



## **DWMHA System Transformation FAQ**

### **Residential Provider Meeting 12/4/2018 (Tabernacle Church)**

Q: How do we report vacancies?

A: The Authority will track capacity for the network through a questionnaire that identifies specifics about each home.

Q: Will all Providers receive the same communications all the time?

A: Some Providers receive certain messages while some don't for various reasons.

Q: When moving from one home to another do we still contact the Access Center? Does the process take a month?

A: Yes, contact the Access Center and they will come out to access the home. DWMHA Residential department can also assist.

Q: Please provide an update on spend downs.

A: Spend downs are ultimately out of the Authority's control, it is a DHS function. However, the Authority currently houses two DHS workers. Effective January 1, 2019 spend downs will be automatic.. In addition, DWMHA will eventually have five more DHS workers that will work throughout the county.

Q: Who should be responsible to complete Authorizations for Title 19, which is a supplement that's received by consumers whom live in specialized homes and receive SSI?

A: DHS workers.

### **Outreach Provider Meeting 12-3-18 (Burton Manor)**

Q: There were several questions asked about progress notes. Should they use the ones they've always been using? Should they use the new one sent out by DWMHA on 10/1?

A: Providers can still use the progress notes they've used in the past or they can use the one DWMHA sent out on 10/1. They need to have a signature and should be filled out by the Supports Coordinator or the Case Manager, the person responsible for the Individual Plan of Service (IPOS). DWMHA is working to standardize this form and will send it out as soon as it's completed.

Q: If I have questions about day to day operations who should I call?

A: Please refer to the Provider Contact List dated 12.5.18 which is located on the System Transformation page on our website, [www.dwmha.com](http://www.dwmha.com).

Q: If you want to change the diagnosis designation of a person how do you do that?

A: Call the Access Center and they will help you, 800-241-4949.

Q: When the codes are rejected in MH-WIN what do we do?



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A. You have to make sure you are using the correct fee schedule. There is a certain fee schedule for MI and I/DD. If it's billed to the wrong code, it will reject it.

Q. There will be different audits if you work with DWMHA and CLS because it's still an MCPN and a Provider?

A. Nothing has changed. You still have to fill out the paperwork required by both agencies.

Q. How will the Home and Community Based Services waiver be rolled out?

A. It's been rolled out for about two years. DWMHA has been monitoring it as it should be based on the HCBS requirements. Final project implementation is March 2019.

Q. We are using the staffing planning guide for CLS and respite services, should we be using a new one?

A. The newly established Residential department is still using this guide.

Q. Is someone able to change the IPOS?

A. It should only be changed if the person wants it changed and it's a support circle decision. It should not be made by just one person.

Q. Any indication if the state will increase Medicaid dollars to DWMHA?

A. We do not have any information on that at this time.

Q. Will there be changes to the funding model?

A. Yes, there is a new funding model proposal we are working on and it will be rolled out within the next few months.

### **Provider meeting on 9/17/18 (Burton Manor)**

Q: What is DWMHA doing about the excess paperwork?

A: Since we are eliminating the MCPNs, our system will be more standardized because DWMHA will be working directly with Providers, cutting down on different systems and paperwork.

Q: I want to get more information about the Recipient Rights Advisory Committee and info on joining the Constituent's Voice meetings.

A: We will post this information on the website.

Q: Will Peer Mentors still have a job?

A: Yes, they will still have a job.

Q: What are you doing about increasing the communication between DWMHA and parents, advocates, and people receiving services?



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A: We use various forms of communication to get the word out to all stakeholders. Check the website because it is updated almost on a daily basis.

Q: How does a person get an updated Provider Directory?

A: Updated Provider Directories are on the website and updated annually. If you need one mailed to your home please call the Customer Service # and will mail one to you.

Q: Some direct care staff have been threatened by Providers to not file Recipient Rights reports, how does the complaint system work and how can my complaint remain anonymous?

A: If you wish to contact the Detroit Wayne Mental Health Authority, Office of Recipient Rights (DWMHA-ORR), we can be reached through our toll free 1-800 hotline number; US mail and via fax. You are also welcomed to visit our office and speak to a Recipient Rights Representative face to face. All of our contact information is listed on our red and white “You Have Rights” poster that is posted at all Provider locations, as well as, on the DWMHA Website.

DWMHA-ORR is available to anyone who becomes aware of or suspects a potential rights violation has occurred with any of our Recipients. If any staff is discouraged or threatened by their employer to not contact the Rights Office, please be aware that that is a violation of your Provider contract, DWMHA Policy and more importantly, the Michigan Mental Health Code.

