



**Quality Improvement Steering Committee (QISC)**  
**Tuesday, January 25, 2022**  
**10:30 a.m. – 12:00 p.m.**  
**Via BLUE JEAN PLATFORM**  
**Agenda**

- |       |   |                                |
|-------|---|--------------------------------|
| I.    | Welcome & Introductions   | Tania Greason                  |
| II.   | DWIHN Updates   | Dr. Shama Faheem               |
| III.  | Approval of QISC January 25, 2022 Agenda  | Dr. Shama Faheem/Committee     |
| IV.   | Approval of QISC September 9, 2021 & October 26, 2021 Minutes   | Dr. Shama Faheem/Committee     |
| V.    | Authority Updates   | Dr. Shama Faheem               |
| VI.   | Purpose of QISC Meetings  | Tania Greason                  |
| VII.  | Review of Quality Improvement Projects: <ul style="list-style-type: none"><li>• Multiple Antipsychotic Medication</li><li>• Increasing Adherence to Antidepressant Medication (Physical Health)</li></ul> | Alicia Oliver<br>Alicia Oliver |
| VIII. | Update of Quality Assurance Performance Improvement Plan <ul style="list-style-type: none"><li>• (QAPIP FY2021 - 2023)</li></ul>  | April Siebert                  |
| IX.   | Follow up Items: <ul style="list-style-type: none"><li>a. NCI Survey</li><li>b. ECHO Adult review of preliminary results, barriers &amp; recommended intervention</li></ul>                               | Margaret Keyes-Howard          |
| X.    | PI 2a Review  | Tania Greason                  |
| XI.   | MMBPI “View Only” Module  | Justin Zeller                  |
| XII.  | HSAG (PMV) Review   | Tania Greason                  |
| XIII. | Adjournment   |                                |



**Quality Improvement Steering Committee (QISC)**

**Tuesday, January 25, 2022**

**10:30 a.m. – 12:00 p.m.**

**Via BLUE JEAN LINK PLATFORM**

**Meeting Minutes**

Note Taker: Aline Hedwood

**Committee Chairs** Dr. Shama Faheem, DWIHN Chief Medical Officer and Tania Greason, Providers Network QI Administrator

**Member Present:**

Alicia Oliver, Allison Smith, April Siebert, Ashley Bond, Blake Perry, Carl Hardin, Cassandra Phipps, Cheryl Fregolle, Fareeha Nadeem, Ebony Reynold, Jessica Collins, John Rykert, June White, Justin Zeller, Margaret Keyes-Howards, Melissa Eldredge, Michele Vasconcellos, Michelle York, Ortheia War, Rakhari Boynton, Dr. Shama Faheem, Shirley Hirsch, Starlit Smith, Tania Greason, Trent Stanford; B. P. (Member Advocate) and Vickey Politowski.

**Members Absent:**

Angela Harris, Benjamin Jones, Dr. Bill Hart, Carla Spright-Mackey, Carolyn Gaulden, Cheryl Madeja, Cherie Stangis, Dhannetta Brown, Donna Coulter, Donna Smith, Eric Doeh, Jennifer Smith, Judy Davis, Kim Batts, Latoya Garcia-Henry, Dr. Leonard Rosen, Lindon Munro, Manny Singla, Melissa Moody, Melissa Hallock, Mignon Strong, Miriam Bielski, Nasr Doss, Oluchi Eke, Rhianna Pitts, Robert Spruce, Rotesa Baker, Sandy Blackburn, Dr. Shama Faheem, Dr. Sue Banks, Taquaryl Hunter and Tiffany Hillen.

**Staff Present:** April Siebert, Tania Greason, Justin Zeller, Fareeha Nadeem, Starlit Smith, and Aline Hedwood.

**1) Item: Welcome:** Tania Greason

**2) Item: Introduction:** Tania asked the group to place their names and email addresses into the chat box for proof of attendance.

