Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, May 29, 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	C. Witcher
IV.	DWIHN Policies	

        ↓ Workforce and Provider Background Check (**Tabled**)   O. Ward
        ↓ Compliant Resolution Policy   M. Strong
        ↓ Data Entry Procedure CE, SE and Death Reporting   C. Spight-Mackey

               o Critical/Sentinel Events Updates:

                        • Update Death Certificate (DWIHN Letter)

V.	**QAPIP Effectiveness**	

        Quality Improvement

        a) MDHHS Waiver & iSPA Review Updates   A. Siebert
        b) MDHHS HCBS Deliverables Updates   HCBS Team
        c) Encounter Data Validation Procurement Process   T. Greason
        d) Behavior Treatment Advisory Committee   F. Nadeem

               o Q2 Data Analysis

VI.	Adjournment	

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Note Taker: DeJa Jackson

1) **Item: Announcements:**
   - DWIHN is looking forward to the opening of the Crisis Center. The target date is the first week of June. DWIHN completed the final review with the State and will be ready to open the doors of the new Crisis Center on 707 W. Milwaukee.

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		
Gregory Lindsey introduced SUD's Universal Audit tool for prevention and treatment. The prevention tool is completed and currently waiting to finalize any edit requests and once finalized, the tool will be rolled out to all the PIHP's.		
Provider Feedback	**Assigned To**	**Deadline**
No additional provider feedback was provided.		
Action Items	**Assigned To**	**Deadline**
None required.		

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		
Chad Witcher, Prevention Manager, Office of Recipient Rights did have any updates to present.		
Provider Feedback	**Assigned To**	**Deadline**
Questions: • What's the current process for the Recipient Rights Booklets? Do we have to order them from the Community Mental Health Association of Michigan or at DWIHN? Answers: • Chad noted that DWIHN is still providing booklets to providers, if providers contact ORR booklets will be provided for the providers to pick up. RR Booklets are also available online if you need to print them out.		
Action Items	**Assigned To**	**Deadline**
None required.		

4) Item: DWIHN Policies
Goal: Compliant Resolution Policy
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		

Mignon Strong, Deputy Director, Office of Recipient Rights shared the following updates for the Compliant Resolution Policy/Procedure. The purpose of this policy is to provide procedural and operational guidance to DWIHN, the Access Center, Service Providers, Mobile Crisis Response Unit, and the Crisis Line for the development and consistent processing of member grievances
• Revisions in the policy:
   ▪ Removal of mediation information
   ▪ Updated language regarding summary reports to comply with CMH policy and Mental Health Code.		

Provider Feedback	**Assigned To**	**Deadline**
Questions: • Is mediation completely out of the picture, or just for Recipient Rights? Answers: • Just for Recipient Rights.		
Action Items	**Assigned To**	**Deadline**
None required.		

4) Item: DWIHN Policies
Goal: Data Entry Procedure CE, SE and Death Reporting
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI 1 CC# ___ ☐ UM #____   ☐CR # ___ ☐ RR # ___

Discussion		

Carla Spight-Mackey, Clinical Specialist Performance Improvement, shared the following updates for the Data Entry Critical/Sentinel Events and Death Reporting procedure: The purpose of the procedure is To provide guidelines and operational procedures for DWIHN and Clinically Responsible Service Provider staff to report, review, and enter critical events, critical incidents, sentinel events, risk thereof events and consumer deaths into the MH-WIN Critical Event/Sentinel Event Module. Updates include the following:
• Fax Number and Information for submitting a request for Death Certificates
• Death Certificate (DWIHN Letter)
• Data Entry Procedure CE, SE, and Death Reporting:
    ▪ Reporting for the uploading of documentation is <u>7</u> business days from the initial entry of the critical event.
    ▪ All documentation for root cause analysis now must be completed within <u>15</u> days. The entire process and resolution must be reported to state by day <u>30</u>.		

Provider Feedback	**Assigned To**	**Deadline**
No Provider Feedback.		
Action Items	**Assigned To**	**Deadline**
None required.		

5) Item: QAPIP Effectiveness – Quality Improvement
Goal: MDHHS Waiver & iSPA Review Updates
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI 1 CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
April Siebert, Director of Quality Improvement, provided the following updates to the workgroup: MDHHS Waiver & iSPA Review Updates: • DWIHN received an overall good review. • DWIHN received a full compliance with the children waiver program, meaning all areas of the clinical and staff review were in full compliance. • Also, DWIHN is in full compliance with the administrative portion of the review with the policies and procedures, behavior treatment process, and critical/sentinel event process. • Cited for specific cases involving the HSW, SUD waiver, and iSPA. For the areas that were cited, a corrective action plan will need to be done. • Some revisions to the IPOS template is currently taking place to ensure there's clarification and clear information as to what needs to be documented in the IPOS.		
Provider Feedback	**Assigned To**	**Deadline**
No provider feedback.		
Action Items	**Assigned To**	**Deadline**
None required.		