In accordance with MHC Section 330.1755 (3) (a) – Complainants and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from Recipient Rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.

Complainants also have the option to file complaints anonymously. If you wish to file a Recipient Rights complaint anonymously, please indicate that on your written complaint and/or when you speak with a Recipient Rights Representative. DWMHA-ORR will do everything within our ability to ensure that your anonymity will be maintained throughout the follow up and investigation process.

Q: What happens when authorizations expire on 9/30?

A: They will be honored through updated IPOS.

Q: Are there required trainings from DWMHA?

A: Yes, there are 9 required trainings under. They can be found on [www.dwmha.com](http://www.dwmha.com) Workforce Development

Q: Is there an assessment tool for audits?

A: Yes, it can be found on [www.dwmha.com](http://www.dwmha.com) it's also available in MH-WIN

Q: The 2018 Medication training grid was removed, working with Providers and Direct Care Staff to get input on trainings needed moving forward.



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A: The Clinical Practice Improvement department is responsible for developing trainings based on the needs of the workforce. Monthly trainings are provided in evidence-based, best and/or promising practices. Topics may include mental health awareness through Mental Health First Aid (MHFA), suicide prevention through Question, Persuade, Refer (QPR), as well as continued education credits and training in the areas of trauma and co-occurring disorders. Conferences and other workforce events focusing on the care of adults with severe mental illness are originated and executed through the CPI Department as well. DWMHA is in process of developing a survey to determine the training needs of Residential Providers. The training will be standardized to ensure and improve the quality of care and services.

Q: Will DWMHA reimburse landlords/homes for maintenance?

A: Medicaid rules do not allow for those items to be reimbursed. DWMHA cannot reimburse for these types of expenses.

Q: Will progress notes be continued in MH-WIN?

A: Progress notes will not be required to be uploaded in MH-WIN at this time. However, Providers are required to continue documenting and maintaining progress notes on all members. DWMHA will over time look at the current progress notes process and develop a standard to be used across the network. Please keep in mind if you do not continue to maintain progress notes and it is determined during an audit that services were billed and paid without documentation, the monies are subject to recoupment.

Q: Medication training for Direct Care Staff used to be required but now it is not, will it be required again?

A: We are reviewing our trainings and will take that into consideration.

Q: Why aren't there more qualified psychiatrists to work with people with mental illness and developmental disabilities?

A: That is a statewide issue and we are aware of it and are always looking for qualified psychiatrists who are willing to be credentialed with DWMHA and who accept Medicaid.

Q: Who is responsible for Level of Care?

A: There are standardized assessments in the determination of Level of Care. DWMHA also uses MCG-Indicia which is a nationally recognized medical necessity criteria from MCG-Indicia to assist in making behavioral health utilization management decisions. The criteria are reviewed annually with input from practitioners in our network. Access to the on-line version of the criteria is provided to all contracted Providers/Practitioners. A Bio-Psycho-Social Assessment is completed by a Clinically Responsible Service Provider (CRSP) Case Manager or Supports Coordinator. This information will assist to determine level of care, intensity of services and supports including residential referrals and services\*



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| Population  | Level of Care Assessment   |
|---|--|
| Individuals 18 or older seeking Mental Health Services                      | LOCUS Level of Care Utilization System is completed by Wellplace- Access Center for new consumers. The LOCUS is also completed annually by CRSP case management. Information is used to contribute to the development of an Individual Plan of Service   |
| Individuals (age 18 or older) with an Intellectual-Developmental Disability | The Supports Intensity Scale (SIS®) is a strength-based, comprehensive assessment tool that measures an individual’s support needs in personal, work-related, and social activities to identify and describe the types and intensity of the supports an individual requires. This assessment is completed by a MDHHS approved SIS Assessor. Information is used to contribute to the development of an Individual Plan of Service. |
| Child & Youth diagnosed Seriously Emotionally Disturbed (SED)               | Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool-Early Childhood Functional Assessment Scale (PECFAS) are assessment tools used to determine a child’s functional impairment in eight (CAFAS) or seven (PECFAS) life domain areas. Assessments are completed quarterly by the clinician based on information obtained during intake interviews and general service delivery.                             |
| Individuals with Substance Use Disorder                                     | The ASAM Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions American Society of Addiction Medicine (ASAM) Third Edition – completed by Substance Use Disorder Provider. Information is used to contribute to the development of treatment plan and determine level of care.  |

\*Residential Assessments for initial placement and ongoing services will be managed by the Residential Services Department within the DWMHA (Start Date – To be Determined) in collaboration with the CRSP and Residential home provider.