**3) Item: Approval of January 25, 2022 Agenda:** approved as written by group

**4) Item: Approval of August & June 2021 Minutes:**

- September 9, 2021 minutes approved as written by Dr. Leonard Rosen and Committee
- October 26, 2021 minutes approved as written by Dr. Shama Faheem and Committee



**5) Item: Announcement/DWIHN Update:** Dr. Shama Faheem, DWIHN Chief Medical Officer provided the following announcements:

- DWIHN continues to grow and expand services for Health Homes & Opioid Health Homes by working with behavioral health home partners and MDHHS. There are Five (5) health homes partners working to review the terms and requirements. DWIHN will provide required training and education on the certification process. The anticipated rollout date is April 2022.
- DWIHN is the lead entity for Certified Community Behavioral Health Clinics (CCBHC). There are grant funded CCBHC programs the CMS CCBHC Demonstration and the Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grant with one state demonstration in Wayne County through the Guidance Center. DWIHN is currently assisting the Guidance Center for the CCBHC rollout in April 2022. The CCBHC demonstration aims to improve the behavioral health for all Michiganders by:
  - increasing access to high-quality care,
  - integrating behavioral health with physical health care,
  - promoting the use of evidence-based practices, and
  - establishing standardization and consistency with a set criterion for all certified clinics to follow.
- DWIHN CEO, Eric Doeh, has a new vision for our children members served and has initialed the “ **No Child Left Behind**” program which will focus on children services and mental health though access to care, improving community support, outreach, and integrate children with physical health education by exploring new initiatives and expanding initiatives that pre-exist. By focusing on the quality of care for children in the form of quality measures, performance indicators, and HEDIS measures.
- DWIHN will conduct an informational meeting on January 31, and February 1, 2022 from 1:00 pm – 2:30 pm. The link sent has been distributed to the Crisis and Children Providers on yesterday. If you have not received the link please let inform DWIHN by contacting Ebony Reynolds via email [ereynolds@dwihn.org](mailto:ereynolds@dwihn.org) .



**6) Item: Purpose of QISC Meetings – Tania Greason, QI Administrator**

**Goal: Overview of the QISC membership and purpose of the Committee**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **Quality**  Workforce

**NCQA Standard(s)/Element #: X QI# 1**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>Tania Greason provided an overview of the QISC membership and purpose of the committee. DWIHN has an organizational structure which allows for clear and appropriate administration and evaluation of the Quality Assurance Performance Improvement Plan (QAPIP). DWIHN’s Quality Improvement Steering Committee (QISC) is the decision-making body of DWIHN’s Quality Improvement Plan and has responsibility for the following:</p> <ul style="list-style-type: none"> <li>• Providing oversight to DWIHN’s QAPIP</li> <li>• Providing recommendations and feedback on process improvement, program planning, implementation and program evaluation</li> <li>• Examining quantitative and qualitative aggregate data and make recommendations for courses of action</li> <li>• Monitoring, planning and implementation of specific plans in response to recommendations identified for DWIHN by regulatory organizations</li> <li>• Ensuring systemic communication and implementation of mechanisms or procedures for use in adopting and communicating process and outcome improvement.</li> </ul> <p>Membership must include DWIHN’s Chief Medical Officer, Directors of the DWIHN’s units or designee, Chairpersons of the committees within the QI structure or designee, Members Served, Advocates and Contracted Providers of services to members. For additional information on the QISC responsibilities please review PowerPoint presentation “DWIHN QISC Purpose” on the following items below:</p> <ul style="list-style-type: none"> <li>• Quality Improvement Structure</li> <li>• Purpose of the Quality Improvement Steering Committee</li> <li>• Membership</li> </ul>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
None required.		



**7) Item: Review of Quality Improvement Projects: Alicia Oliver R.N., IHC**

- **Multiple Antipsychotic Medication**
- **Increasing Adherence to Antidepressant Medication (Physical Health)**

**Goal: To review request to Sunset both Performance Improvement Projects (PIP's) : Multiple Antipsychotic Medication and Increasing Adherence to Antidepressant Meds (Physical Health) PIP's.**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **Quality**  Workforce

