

Community Mental Health for Central Michigan
Provider Network Meeting Minutes

Date: May 22, 2018
Time: 10:00 a.m.
Place: Isabella Office – Lake Michigan Conference Room
Meeting called by: Tonya Lawrence, Provider Network Manager
Type of Meeting: Regular
Note Taker: Cindi Saylor
Attendees: Provider Network and CMHCM Staff
Attendees (via conference phone): Provider Network - CMHCM, Midland Office, Mecosta Office, CMHCM Staff
cc: Cindy Bay-Baron Quality Advisor, Ashten Feltman Safety Officer, Karen Bressette Customer Service Coordinator, Executive Leadership Team (ELT)

Agenda Topic: Announcements

Presenter: Tonya Lawrence
Discussion & Conclusions: Attendees were welcomed and asked to use the sign in sheet to update all information including their email addresses. Introductions were given by all Providers and CMHCM staff throughout the room, and polycom.

Binders are available in the lobby and for providers to use for their organization.

Kris Stableford from Rights was unable to attend, however there was an announcement regarding Pre-Employment Rights Violation Checks. To date, CMHCM clerical staff has been sending individualized documents to Providers to avoid necessary redactions for personnel files. Going forward, this information will be provided in a list instead of individual letters. Providers were asked to allow 48 hours to receive results and multiple emails are unnecessary. Providers were thanked for their understanding and cooperation.

Agenda change was announced to add additional agenda item, a quick announcement from DDI, after topic 3.

Reminders:

- I-Chat criminal background checks are preferred for the Medicaid event verification process, CMHCM is seeing other foreign and non-reliable sources being used.
- Sensitivity training must be completed for all new employees.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: State of the Agency

Presenter: John Obermesik, Executive Director
Discussion & Conclusions: John Obermesik thanked the provider network for their continued participation in the bi-annual meetings, welcoming feedback and questions.

Changes in leadership were announced: Kathie Swan's retirement and receipt of

CMHCM's Outstanding Achievement Award; Julie Bayardo's promotion to Deputy Director of Services; Jennifer McNally's promotion to Isabella County Program Director; Craig Derror's departure from the agency; Sara Miceli-Sorenson's promotion to Clare-Gladwin County Program Director. Dr. Pinheiro, CMHCM Medical Director, was appointed to the Natural Council's Medical Director Institute, a high national honor.

Re-certification assessment was completed with MDHHS, and CMHCM was found in compliance with state CMH standards; certification was renewed until March 2021.

Congratulations were given to the New Journey Clubhouse in Big Rapids on their Clubhouse International Accreditation. The Summit Clubhouse in Mt. Pleasant has relocated to High Street and will have an accreditation meeting at the end of June.

The CMHCM FY17 annual report has been sent through Constant Contact, and providers were asked to review CMHCM's collective efforts toward fulfilled lives.

The number of tragic and traumatic events involving mass casualties, some incidents occurring in Mid-Michigan, was addressed. CMHCM is actively involved with community agencies to improve coordination and prevention and to create response mechanisms and diversion strategies.

Legislative Updates:

The House C.A.R.E.S. Task Force toured MI last year for community feedback on improving the public mental health system. They found a number of veteran's issues, and a disproportionate number of persons with serious mental illnesses and intellectual and developmental disabilities in jails/prisons. They are looking for ways to provide these individuals with necessary care, and a number of bills have come from these findings, some from CMHCM suggestions.

A recommendation was placed for legislation on Adult Home Health equity, compensation, and to reduce the duplication in paperwork. No legislation has come of this yet; however the State Budget office, which was not aware of the issues, is currently looking into it.

House Bill 5828 - Proposes a comprehensive school safety plan and fund; creating a behavioral and mental health assessment team which will take a preventative approach to school safety, and include a plan to support survivors of violent incidents.

House Bill 5806 - Moves Juvenile Health Court to its own, new section and requires the Juvenile Court to hire, contract, or work with a mental health professional in consultation with the local CMH.

House Bill 5439 – Requires electronic inpatient psychiatric bed registry. Kudos was given to the Crisis Mobilization and Intervention Team for reporting denials

to the state, when hospitals refused requests crisis beds.

Senate Bill 897 – Medicaid work requirements are currently held up, with objections from the Governor who has indicated that the 29 hour rule for continued eligibility is unreasonable. The three states that have adopted the requirements are caught up in litigation on the implementation.

