



Residential Provider Meeting Q&A

Friday, October 11, 2024

Virtual Meeting

11:30 am –12:30 pm

- 1. Article 4.4 Security of the Residential Contract;
Has a new verbiage that requires, "Service Provider shall submit a fully complete DWIHN Cyber-Security Self-Assessment annually and shall update and resubmit the Cyber-Security Self-Assessment within ten (10) days of any change that renders Service Providers responses on file with DWIHN invalid."**

I have not received the DWIHN Cyber-Security Self-Assessment, nor can I find this document on the DWIHN website.

Requesting a copy of the DWIHN Cyber-Security Self-Assessment be sent out

A. Hi Steve, your question has been forwarded to the IT department for response.

- 2. I did not receive today's agenda and slides; may I have a copy sent to me? Please and thank you.**

A. Good Morning. The agenda is posted online with slides at the link below.

<https://www.dwihn.org/providers-residential-meeting-info>

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

CCM 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 pihpccm@dwihn.org
- Fax 313-989-9529
- Phone 313-833-2500

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

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



COMPLEX CASE MANAGEMENT

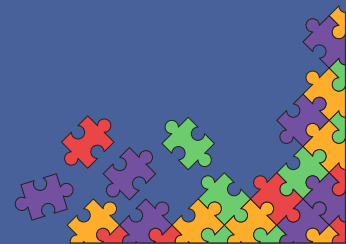
CONTACT US!

Phone: 313-833-2500

Access Helpline: **800-241-4949**

Website: dwihn.org

707 W. Milwaukee St. Detroit, MI
48202



What is Complex Case Management?

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.



Criteria to Participate

The DWIHN CCM program has general eligibility criteria for adults and children/youth. CCM is a voluntary program, all active participants have to be willing to participate in the program for at least 90 days.

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:

- Absence of primary care or specialty medical care visits within the last 12 months
- Gaps in care (medication refills, not seeing doctors and etc.)
- Chronic Pain and/or Morbid Obesity
- Frequent ED visits within the last six months
- Missing appointments with behavioral health providers

Children/Youth

Diagnosed with serious emotional disturbances (SED) and autism spectrum disorder (ASD) between the ages of 2-21 years of age and diagnosed with chronic asthma or other medical health condition as well as evidence of one or more gaps in services:

- Frequent ED visits related to medical and/or behavioral health in the last 12 months
- Gaps in services and/or care (absence of primary care visit within the last six months, gaps in refilling medications, and etc.)
- Missing appointments within behavioral health providers





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: _____



Detroit Wayne Integrated Health Network

Residential Assessment, Service Authorizations, & Clinical Alignment of Documentation Trainings

Training Attendees Include:

CRSP Supports Coordinators | Case Managers
CRSP Supervisory Team

**Beginning Tuesday, October 8, 2024
then Bimonthly Every 1st Tuesday**

IDD CRSP Providers: **11:00 AM**

AMI CRSP Providers: **2:00 PM**

2024-25 Bimonthly Training Dates

October 8, 2024

December 3, 2024

February 4, 2025

April 1, 2025

June 3, 2025

August 5, 2025

October 7, 2025

No Registration Required!

Click on hyperlink below to join Zoom meeting:

<https://dwihn-org.zoom.us/j/8759841092?pwd=eFVpbE9lYTJGdHQ4TGhCcW8xSnFUUT09&omn=89354935805>

Meeting ID:

875 984 1092

Passcode:

BKx8br