5) Item: QAPIP Effectiveness – Quality Improvement
Goal: MDHHS HCBS Deliverables 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		
April Siebert, Director of Quality Improvement shared the following updates: MDHHS HCBS Deliverables: • MDHHS is preparing for another HCBS mandatory survey for providers. This survey will review the design of settings. MDHHS will rate the settings as a Pass or Fail. • DWIHN has not received an official date in which the survey will be distributed.		
Provider Feedback	**Assigned To**	**Deadline**
No Provider feedback.		
Action Items	**Assigned To**	**Deadline**
None required.		

5) Item: QAPIP Effectiveness – Quality Improvement
Goal: Encounter Data Validation (EDV) Procurement Process
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Tania Greason, QI Administrator, shared with the workgroup the following: EDV Procurement Process: - DWIHN has been notified by the state it is required for HSAG to conduct what is called an Encounter Data Validation Procurement Process, This process is similar to DWIHN's Medicaid Claims Verification process. - The request was received in early May and DWIHN has met with the CRSP and ABA providers that have been selected. - DWIHN also provided a TEAMS tutorial session outlining what the process and how providers are to submit the information for the requested medical records. - Result from the review will be shared with the workgroup.		
Provider Feedback	**Assigned To**	**Deadline**
No Provider feedback.		
Action Items	**Assigned To**	**Deadline**
QI will share the results of the EDV review with the workgroup.	QI (Tania Greason)	November 2024

5) Item: QAPIP Effectiveness – Quality Improvement
Goal: Behavior Treatment Advisory Committee
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI 1 CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Fareeha Nadeem, Clinical Specialist QI, shared the following with the workgroup: Behavior Treatment Advisory Committee (BTAC) Summary of Data Analysis Q2: Network BTPRCs collect, review, and report to DWIHN quarterly, where intrusive and restrictive techniques have been approved for use with individuals and where physical management or 911 calls to law enforcement have been used in an emergency behavioral situation. The BTPRC data provides DWIHN an oversight through quarterly analysis to address any trends and/or opportunities for quality improvement. DWIHN conducts randomly selected clinical chart reviews for those with recommended restrictive and/or intrusive interventions, in addition to the annual review of BTPRC policy and procedures. Network BTPRCs collect data and provide trends from previous quarters, the need for training, and interventions done to minimize the use of restrictions. Review the "BTAC Q2" handout for the following information: • BTAC Background • BTAC Accomplishments • BTPRC Data • Data Collection • Total Behavior Treatment Plan Submitted • 911 Calls/ Sentinel Events • Restrictive and Intrusive Interventions • Reported Medications • Recommendations		
Provider Feedback	**Assigned To**	**Deadline**
No Provider feedback.		
Action Items	**Assigned To**	**Deadline**
None required.		

New Business Next Meeting: 06/26/24
Adjournment: 5/29/2024

Behavior Treatment Advisory Committee
Summary of Data Analysis
2nd Quarter 2023-2024

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

Behavior Treatment Advisory Committee

- ***Background***

- The Behavior Treatment Advisory Committee (BTAC) was started in June 2017.

- The Committee comprises DWIHN Provider Network representatives, DWIHN staff, including Psychologists and Psychiatrists, the Office of Recipient Rights, and members.

- The Committee reviews the implementation of Behavior Treatment Plan Review Committees (BTPRC) procedures and evaluates each committee's overall effectiveness and corrective action as necessary

- The charge of this Committee includes random sampling of intrusive and restrictive behavior treatment plans and review for inclusion of the MDHHS Technical Guidelines in the DWIHN Behavior Treatment Policy and Procedures and training.

- The Committee reviews system-wide trends, behavior plan approvals, disapprovals, and terminations.

ACCOMPLISHMENT

The Michigan Department of Health and Human Services (MDHHS) has recently completed the 1915 (c) Waiver Review. In FY24, DWIHN/R7 was found to be in continued full compliance for **a fifth consecutive year** with all the areas of the Administrative Review of B.1:

"The graphic representation of BTC data supported the understanding of (the) data."