**NCQA Standard(s)/Element #: X QI# 10**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>Alicia Oliver provided an overview and update for the following Performance Improvement Projects:</p> <p><b>Multiple Antipsychotic Medication:</b></p> <ul style="list-style-type: none"> <li>• Decreasing the use of multiple antipsychotic medication PIP has been requested for sunset. The PIP asked prescribers to review client medications to determine if they are on the best medication regime and can benefit from one antipsychotic opposed to two. DWIHN goals is to improve the use of three or more Antipsychotic for 45 or more days.</li> <li>• Memos were mailed to providers and CMOs in December of 2021 with a list of clients who were prescribed three or more antipsychotic medications.</li> <li>• Providers can review their numbers through Vital Data which allow the prescribers to target clients who are prescribed three or more antipsychotics and determine if this a therapeutic medication regime.</li> </ul> <p><b>Increasing Adherence to Antidepressant Medication (Physical Health):</b></p> <ul style="list-style-type: none"> <li>• The increasing adherence to antidepressant medication PIP for people with a new episode of major depression prescribed by their primary care providers both acute and chronic stage of the disease will be sunset. This PIP did not have enough data to determine if it was making any difference and it is not a HEDIS measure. However, IHC will continue to work with the client primary care provider to members coordinate care.</li> </ul> <p>The two aforementioned PIP's have been reviewed by the IPLT committee with recommendations to sunset both. For additional information on the data presented please review handout "New data system Vital Data decrease discrepancies.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC members approved sunseting Multiple Antipsychotic Medication and Increasing Adherence to Antidepressant Medication (Physical Health) PIP's.	Dr. S. Faheem and QISC	N/A



**8) Item: Update of Quality Assurance Performance Improvement Plan (QAPIP FY2021- 2023) – April Siebert, QI Director**

**Goal: Review of MDHHS recommended updates to the QAPIP.**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **Quality**  Workforce

**NCQA Standard(s)/Element #:** X QI# 1  CC# \_\_\_\_  UM # \_\_\_\_  CR # \_\_\_\_  RR # \_\_\_\_

Decisions Made		
<p>April Siebert provided an overview of the revisions that have been made to the QAPIP FY2021- 2023. The revisions ensure stronger alignment with regulatory requirements of MDHHS and NCQA. MDHHS requires that DWIHN has a QAPIP description providing the frame work necessary to improve the quality, safety, efficiency of clinical care and to ensure the QAPIP meets the standards of <b>the balance budget act 1997</b> and NCQA requirements. The updated QAPIP will cover FY 2021 through FY 2023 and the changes to the QAPIP program will include the following areas below:</p> <ul style="list-style-type: none"> <li>○ The Performance Improvement Projects (PIPs) to list the clinical/non-clinical PIPs (Pg.16)</li> <li>○ Language to support that residential treatment providers prepare and file Critical Incidents reports (Pg. 18)</li> <li>○ Include a description of how DWIHN analyze, at least quarterly, the critical incidents, sentinel events, and risk events to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents (Pg. 18)</li> <li>○ The methodology for assessment of member experience with services to include a qualitative assessment (e.g., focus groups of member experience with services (Pg. 19).</li> <li>○ Include a description of how DWIHN ensure the incorporation of members receiving LTSS into review and analysis (Pg.20)</li> <li>○ Include a description of how findings of the QAPIP are incorporated into the recertification process (Pg. 8)</li> <li>○ Include a description of how DWIHN verifies whether services are reimbursed by Medicaid were furnished to members by affiliates (as applicable), providers and subcontractors (Pg. 21)</li> <li>○ Include mechanisms to assess the quality and appropriates of care furnished to members receiving Long-Term Services and Supports (LTSS) (Pg. 20).</li> </ul> <p>For additional updates please review the “QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN (QAPIP) Description Updates “(FY 2021-22 and FY 2022-23) “<b>PowerPoint</b> presented today. Once the QAPIP for FY 2021-23 is finalized and approved by the board it will be posted on DWIHN website for review.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC approved the changes to the QAPIP (FY 2021-22 and 2022-23) as presented.	Dr. Faheem and QISC	January 2022.