Q: How do you become a new Provider?

A.DWMHA is in the process of assessing our current network and where there is a need in our community.

Q: Will MH-WIN notify us if authorizations have been approved?

A: Yes for those services that require an authorization and are requested by the provider in the Authority’s electronic system, an immediate email notification goes out to the requestor indicating the disposition of the authorization requested. The disposition could be one of three types: Approved, Pended or Returned to Requestor, and Denied.



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Q: What can I expect as a DWMHA Provider when the MCPNs are phased out?

A: Services to people will continue uninterrupted. DWMHA is sending communications to each Provider on next steps for completing the transition.

Q: Will I need to sign a new contract?

A: No. The current contract with the MCPN will be honored. Contracts ending 9/30/18 will be extended by DWMHA.

Q: What if I'm contracted with more than one MCPN?

A: Providers will be notified of next steps during each of the MCPN transitions.

Q: What communication should people receiving services get from the Provider organizations?

A: Providers should be telling people their services will not change.

Q: As a Provider will my payment decrease with this new change?

A: DWMHA has standardized rates and they will be paid according to your current contract.

Q: How is this beneficial to the people receiving services? Will this disrupt services?

A: Costs saved will be put into additional services/resources for individuals. This will not disrupt services.

Q: Is the goal to shrink the Provider network?

A: No. The goal is for DWMHA to become a "manager" of care rather than a "funder" of care, that is to monitor services more efficiently and provide outstanding customer service to the people we serve.

Q: What if my company is not currently contracted with DWMHA, but would like to be?

A: Any organization wishing to provide clinical services must go through an impaneling process. Info can be found at [www.dwmha.com](http://www.dwmha.com) on the Managed Care Operations page.

Q: How will authorizations be processed through the transition?

A: Authorizations in progress will be transferred over to the DWMHA data information sharing system with the Individualized Plan of Service (IPOS) to alleviate the resubmission process. It is not the intent to start the process again.

Q: Who do I contact if I have questions regarding System Transformation?

A: Providers will receive communication from a designated DWMHA contact person to assist through the transition. Emailed questions can be sent to [systemtransformation@dwmha.com](mailto:systemtransformation@dwmha.com).

### **For People Receiving Services meeting on 9-14-18 (Tabernacle Church)**

Q. What is happening?

A. The Detroit Wayne Mental Health Authority is phasing out the Manager of Comprehensive Care Providers or MCPNs.



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Q: Why is this happening?

A: DWMHA is reducing costs and passing the savings onto people receiving services by offering more choice in the resources that are available in the community.

Q: Will I have to change Providers?

A: No, Providers will continue to provide services to you.

Q: How will this affect my services?

A: Your services will not be affected.

Q: When will this System Transformation take place?

A: October 1, 2018

Q: How do I get additional information?

A: Talk with your Provider or email us at [systemtransformation@dwmha.com](mailto:systemtransformation@dwmha.com).

Q: I would like to know more about the 36 seats availability for Constituents' Voice Advisory Group.

A: The CV Advisory Group has up to 33 seats available. We meet the 3rd Friday of the month from 10am – 12pm. The meetings are held at 707 W. Milwaukee Street, Detroit, 48202. To apply, applications are accepted by our Customer Services Department.

Q: Is this open to Providers as well or is it just for people receiving services?

A: The CV is largely for individuals who receive services, but we do have some seats for advocates as well. Additionally, there are other opportunities for Provider networks to be involved.

Q: How can someone be a part of the Recipient Rights Advisory?

A: Information will be available after the meeting.

Q: As a parent and guardian, the happiness of our child often lies in the relationships we have made and build with our Providers. Other than the advisory' groups discussed, what are you doing on your end to ensure that the type of one on one care relationships are able to be built between your organization and



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us as consumers and parents is in place? And what type of training do you have to ensure that the communication we have is positive?

A. The below answers were discussed by Mr. Brooks:

The relationships with the Providers will not change and so everything that has been established we want to continue to build on that relationship.

What we are trying to do is removing of the layer between the Providers and our organization, so we would have a closer relationship with our Providers and the people who we serve.

We hope to have more events like this one so we can hear more from the individuals in which we serve. Also, removing that layer will give us an opportunity to have a closer touch with the people we serve.

Another important factor is our local leaders in Lansing, as the more our leaders understand what is going on with our consumers the better our system is and will be.

It is our overall goal to increase the relationship with the people we serve.