BTPRC DATA

• Network BTPRCs collect, review, and report to DWIHN quarterly, where intrusive and restrictive techniques have been approved for use with individuals and where physical management or 911 calls to law enforcement have been used in an emergency behavioral situation.

• The BTPRC data provides DWIHN an oversight through quarterly analysis to address any trends and/or opportunities for quality improvement.

• DWIHN conducts randomly selected clinical chart reviews for those with recommended restrictive and/or intrusive interventions, in addition to the annual review of BTPRC policy and procedures.

• Network BTPRCs collect data and provide trends from previous quarters, the need for training, and interventions done to minimize the use of restrictions.
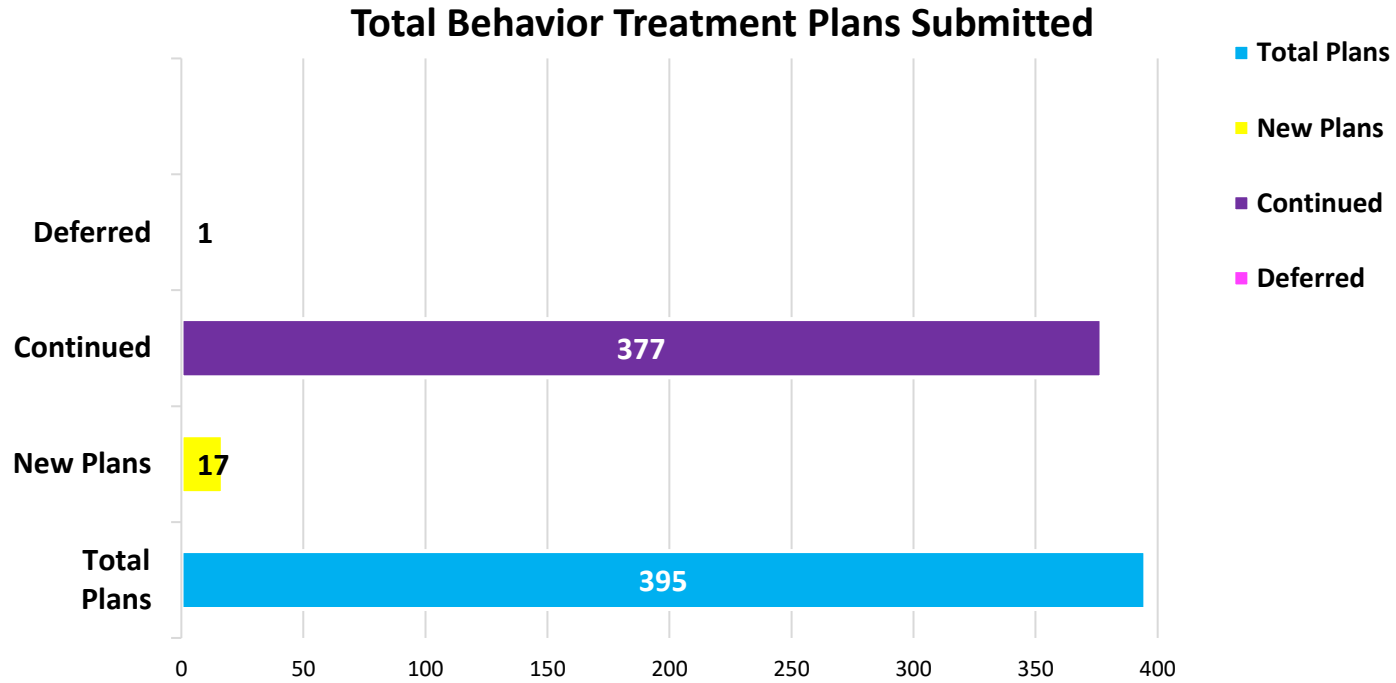
DATA COLLECTION