**9) Item: Follow up Items: Margaret Keyes-Howard, CS**

**a. NCI Survey**

**b. ECHO Adult review of preliminary results, barriers & recommended intervention**

**Goal: Review of NCI and ECHO survey barriers and recommended interventions.**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **Quality**  Workforce

**NCQA Standard(s)/Element #: X QI# 5**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>Margaret Keyes-Howard provided an update regarding the upcoming NCI Survey to the committee to include the following:</p> <ul style="list-style-type: none"> <li>• The National Core Indicator (NCI) survey an requirement in DWIHN’s contract with MDHHS.</li> <li>• DWIHN and MDHHS are currently having technical issues with encrypted cases not being able to be forwarded to the state.</li> <li>• DWIHN is accounted for approximately two thirds of the I survey results for the entire state.</li> <li>• DWIHN’s Customer Service (CS) will continue to work with providers that are experiencing technical issues regarding encryption for selected cases.</li> <li>• CS is requesting that providers provide correct and accurate demographic information for submission. This will allow for the NCI surveys to be completed without required revisions.</li> <li>• Providers that require for multiple staff to assist with completing the demographics, please ensure accurate information is captured and reported as instructed.</li> <li>• CS continues to collaborate with Wayne State University Development Disability Institute (DDI) to connect with participants for continuation of one on one as well as electronic interviews on Zoom.</li> <li>• DWIH’s (CS) currently does not have any documented data from last year due to COVID-19 barriers, with noted efforts for moving forward to obtain FY 2021-22 data and reporting outcomes.</li> </ul>		



<p>Margaret Keyes Howard provided an update on the 2021 <b>ECHO Survey</b> results to include the following:</p> <ul style="list-style-type: none"> <li>• CS has received the preliminary Echo results for 2021. The data captures the look back period for 12 previous months of service.</li> <li>• The preliminary data shows that there is no significant drop in results for the children or adults.</li> <li>• CS will present a full report to the IPLT in February of 2022 and bring and bring back finalized data to the QISC in March or April 2022 for review.</li> <li>• DWIHN has served over 17,000 children, Wayne State University School of Urban Planning sent 4400 random mailers to the family members of children who received services within DWIHN system.</li> <li>• CS received 1,400 responses, only 961 reported actually receiving services, 50% of the people completed the surveys over the phone and by mail in 2020.</li> <li>• In 2021, CS has experienced some mailing issues 1,000 out of 1,400 responses completed the survey over the phone. 1,000 surveys were completed by using the phone, 200 by mail, and 130 were completed via the website.</li> <li>• DWIHN scored lower in two areas on the ECHO Children survey to include: Perceive Improvement at 28% rating and Getting Treatment Quickly at 46% .</li> <li>• The children ECHO survey also details participates in the DWIHN's Autism programs. The Children ECHO survey revealed that 90% of the surveys were completed for female participants compared to 10% for the male's population.</li> <li>• CS and the QISC will be tasked with reviewing interventions, barriers and make recommendations.</li> <li>• The Echo Survey does not allow DWIHN to identify of the name of the responsible party or legal guardian for children that receiving services. For mailing of the Children Echo Survey, information regarding the responsible guardian should be identifiable in MH_WIN, CS will be contacting IT to help resolve this problem to ensure DWIHN are communicating with guardians and parents effectively.</li> </ul>		
<b>Discussion</b>	<b>Assigned To</b>	<b>Deadline</b>
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
<p>The final report for the Children Echo Survey will be reviewed at IPLT in February with final results brought to the QISC in March or April of 2022 for review and analysis of identified barriers and noted interventions for lower scoring elements. The preliminary Results for the Adult ECHO Survey will be shared with the QISC in March of 2022.</p>	CS (Margaret Keyes-Howard)	April 30, 2022



**10) Item: PI #2a Review Analysis Best Practices – Tania Greason, QI Administrator**

**Goal: Review of PI# 2a data reporting**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **Quality**  Workforce

**NCQA Standard(s)/Element #: X QI# 4**  CC# \_\_\_\_  UM # \_\_\_\_  CR # \_\_\_\_  RR # \_\_\_\_

Decisions Made		
<p>Tania Greason provided an update and overview of the MMBPI PI #2a data requirements <i>The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for services.</i> QI, MCO, CPI and DWIHN’s Access Center has worked internally and with providers to discuss how to increase DWIHN’s compliance in this area. Currently, MDHHS does not have a standard for PI #2a or PI #3 in which no exceptions can be excluded. DWIHN has made progress from previous quarters with an overall increase from 33% to approximately 52.9%. The assigned units at DWIHN will continue to work with providers and DWIHN’s access center, to ensure members are getting their biopsychosocial completed within 14 days.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>PI# 2a will continue to be an agenda item during the QISC meetings to review barriers and recommendations for continuing to increase DWIHN’s compliance score.</p>	QI (Tania Greason)	On-going