Section 298 update – Defeated last year, but is a threat to the public mental health system again with the FY19 budget. The Senate has introduced language that eliminates CMH as the sole source contractor for persons with serious, persistent mental illness and persons with intellectual and developmental disabilities. Providers were asked to advocate along with us, a Constant Contact notification was sent and the link is on our Facebook page, to defeat this in the FY19 budget.

20th Century Cures Act – Passed by Congress in 2016, includes new fraud prevention compliance called Electronic Visit Verification (EVV). Personal care EVV is to start Jan 1, 2019 and Home Health EVV to start in 2023. However, the department has not yet rolled out the implementation plan.

Disability based Medicaid funding reform – President introduced with FY19 budget, and states may move from a managed care model to either a per capita spending cap or block grants to the state. MI has been under the managed care model for over two decades, and we are the only state in the union who provides services to all populations. The threat of the elimination of the income-based Medicaid expansion (Healthy Michigan Plan) is receiving strong opposition.

Overall FY19 budget Medicaid changes –

- Increase to autism services, but there is a debate on allocation and we are unsure how much the increase will be.
- General fund formula will not be increasing overall, but will address inequities to rural CMHs to provide a more equitable share of the budget.
- Direct care worker wage improvement language (Section 1009), potentially adding funding for employer overhead on the \$.50/hour increase granted in FY18.
- Supplemental budget for FY18 may be released to address the Medicaid shortfall, believed to be caused by of the migration of Disabled, Aged, and Blind (DABS) individuals into the Healthy Michigan plan, which pays 10% of what the DABS rate paid.

Update on services provided by CMH:

Developing Integrated Health Care Capabilities:

- Awarded \$300K grant to develop integrated health dashboards and data exchange platforms with medical providers.
- Integrated Health teams are formed in all six counties to review physical and behavioral health concerns.
- On-site labs in Isabella and Midland offices. And Medicaid Assisted treatment is available in three offices.

CMHCM community reinvestment announcements:

- Orientation to services presentation for Children’s services.
- Grant funded Behavioral Health Consultant to coordinate services.
- \$150K grant for a two person children’s crisis team.
- Baby court in Isabella County. One exists in Midland and we are pursuing other counties.
- Contracted with Juvenile Justice Center in Midland for psychiatric services.
- Agreement for on-site therapy in Farwell Elementary and Middle schools.
- Youth intervention specialist school partnerships in Isabella, Clare, and Gladwin in the works. Already exists in Midland, Mecosta, and Osceola.
- Multiple-systemic treatment expansion in additional counties.
- \$85K Health Endowment fund grant for the Rosebush Autism Center.
- Multiple trainings held with DHHS to better understand each other’s agencies, tackle myths, and build relations. Strengthened support of children in foster care and continue to strategize on supports.
- Funded a crisis residential unit feasibility study to determine local demand for local development and consolidate placements.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: MDHHS HCBS Site Visits

Presenter: Tonya Lawrence

Discussion & Conclusions: CMHCM are contracting with Wayne State University DDI for HCBS monitoring and compliance site visits. Introduced Angela Martin with DDI, who joined via phone. DDI will be working with individual providers with corrective action plans to schedule site monitoring visits, to assess the status of issues and help providers reach compliance. During these visits, an outside interview will take place which will consist of:

- Monitoring the site.
- Talking with individual(s) or the provider.
- Looking at documentation to determine compliance.
- Submitting results to CMHCM.

The tools to be used during the site reviews were proposed and approved by both the Mid-State Health Network and the State of Michigan.

Action Items, Person Responsible & Deadline: Providers with corrective action plans can expect to be contacted by DDI with further details.

Agenda Topic: ABA Presentation

Presenter: Emily Bongard

Discussion & Conclusions: **Please see PowerPoint attachment.**

A PowerPoint presentation was given on Autism Benefit Waivers and Applied behavior Analysis (ABA) Services.

- Autism Benefit Package was expanded January 1, 2016 to include youth under age 21 and was previously only offered to children under age 6.

Under this expansion, Aides are now known as Behavior Technicians and require 40 hours of Autism specific training, and a medical evaluation is now required prior to an Autism referral, to rule out other causes. The expansion has greatly increased the number of youth being served in the program.

- Pediatric Center in Midland has grown and will be relocating to a larger facility.
- The Rosebush Learning Center will be opening as a central location for Isabella, Clare, and Mecosta participants.

Q: Will there be any program for those consumers over 20 (21)?

A: Not certain why they chose age 21, and it would not be a surprise if this is changed again at some point. Any individual may get ABA services; they just would not have a Medicaid waiver covering them if over age 21.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *HCBS Update*

Presenter: Barb Mund

Discussion & *Please see PowerPoint attachment.*

Conclusions: A PowerPoint presentation was given on Home & Community Based Services (HCBS).

