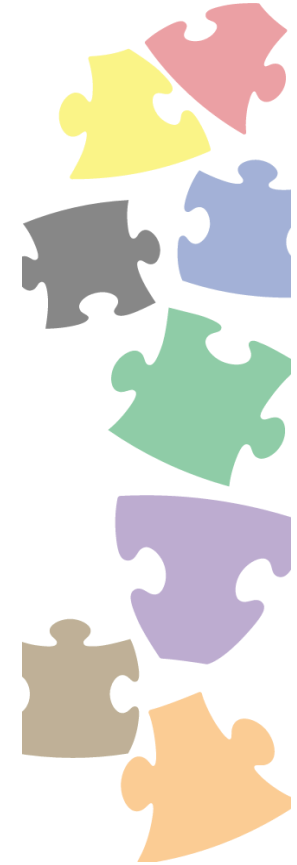
April 24, 2024

HSAG Standard-V

Coordination and Continuity of Care
Home and Community-Based Settings

Element 13 (Section A-D)

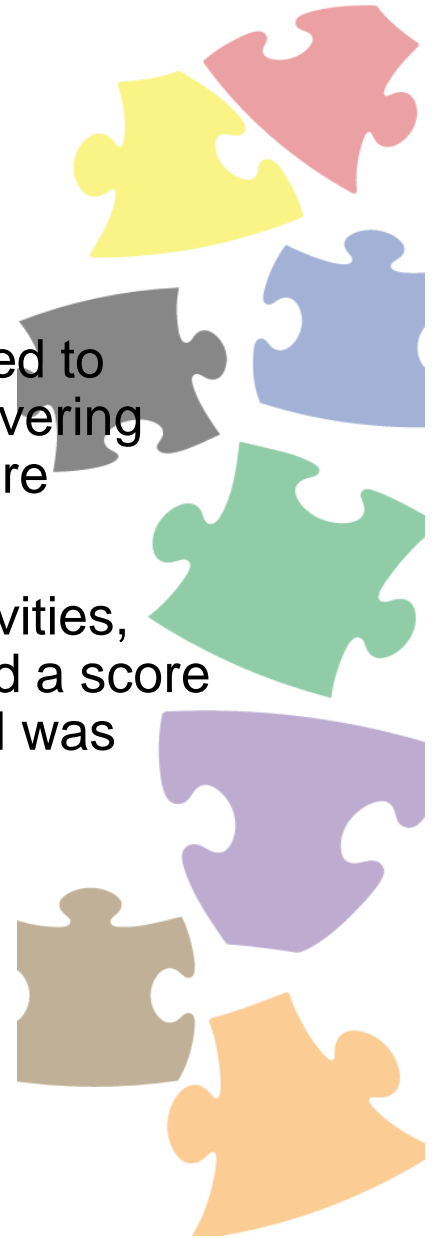
Individualized Plan of Services
Modification of Conditions



Fareeha Nadeem, MA, LLP.
Clinical Specialist, Quality Improvement

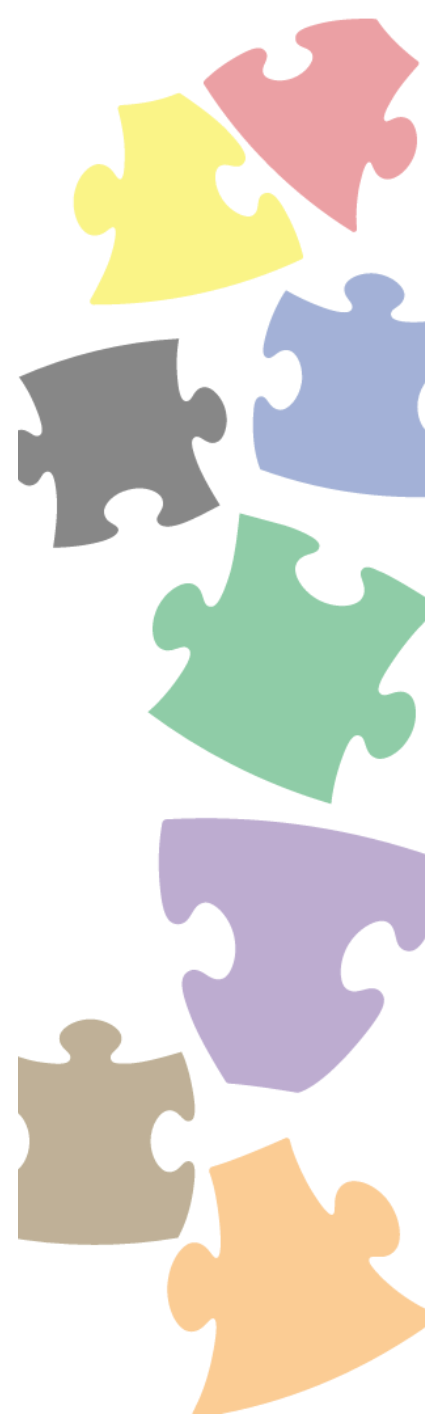
BACKGROUND

- As MDHHS' EQRO, Health Services Advisory Group, Inc. (HSAG) is contracted to conduct the compliance review activity with each of the contracted PIHPs delivering services to members enrolled in the Michigan Behavioral Health Managed Care Program
- Based on the findings of the SFY 2021 and SFY 2022 compliance review activities, DWIHN was required to develop and submit a CAP for each element assigned a score of Not Met. MDHHS and HSAG reviewed the CAP for sufficiency, and DWIHN was responsible for implementing each action plan in a timely manner.