**11) Item: MMBPI “View Only” Module – Justin Zeller, QI Clinic Specialist**

**Goal: Review of MMBPI Module**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems **X Quality**  Workforce

**NCQA Standard(s)/Element #: X QI# 4**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>Justin Zeller discussed with the group the importance of continuing to review the MMBPI data. Providers have that ability to utilize the MMBPI “view only” module which will allow providers to update their PI data and review for trends and reporting in-compliance or out of compliance cases. If you do not have this module or have any questions please reach out to Justin or Tania via email <a href="mailto:jzeller@dwhin.org">jzeller@dwhin.org</a> and <a href="mailto:tgreason@dwhin.org">tgreason@dwhin.org</a>. QI will make certain that your assigned staff has access to the module.</p> <p>Discussion regarding the MMBPI PI #4a <b><i>the percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.</i></b> Providers are required to enter exceptions if a member does not show up for their appointment or reschedule an appointment, please make changes and exceptions as needed in a timely manner. Justin Zeller will send out reports no less than quarterly to the providers with the changes needed to be made in the system, but providers are required to make changes as needed without awaiting on the report submission.</p> <p>DWHN is making progress with PI #10 recidivism (Adults) with a compliance score of 15.01% for 4<sup>th</sup> quarter FY 2021, the standards is 15% or less.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Clinically Responsible Service Providers (CRSP) are to review MMBPI data and make exceptions and updates as required.	CRSP	On-going

**New Business Next Meeting:** Tuesday February 22, 2022 Via Zoom Link Platform.

**Adjournment:** 3:05 pm

ah/02/02/2022



# **DETROIT WAYNE INTEGRATED HEALTH NETWORK**

## **Quality Steering Committee (QISC)**

# Quality Improvement Structure

- DWIHN has an organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP. DWIHN's Quality Improvement Steering Committee (QISC) is the decision-making body of DWIHN's Quality Improvement Program and has responsibility for the following:
  - Providing oversight to DWIHN's QAPIP
  - Providing recommendations and feedback on process improvement, program planning, implementation and program evaluation
  - Examining quantitative and qualitative aggregate data and make recommendations for courses of action
  - Monitoring, planning and implementation of specific plans in response to recommendations identified for DWIHN by regulatory organizations
  - Ensuring systemic communication and implementation of mechanisms or procedures for use in adopting and communicating process and outcome improvement.

# Purpose of the Quality Improvement Steering Committee

The DWIHN's Quality Improvement Steering Committee (QISC) is an advisory group with responsibility for ensuring system-wide representation in the planning, implementation, support and evaluation of the DWIHN's continuous quality improvement program.

The QISC provides ongoing operational leadership of continuous quality improvement activities for the DWIHN. It meets at least monthly or not less than nine (9) times per year.

The QISC provides leadership in practice improvement projects and serves as a vehicle to communicate and coordinate quality improvement efforts throughout the quality Improvement program structure.



## Membership

Membership must include:

- Chief Medical Officer
- Directors of the DWIHN's units or designee,
- Chairpersons of the committees within the Quality Improvement structure or designee
- Members Served
- Advocates
- Contracted Providers of services to members
  - Serious Mental Illness
  - Severe Emotional Disturbance
  - Substance Use Disorders
  - Developmental Disabilities
  - Co-Occurring Disorders.

## Function of Quality Improvement Steering Committee

- Establish and annually review committee operational guidelines, such as confidentiality, meeting frequency, management of information requests, number of members required for a quorum, membership, etc.
- Establish committee goals and timelines for progress and achievement
- Participate in the development and review of quarterly/annual reports to the Program Compliance Committee and the Board of Directors regarding the Quality Improvement System
- Annually review and evaluate the effectiveness of the Quality Assessment Performance Improvement Program
- Oversee a circular communication process in order to ensure that all involved constituencies, including the Board of Directors, DWIHN staff, and members, providers and other stakeholders are a part of the Quality Improvement Process
- Provide recommendations and feedback on process improvement, program implementation, program results and program continuation or termination