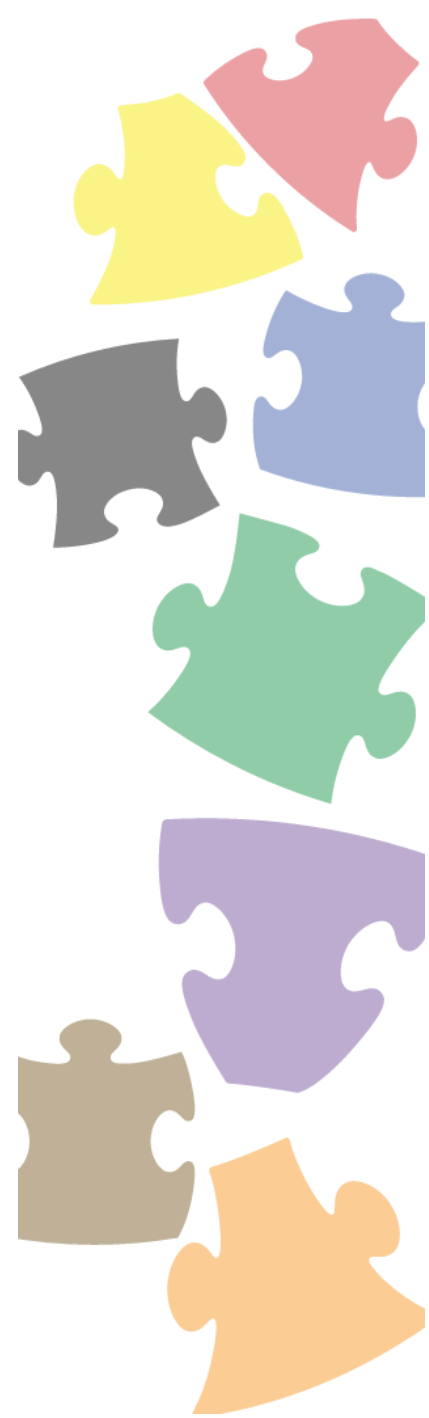The following BTPRC submitted the data included in this report:
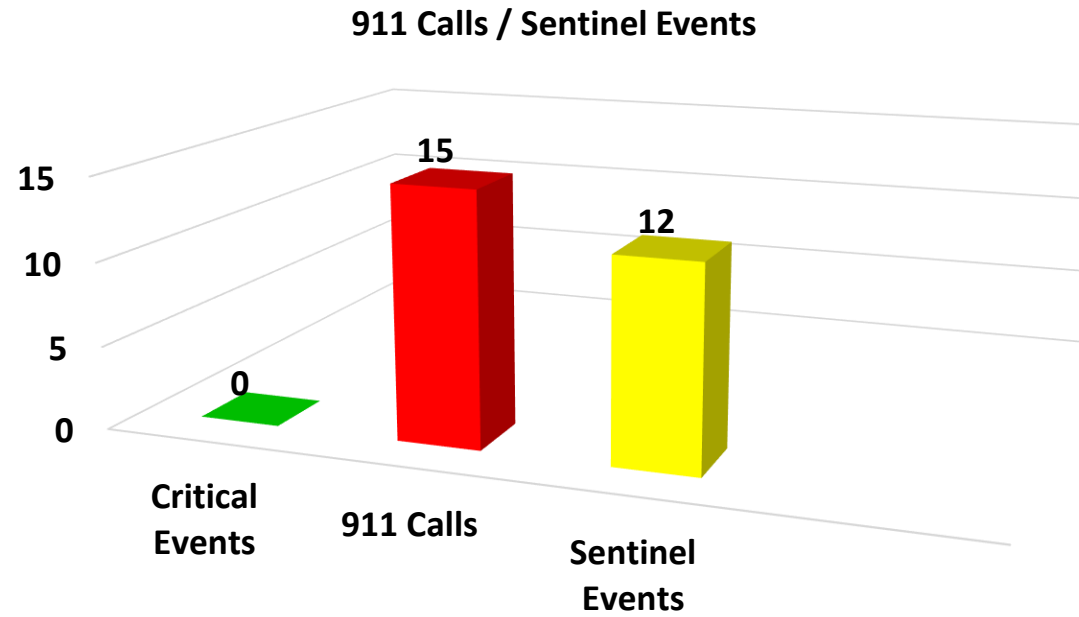- Community Living Services, Inc.
- Development Center, Inc.
- Hegira Downriver
- The Children's Center.
- The Guidance Center.
- Team Wellness Center.
- Neighborhood Service Organization
- Easterseals-MORC, Inc.
- PsyGenics, Inc.
- Wayne Center.