HSAG RECOMMENDATIONS

- *HSAG Recommendations: While the PIHP included a dedication section in the Individualized Plan of Service (IPOS) to document the requirements of this element when there is a modification of the conditions, under 42 CFR §441.301(c)(4)(vi)(A) through (D),*
- *HSAG recommends that the PIHP conduct ongoing training to ensure this section is appropriately filled out. As an example, for the question: “WHO IS RESPONSIBLE FOR MONITORING THE MODIFICATIONS /*
- *LIMITATIONS THAT ARE IN PLACE TO ASSURE INTERVENTIONS AND SUPPORTS WILL CAUSE NO HARM TO THE MEMBERS? WHAT*
- *DATA IS / WILL BE COLLECTED AND HOW OFTEN (FREQUENCY OF MONITORING AND REPORTING OF PROGRESS)?”, only “BTPC*
- *[Behavior Treatment Plan Committee] and home manager/staff” were documented. However, the plan did not include the data to be collected or the frequency of monitoring and reporting.*



HSAG Standard V Element 13

Standard V—Coordination and Continuity of Care Home- and Community-Based Settings

13. Any modification of the conditions under 42 CFR §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:

- a. ***Identify a specific and individualized assessed need.***
- b. ***Document the positive interventions and supports used prior to any modifications to the person-centered service plan.***
- c. ***Document less intrusive methods of meeting the need that have been tried but did not work.***
- d. ***Include a clear description of the condition that is directly proportionate to the specific assessed need.***



OBJECTIVE



Identify who will be monitoring the limitation and documenting on the progress for removing the limitation.



Identify what data will be collected and by whom. There must be clear timelines for reviewing the limitation.



This information should also be addressed in a goal within the plan.



Document less intrusive methods

Document less intrusive methods of meeting the need that have been tried but did not work.

Example: Mark and his caregivers tried a keypad lock previously, which did not work because Mark could not recall the lock's numeric passcode. It was decided not to have a lock on his bedroom and bathroom

Previously tried, less restrictive interventions must be documented in the IPOS and / or list the positive interventions and supports used before any limitation.



CASE EXAMPLE

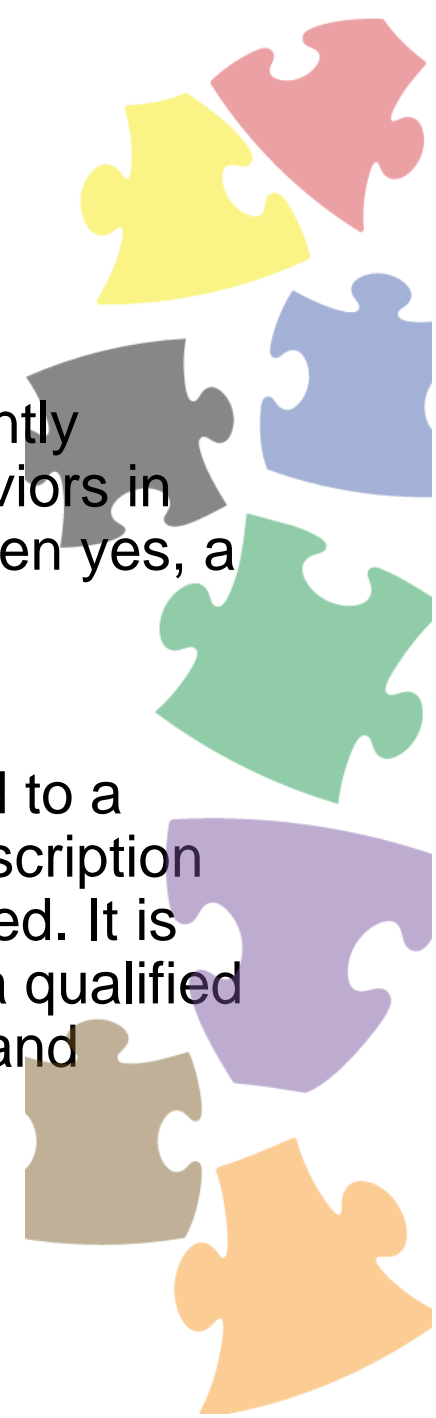
Mark has Cerebral Palsy that has impacted the functioning of his hands, especially fine motor skills.

- The OT assessment dated: 04.22.2024.
- The OT will assess and monitor his motor skills at least annually;
- The SC will monitor Mark's satisfaction with the services and document in the case record weekly;
- Mark's caregivers will knock at the bedroom and bathroom doors daily to request permission before entering.



LIMITATIONS

- If the need for the limitation is necessary because the individual is currently exhibiting seriously aggressive, self-injurious, or other challenging behaviors in trying to access food items and the individual at risk of physical harm, then yes, a behavior treatment plan must be written and reviewed by BTPRC.
- For any necessary limitation on rights due to health and safety unrelated to a behavior, the individual plan of service (IPOS) should include a clear description of the condition that is directly proportionate to the specific assessed need. It is strongly encouraged that these cases be reviewed at least annually by a qualified group within the CMHSP (this may be the BTPRC) for appropriateness and ongoing need.



IMPORTANT TO REMEMBER

- Who is responsible for monitoring the modifications / limitations that are in place to assure interventions and supports will cause no harm to the members? What data is / will be collected and how often (frequency of monitoring and reporting of progress)?
- Identify who will be monitoring the limitation and documenting on the progress for removing the limitation. Identify what data will be collected and by who. There must be clear timelines for reviewing the limitation.
- This information should also be addressed in a goal within the plan.

REFERENCES

- <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines/behavior-treatment-plans>
- https://www.michigan.gov/documents/mdhhs/Technical_Requirement_for_Behavior_Treatment_Plans_P-1-4-1_638408_7.pdf
- <https://dwmha.policystat.com/policy/13906198/latest/?showchanges=true>