## Function of the Quality Improvement Steering Committee

- Examine quantitative and qualitative aggregate data at predetermined and critical decision making points and recommend courses of action
- Review reports from regulatory DWIHN reviews
- Review of DWIHN improvement plans and make recommendations based on these reviews
- Monitor progress and completion of plans of correction in response to recommended remedial actions identified for the DWIHN or by regulatory organizations



## Function of the Quality Improvement Steering Committee

- Identify future trends and make recommendations for next steps
- Develop standardized forms required for the work of the Steering Committee
- Initiate and participate in recognition and acknowledgement of successes in quality Improvement for the DWIHN and the community mental health system
- Oversee practice improvement projects

# Questions



# DETROIT WAYNE INTEGRATED MENTAL HEALTH NETWORK

## QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN (QAPIP) DESCRIPTION

Updates

FY21-22 and FY 22-23



# QAPIP Description Updates

- The (QAPIP) Program Description covers FY 2021-2023.
- Changes to the QAPIP Program includes :
  - The Performance Improvement Projects (PIPs) to list the clinical/non-clinical PIPs (Pg.16)
  - Language to support that residential treatment providers prepare and file Critical Incidents reports (Pg. 18)
  - Include a description of how DWIHN analyze, at least quarterly, the critical incidents, sentinel events, and risk events to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents (Pg. 18)
  - The methodology for assessment of member experience with services to include a qualitative assessment (e.g., focus groups of member experience with services (Pg. 19).



# QAPIP Description Updates

- Include a description of how DWIHN ensure the incorporation of members receiving LTSS into review and analysis (Pg.20)
- Include a description of how findings of the QAPIP are incorporated into the recredentialing process (Pg. 8)
- Include a description of how DWIHN verifies whether services are reimbursed by Medicaid were furnished to members by affiliates (as applicable), providers and subcontractors (Pg. 21)
- Include mechanisms to assess the quality and appropriates of care furnished to members receiving Long-Term Services and Supports (LTSS) (Pg. 20).



# Questions





### ***Clinically Responsible Service Provider (CRSP) Responsibilities***

This document is a supplement to the DWIHN Provider Manual and to the Scope of Service in the contracts with the providers in the DWIHN Network that have been identified as “Clinically Responsible Service Providers” or CRSP (as seen in the Consumer Chart in MH-WIN).

CRSP is identified as the provider (chosen by the member) responsible for the coordination of the person- centered and treatment planning process. This includes but is not limited to conducting intakes, completing applicable assessments, and assigning the appropriate level of care for community-based services. The treatment planning process includes the development of the Individual Plan of Service or Master Treatment Plan, requesting authorizations for the services identified in the Individual Plan of Service, monitoring service provisions, conducting periodic reviews and addendum to the Individual Plan of Service when requested by the member or warranted due to changes in level of need or significant life events.

*NOTE: The blue highlighted segments lead you directly to the policy, procedure, and/or website page, for the area being referenced.*

#### **CLINICAL SERVICES**

The CRSP is identified as the provider (chosen by the member) that is responsible for:

1. [Intake and assessments](#), including biopsychosocial, level of care (LOC), clinical protocols (completed and/or coordinated), case management, completing the BH-TEDS, etc. The CRSP is responsible for engaging members and re-engaging those who have not been seen (see the [Re-Engagement and Disenrollment Policy](#)).
2. **Informing members of Rights & Responsibilities** (share [the DWIHN Member Handbook](#) and [Know Your Rights Booklet for Mental Health](#) and [Substance Use Disorder Treatment](#)).
3. **Person-centered planning** process which includes – but is not limited to - the development of the [Individual Plan of Service](#) (IPOS) or Master Treatment Plan with SMART goals, requesting authorizations for [the medically necessary services](#), monitoring service provision, conducting periodic reviews of progress toward goals, preparing [Behavioral Treatment Plans](#) when required, addendums to the IPOS when requested by the Member or warranted due to changes in level of need or significant life events, and Discharge Planning.