Q. Regarding the Holistic Care, can you speak to the spiritual portion and what does that mean?

A. When we look at the spiritual portion, it will involve the community. We believe there should connection and people should have choice such as: Spiritual Health and Recreational Health

All things that help the mind, body and soul, additionally when looking at specific care needs for individuals, we also have to consider the impact of trauma that's involved with that care. I believe it takes an entire village to help someone to have i.e. (a home, employment, managing bills, a social connection with their community and spiritual assistance of their choice that helps give them other types of strengths outside of medicine and counseling).

We believe that their success rate for recovery is much higher when you add those five things including the spiritual component. This does not mean that we dictate what that is, but it does mean that it will provide an avenue throughout the Provider network so that you can have a connection with individuals of your choice that we believe will help strengthen individuals. It's been proven that individuals who have strong spiritual relationships, help with society issues.

This is not something that is new, as it has been done in the past. What is new is we are going to try to formalize it to a point that all of our providers have plans in the system that can help individuals with those five key elements, including spiritual support of their choice.

Q. How will transportation be provided? Especially for opt-out communities and for individuals who use public transportation across the county?

A. DWMHA has connected and partnered with an organization called, "Champions of Tomorrow." They have been specifically charged with the responsibility to get individuals with disabilities out to engagement opportunities. We will be able to send transportation to their home to the meeting and



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back home. Currently, this support is being provided to the members of constituent's voice members. We are also working to add capacity for others who are not members.

Mr. Brooks also indicated that transportation is a key issue for our city as well as our entire state. We need to address the transportation issue in our state and in our city. There has been a lot of discussion with Mayor Mike Duggan regarding public transportation and the plans he would like to put in place and we want to work with him. We are meeting and working with the Mayor regarding this issue.

Q. As a Provider of residential care services, when will we know that our contracts have been validated with the DWMHA, so I can assure family members and guardians that our contracts have been approved and their family members will not be moved? We have submitted paperwork, but have not heard anything.

A. Contracts will be posted next week on DWMHA website and will be sent to all the Providers. The contract will have to go before the Board of Directors on 9/19/18 and there is a timeframe, which they will have to be back by 9/27/18, however, that date will be confirmed and posted on the website as well. Additionally, at all the Provider meetings it was noted that we do not want services to be interrupted from the people we serve. Payment was guaranteed by Stacie Durant our Chief Financial Officer.

Q. AFC Homes would like know if they will be given the opportunity to contract with DWMHA as they currently do not have a contract with the MCPNs?

A. Currently, we are evaluating our Provider network before we entertain the option of bringing in anyone new. We will not be taking in any new, AFC homes at this time. Until we get a better assessment of where there is a need.

Q. How will Recipient Rights handle both Recipient Rights Substance Abuse and Mental Health Recipient Rights complaints? Will there be training or will Recipient Rights come up with something that is seamless for both?

A. DWMHA still has the responsibility for both Substance Abuse and Mental Health Recipient Rights. However, the Substance Abuse Rights Advisors are still in existence at their Provider locations and are responsible to follow-up and investigate complaints.

Q. What is the new procedure for placement/and moving people from hospitals?

A. The procedure would be the same as before were CareLink Network would be notified for placement.

Q. Some Providers received credentialing documents to complete and some did not receive the paperwork. Can the email with the attachments be forwarded to us?

A. After the meeting, we will get the Provider information and will follow-up Managed Care Operations team to make sure they receive the documents.



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Q. Why were the MCPNs created and how much increase in staffing does DWMHA anticipate to take over the services that the MCPNs were doing?

A. The below answers was discussed by Mr. Brooks:

They were created because of the large system we have in the county as it was difficult trying to get payments out to the Providers. So the first reason, was to ensure that payments were sent out timely to Providers.

The second reason was because our county is so large they wanted to make sure that the Providers were spread throughout the entire county, through the MCPNs.

The MCPNs had a little under 200 staff personal. We are anticipating and planning to hire around 70 individuals compared to nearly 200.

Q. I am here on the behalf of my brother as I am his guardian. He is currently under Community Living Services (CLS) and my concern and question is will his services continue and remain the same, i.e. where he lives? Also, do I still interface and communicate with his CLS support coordinator, who will determine the cost of care? Is it DWMHA or is it CLS? And will CLS eventually go away?

A. CLS is an MCPN and a Provider and therefore the MCPN contract will remain in effect until 12/31/18. At that point CLS will more than likely remain a Provider but not an MCPN. The Provider CLS will remain and if you are happy with where you brother is currently living it will not change. Additionally, because DWMHA will be contracting with all of the Providers that means the network has become bigger for you to choose from based on your choice.

Q. What will happen with self-determination homes and will we have our own staff? I am also a new certified Peer Mentor and I want to know where do I fit in?