TOTAL BEHAVIOR TREATMENT PLAN SUBMITTED

Total Behavior Treatment Plans Submitted

- **Total Plans**
- **New Plans**
- **Continued**
- **Deferred**

Category	Value
Deferred	1
Continued	377
New Plans	17
Total Plans	395

911 CALLS/SENTINEL EVENTS

911 Calls / Sentinel Events

RESTRICTIVE and INTRUSIVE INTERVENTIONS

Use of Restrictive and Intrusive Techniques

- Positive Behavior Support: 395
- Intrusive: 110
- Restrictive: 280
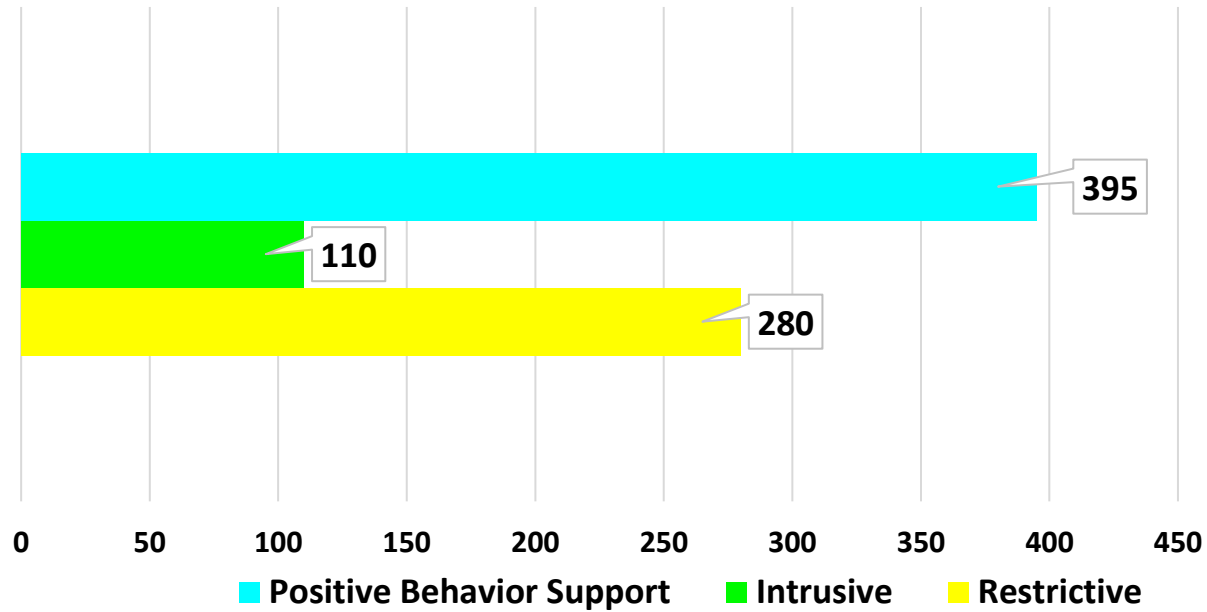
REPORTED MEDICATIONS

Use of Medication

474

1169
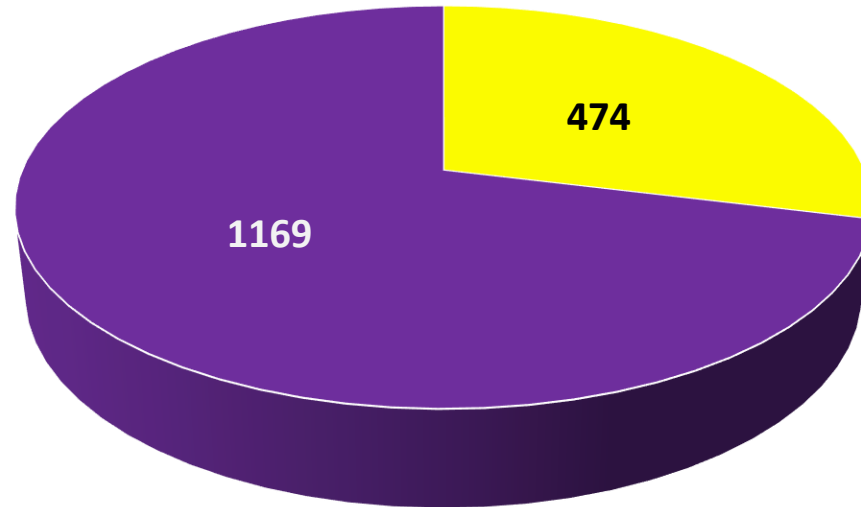
■ Antipsychotic ■ Other Psychotropic

RECOMMENDATIONS

$\Rightarrow$ Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at the PIHP level.

$\Rightarrow$ To improve the under-reporting of Behavior Treatment beneficiaries' required data, including 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management.

$\Rightarrow$ Network BTPRC electronic data should be patched into the PIHP PCE system to help under-report Sentinel Events of members on BTPs.

$\Rightarrow$ Conduct training for network providers on the Technical Requirements of Behavior Treatment Plans.