**Note:** All Mental Health CRSP must have a Behavior Treatment Plan Review Committee (BTPRC) in place.

4. Utilizing the DWIHN authorization decision guidelines and [UM Policies and Procedures](#), the CRSP is responsible for **requesting authorizations of clinically appropriate services** and review of clinical and programmatic performance.
5. Assisting members in **enrolling in the full array of Medicaid services** that are medically necessary, including but not limited to the Waiver Services – [Habilitation/Supports](#), [Children’s](#), [SED Waiver](#), [SUD Waiver](#) and Specialty services (i.e., [Autism](#), [Crisis Stabilization](#), [Psychiatric Inpatient services](#)),
6. **Linking and coordinating with supportive services** to meet the needs in the IPOS/Master Treatment Plan that are provided by:



## 5/11/20 Memo: ATTACHMENT – A

- a. Support services (i.e., Specialized Residential AFC Homes, Respite, Drop-in Centers, Workforce Development)
  - b. Substance Use Disorder: A CRSP who provides services to children and adults with Substance Use Disorders must provide the full array of services: <http://dwihn.org/programs-services/substance-use-disorders/>
  - c. Medical and Dental Services (coordination of care is also required with any health care provider, agency, natural or community support as identified in the member's IPOS.)
  - d. Insurance which includes monitoring Member's Medicaid status, assist with reapplication process, submission of General Fund Request, submission of applicable medical costs to the DHS office, as needed.
7. Facilitating the engagement **or transition to another level of care** (i.e., from children's to adult services or inpatient hospitalization to outpatient) with sharing the appropriate clinical information with [Michigan Behavioral Health Standard Consent Form](#) within 48 hours of referral, sharing
- a. Diagnosis on record,
  - b. List of current medications if applicable,
  - c. Name and contact information of case manager/supports coordinator,
  - d. Covered Services being provided.

### ADMINISTRATIVE SERVICES

Administrative responsibilities include:

1. Assure and update accuracy of demographic information in MH-WIN, including:
  - a. Member name,
  - b. Current Address
  - c. Birthdate
  - d. Contact information (including guardian)
  - e. Medicaid id
2. Determining Medicaid eligibility and ensuring that Medicaid benefits do not lapse.
3. Completion of [Ability to Pay](#) (including [SUD](#)) and submission of spend down documentation
4. Ensure completeness, transmission and maintenance of all [data requirements](#).

A CRSP shall either submit the IPOS in DWIHN's Electronic Health Record (EHR) by directly entering the information into DWIHN's EHR or at its sole, exclusive cost and expense, electronically submit data utilizing the data specifications identified by DWIHN in the format specified by DWIHN. A CRSP shall submit the IPOS into the EHR system within 48 hours of completion.

Electronic data specifications will be created at the discretion of DWIHN. In situations where industry standards are not available, DWIHN will develop a local standard for transferring data into the DWIHN central repository.

- a. IPOS (current with any amendments)
- b. Ensuring TEDS data is updated
- c. Bio Psychosocial



## 5/11/20 Memo: ATTACHMENT – A

- d. LOCUS
  - e. SIS (I/DD)
  - f. Crisis Plan
  - g. PHQ-9/PHQ-A
  - h. CAFAS/PECFAS
  - i. DECA
  - j. Required Michigan Mission Based Performance Indicators
  - k. American Society of Addiction Medicine (ASAM)
5. Submission of accurate and timely [claims](#) to avoid [fraud, waste and abuse](#).

### CUSTOMER SERVICE

The CRSP will designate a Customer Service Administrator responsible for ensuring that all Customer Service, policies, procedures and reporting are in adherence.