A. The answer to that is yes, if you are in a self-determination agreement, we want to put the choice and power into your hands. As this is your life and decision along with your support circle. Where you choose to live and with whom you choose to live with.

Q. What's the date for the MH-WIN training? And will authorizations remain the same as before for substance use disorders and the ones the MCPNs handles?

A. Two trainings will be held on Friday, September 21, 2018 and Monday, September 24, 2018. Providers must register and sign-up for the trainings. The training information is located on the DWMHA website under the System Transformation yellow button. There is link to sign-up and live stream the training as well online.

Q. It was noted by a parent to focus the meeting back toward the patients, parents and guardians and the consumers. As a parent, I appreciate this meeting, however, there are a lot of Providers in the room and I understand you recently had a meeting, but my son, just asked me what does this meeting have to do with me? I understand that you have a lot of questions, but if you could really focus the meeting back toward the patient, parents and guardians that would be appreciated. If you have information for



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the parents, guardians and consumers, please share that information at this time. As we are really confused as we sit here. Also, my son and I don't understand acronyms.

A. DWMHA Member Engagement Manager Donna Coulter informed her of the below events DWMHA is doing to engage families, advocates and people who receive services:

We are having a Community Candidate Forum on October 19, 2018

Our Award Ceremony and Gala for people who receive services called: "Reaching for the Stars" on October 26, 2018. A dressy night to celebrate everyone's special talents. Dinner & dancing.

We will have our Quarterly Consumer Meeting, which is on the 5th Wednesday of the month.

We are offering Sex Education and Peer Monitoring Training

We will also be the connection between Detroit-Wayne and our community. Now that the layers will be remove this is an opportunity for us to directly engage and work with people who receive services, their advocates and supporters.

We are developing individuals who are professionally trained to make those connections. We are looking for 20 individuals who will work with us to help us hear and understand what is being said and also take messages back to people who receive services about what is going on at a system's level as well as statewide regarding community mental health.

Q. Supports Coordinators are being inundated with questions from our parents and caregivers regarding the end date for authorization services. We would like to provide answers as it relates to authorization services after September 30th. What can we tell them?

A. We will pull the authorizations that are currently in place with individual plan of services that was developed with the support coordinators. They will be placed into our system and we will extend those until the end date of that individual plan of service. For new authorization requests, we will handle those the way that the MCPNs previously handled them so that there is no change to the providers.

Q. The question is related to where the CMHs are located and the fact that it might be too far out from where the person is residing.

A. The CMHs locations are the consumer's choice. They decide which location they would like to receive their support coordination services from or their CMH services from. We do not want to limit that choice at all.

Q. Throughout the System Transformation process, how will you monitor quality of services? Because you are becoming one big network and as a person from the outside, it looks a little overwhelming as well as the steps you are implementing to increase your staff load as it not going to slow down your consumer load.



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A. We have already talked about staff increases. We have already increased staff by 30 individuals and we are increasing by another 20. They will start within the next 45 to 60 days in the following departments:

Quality Department

Utilization Management

Customer Services

Managed Care Operations

Q. During this transition, will placement of new people into our homes remain consistent to fill vacant beds that we currently have?

A. Yes, we want to ensure that the individuals we support have access to whatever is needed. Wait for communication to from the Communication Department regarding the process for residential placement, but it will remain the same.

Mr. Brooks thanked everyone for coming to today's meeting. He encouraged the attendees to visit the DWMHA website for information and continued to talk with their providers if they may any questions.

### **From Meeting Held on 9/17/18**

Q: What is DWMHA doing about the excess paperwork?

A: Since we are eliminating the MCPNs, our system will be more standardized because DWMHA will be working directly with Providers, cutting down on different systems and paperwork.

Q: I want to get more information about the Recipient Rights Advisory Committee and info on joining the Constituent's Voice meetings.

A: We will post this information on the website.

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**A:** If you wish to contact the Detroit Wayne Mental Health Authority, Office of Recipient Rights (DWMHA-ORR), we can be reached through our toll free 1-800 hotline number; US Mail and via fax. You are also welcomed to visit our office and speak to a Recipient Rights Representative face to face. All of our contact information is listed on our red and white “You Have Rights” poster that is posted at all service provider locations, as well as, on the DWMHA Website.

DWMHA-ORR is available to anyone who becomes aware of or suspects a potential rights violation has occurred with any of our recipients. If any staff is discouraged or threatened by their employer to not contact the Rights Office, please be aware that that is a violation of Provider Contract, DWMHA Policy and more importantly, the Michigan Mental Health Code.

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