- On-site verifications must occur before the deadline in remediation responses, so ensure time is allowed to complete this process before the due date.
- Discussed the out-of-compliance and heightened scrutiny process and where to expect notifications to come from.
- Any IPOS modifications must be documented and based on a specific, assessed need, and be justified in the person centered service plan, and may require Behavior Treatment Committee review and approval.
- For Providers under heightened scrutiny, MDHHS or MSU will be contacting providers to let them know what documentation is needed and to schedule a site visit.
- B3 survey results can be expected late spring or early summer, so providers were reminded to monitor their email and this will come through Constant Contact.

Q: Providers are getting questions from case holders on how modifications should be reflected in the IPOS, providers are unsure. Is there anyone at CMH to assist?

A: Refer the case holder back to their supervisor, or contact Barb and she will forward to their supervisor.

Q: When will providers have access to the forms regarding choice, as providers are being held accountable and would like to have access?

A: This is automatically part of the PCP or Addendum. Paper forms are linked in the responses, and specific concerns can be emailed to Barb and she will look into it with case management supervisors.

Q: Who do we expect for in-home visits, should we expect people from Mid-State Network and CMHCM?

A: If you have an approved corrective action plan, DDI will be the entity that oversees the process, and they will be visiting. For heightened scrutiny, MDHHS or MSU will conduct the visit. You could potentially have site visits for both entities depending on compliance.

Action Items, Person Responsible & Deadline: Providers were asked to copy hcstransition@cmhcm.org when documents are sent. If a Provider selects “NO,” to not continue the process, contact Tonya so we are aware of the decision.

Agenda Topic: *Electronic Visit Verification*

Presenter: Tonya Lawrence

Discussion & Conclusions: *Please see PowerPoint attachment.*

A PowerPoint presentation was given on Electronic Visit Verification (EVV).

- States must implement an EVV system for personal care services (PCS) by January 1, 2019 and for home health care service (HHCS) by January 1, 2023. However, CMHCM has been notified that we should not yet take any action as implementation by the state is delayed.
- Once implemented, the state is required to provide training on the system.

Action Items, Person Responsible & Deadline:

Agenda Topic: *Preparation for MDHHS Review*

Presenter: Barb Mund

Discussion & Conclusions: *Please see PowerPoint attachment.*

A PowerPoint presentation was given on the MDHHS review that will occur in July 2018.

- Legibility is very important.
- More than one consumer can be listed on the form, but ensure specific dates are specified for each consumer for the most recent beneficiary-specific IPOS training.
- If Providers have a staff member who is late on training, complete the training now and indicate that it is done.
- Staff must be re-trained if plan changes, and there must be documentation.

Action Items, Person Responsible & Deadline: CMHCM will work on obtaining forms that can be typed into rather than handwritten, and will email if/when they become available. All forms and documentation is required by the due date of June 22, 2018.

Agenda Topic: *MEV Audit Trends*

Presenter: Debbie Bauman and Jennifer Dunlop

Discussion & Conclusions: *Please see PowerPoint attachment.*

A PowerPoint presentation was given on the MDHHS review that will occur in

July 2018.

- Discussed overall compliance and common findings, giving suggestions and examples for improvements, and recognized common strengths.
- Reminders were given on where to find requirements, and that the time on the documentation must be the time the service was provided and match what is billed.

Q: Clarity was requested on the finding that documentation does not include the type of support provided.

A: When a consumer has an objective, such as meal prep, it will be different for each. Such as, does the consumer require hand-over-hand assistance, is consumer responsive to prompting. The type of support will depend on their IPOS.

Action Items,
Person Responsible
& Deadline:

Please contact jdunlop@cmhcm.org or [dbauman@cmhcm.org](mailto:dbaumann@cmhcm.org) if you have further questions.

Agenda Topic: MSHN Update

Presenter: Tonya Lawrence

Discussion & MSHN Update:

Conclusions:

- Working on a universal training system across the Mid-State Network region, online platform that will produce a transcript of the training. Will give prompts and reminders, with one-click access for CMHCM to see staff trainings which will be very helpful in audits.
- Reciprocity effort in monitoring Fiscal Intermediary and Inpatient services.
- MSHN wide universal provider directory will be uploaded to the MSHN website.

Next Provider Network Meeting is the second Tuesday in November (Nov 13, 2018).

Action Items,
Person Responsible
& Deadline:

***Meeting adjourned 11:59 am
at:***

Next meeting date: Tuesday, November 13, 2018