1. Orientation: a CRSP will provide orientation to newly enrolled Members, in accordance with DWIHN's [New Member Orientation Policy](#). **All Members shall receive an orientation at least annually thereafter.** Such orientation will include, but not be limited to: information about benefits and services available within the CRSP; the broad array of services (Social Security Administration, Department of Human Services, Parks and Recreation, Federal Housing programs, etc.) available within the community; a Member Handbook; and contact information about DWIHN's Customer Services. A CRSP will make all such information available to all Members who receive Covered Services from the CRSP. A CRSP will notify Members of their right (and access) to such information and materials not less than once each year.
2. [Outreach](#): A CRSP will have a policy and procedure(s) regarding its involvement in the community, including advocacy on behalf of individuals and families; outreach activities and programming; brochures readily available in the community; maintenance of physically accessible premises.
3. Education and Awareness: A CRSP shall continue to provide mental health education and awareness training to communities in Michigan. Such training shall include, but not be limited to: increasing knowledge of advocacy issues and resources within the mental health community; promoting understanding and education of mental health among the general population, and establishing communication with underserved populations.
4. Member Involvement and Empowerment: A CRSP will have a policy regarding Member involvement and a process which documents the involvement of Members, families, advocacy groups in the CRSP's agency and network of direct service providers. A CRSP shall expand, improve and demonstrate stakeholder involvement in all aspects of the organization and ensure that the organization fosters and demonstrates the spirit of empowerment of Members. A CRSP will work in cooperation with DWIHN on efforts regarding Member empowerment initiatives and implement measures to improve and advance those initiatives.
5. Members can decide to change their CRSP due to various reasons. Current should address reasons for change and if possible, work with individual to resolve any concerns in reference to dissatisfaction. If CRSP Change needs to occur, the individual must complete the "**Clinically**



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**Responsible Service Provider (CRSP) Change Form”**. CRSP changes will be completed by the Access Center.

6. Compliance: A CRSP will ensure compliance with the [Customer Service Standards](#). A CRSP is responsible for developing policies and procedures that will adhere to Standards VI: Customer Services; Standard VII: [Grievances](#); Standard VIII: Enrollee Rights and Protections; and Standard XIV: [Appeals](#). A CRSP shall comply will annual audits and other audits as deemed appropriate.

### **Due Process:**

1. Grievance: A CRSP shall comply with DWIHN policies, procedures and processes to document and assist in the resolution of grievances and complaints received by Provider and/ or forwarded by DWIHN.
2. Appeals: A CRSP will provide required Adequate or Advance Notice whenever there is a proposed or actual denial, termination, suspension or reduction in services requested by or provided to a Member and at the time of a new or updated IPOS. All such notices will be provided in accordance formats approved by DWIHN. A CRSP will submit required data elements in accordance with applicable Federal or State statutes, rules and DWIHN Policy and Procedures and schedules.
3. A CRSP will assure that persons receiving Covered Services are notified of and assisted with accessing grievance and appeal rights while they are receiving Covered Services under this Agreement.
4. A CRSP will ensure that training is provided to all employees who are involved in the treatment planning and utilization management processes on Due Process rights afforded to Members, and that employees are tested to show competency. Such training and testing will be in a format provided by or approved by DWIHN; updated annually; and documented in the employee’s record or personnel file.
5. A CRSP will designate a “Due Process Coordinator” who shall be responsible for ensuring compliance with all Due Process policies as well as serving as the principle contact for all Due Process matters. A CRSP will promptly notify DWIHN of its current Due Process Coordinator and immediately notify DWIHN of any and all changes in the individual performing that function.

### **QUALITY ASSURANCE**

The CRSP is responsible for developing and implementing a Quality Assurance Performance Improvement Plan ([QAPIP](#)) in accordance with DWIHN guidelines. The written description must contain a detailed explanation of the structure of the QAPIP system with objectives aligning with DWIHN’s Strategic Plan. The plan must evaluate the QAPIP program at least annually.

The CRSP is responsible for ensuring all data is entered related to Critical/Sentinel Events into the MH-WIN system in accordance with DWIHN policy and procedures: “Reporting Critical/Sentinel Events and Death Reporting Policy”. The CRSP must ensure that all required supporting documentation is included in each event in accordance with the published timeframes (critical incident reports, sentinel events, plan of action, root cause analysis). The CRSP must ensure that all staff entering data into the



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Critical/Sentinel Event module are qualified to review the event (i.e. licensed clinicians: behavioral health/medical), and monitor the implementation of corrective actions necessary to prevent the reoccurrence of the identified problem. The CRSP will ensure that a Peer Review Committee is reviewing and documenting these processes for annual reviews.

### RESOURCES

For additional guidance see:

1. [Michigan Medicaid Provider Manual](#)
2. [DWIHN Policies and Procedures, including the Provider Manual](#)
3. [SAMHSA-HRSA Center for Integrated Health Solutions](#)