

Community Mental Health for Central Michigan
Provider Network Meeting Minutes

Date: **November 6, 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 and CMHCM Staff: Gladwin, Mecosta, Midland, Osceola offices
cc: Executive Leadership Team (ELT)

Agenda Topic: Welcome/Sign-In/Introductions

Presenter: Tonya Lawrence
Discussion & Conclusions: Providers were reminded to sign-in and include their email addresses, as this is how we ensure the contacts who are attending the meetings are receiving our emails.
Action Items,
Person Responsible
& Deadline:

Agenda Topic: Announcements

Presenter: All
Discussion & Conclusions: Tonya Lawrence reminded CLS Providers that notification was sent in January 2018, and as a reminder, all CLS notes must be uploaded to our Medical Record system (CIGMMO). There are still some Providers not yet uploading these notes, and those Providers will be receiving a letter with directions, which will be sent out today via mail and email. This requirement is very important to ensure complete clinical records.

Providers were also reminded, on behalf of LeeAnn Allbee, CFO, that they cannot bill CMHCM for Adult Home Help hours. There are still some Providers trying to bill CMHCM for Adult Home Help.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: State of the Agency

Presenter: John Obermesik
Discussion & Conclusions: There were leadership changes within CMHCM announced in the May 2018 meeting, and since then leadership changes have occurred at the State level:

- Sr. Deputy Director for Behavioral Health and Developmental Disabilities Administration:
 - Lynda Zeller – resigned
 - Dr. George Mellos – successor; prior director for the Hawthorne Center and the Hospital system for the State of Michigan. CMHCM has worked

directly with Dr. Mellos previously, and he seems accessible, reasonable, and supportive of the CMH community.

- Director of Bureau of Community Based Services:
 - Tom Renwick – retired from role after 30 years
 - Jeff Wieferich – named as acting director; Director of Quality Management and Planning Division.

The Summit Clubhouse recently had an Open House and ribbon cutting ceremony. All Providers are invited to the Open House at the Rosebush Learning Center, at Rosebush Elementary School on November 14th at 4pm. Approximately 15 individuals are served at this new location, which provides Autism services with other co-located services for kids. In Midland, CMH center based Autism services are moving, along with the Pediatric Center, from Longview Elementary to Windover High School.

Today is an election day, where we will vote on leadership in government and important proposals. Since 2007, CMHCM has encouraged voter registration for consumers, and Providers were asked to support and encourage everyone to get out and vote.

Legislative Updates:

14 days left in the session for Legislature, to take action on bills and to review election results. Between Thanksgiving and Christmas, the “Lame Duck” session will occur (Tue/Wed/Thurs. for 4 weeks), where the outgoing Legislation will make their final marks. If bills do not get acted upon during this session, they will die and need to be re-introduced with new legislature.

Senate Bill 962 – Would allow AFC homes dual licensure, to operate as a co-occurring enhanced crisis residential program providing short-term intensive mental health and SUD services for residents who do not require continuous nursing care.

House Bill 5524 – Provides Mental Health First Aid training to teachers.

House Bill 5439 – Requires the department to establish a state-wide electronic psychiatric bed registry. That registry would then be available to health plans, psychiatric facilities, CMHs, acute care hospitals, and caregivers. This bill has already passed the House, is currently with the Senate, so it could pass anytime. This was one of the initiatives that the House Cares Task Force brought forward.

House Bill 6202 – Statewide crisis hot line providing a 24/7 telephone referral system. This bill also came from the House Cares Task Force, and is to connect individuals in crisis with local mental health providers and psychiatric beds. The CMH community sees this as redundant and does not support this bill, as we have already had this in place for years.

State minimum wage and sick leave measures – May be addressed during the Lame Duck session. This initiative was expected to be on the ballot today, however the law in Michigan allows the Legislature to act on an initiative first to avoid putting on the ballot. They did pass this legislation and therefore could modify it during the lame duck session.

Appx 50% of CMHCMs budgeted services are delivered by persons who would be impacted by the proposed minimum wage schedule, which increases to \$10.00 in 2019 to \$12.00 over four years. Increased pay is welcome news for workers; however FY19 CMH budgets do not include the unanticipated increases. Overall Medicaid funding increases will be needed, so funds do not get diverted away from other necessary budgeted expenses.

Minimum wage is currently \$9.25 statewide, and we strive for \$2 over minimum wage for direct care staff to differentiate our industry. These increases do not help recruitment and retention challenges, as we would be in direct competition with all other industries. The \$2 over minimum wage would still be needed so that our industry is not in competition with other businesses offering the same minimum wage.

Health Michigan Plan work requirement – Required the department to file an application for a waiver of the current plan to allow work requirements. Many exceptions would be included, which should allow our consumers to remain unaffected. However, if the centers for Medicaid and Medicare services do not act on this application with one year, the Health Michigan plan would end and 655,000 people would be without coverage.

There are measures in place to stop the migration of disabled, aged, and blind (DAB) individuals over to the Healthy Michigan Plan. If individuals are eligible for traditional Medicaid, they should be enrolled. Control mechanisms are in place to ensure individuals are not automatically signed over to the Healthy Michigan Plan if they have a history of being under traditional Medicaid.

MDHHS has come up with Network Adequacy standards that are different than current standards. Services are provided within a 60 mile, 60 minute radius, which we have been in compliance with for a long time. The proposed changes would require standards based on recent enrollment and utilization data. Our agency has seen a draft and our service area does appear to be adequate, however we do not know what the final impact may be at this time.

Section 298 update – The proposed budget would have eliminated CMHs as the sole source contractor for persons with serious persistent mental illnesses, and intellectual and developmental disabilities in the three pilot regions covering six counties. The proposal was to allow Medicaid Health Plans to contract with anyone, not just CMHs. After receiving over 2,000 contacts, this language was removed and CMHs are ensured to be the sole source entity for Medicaid dollars.

Section 298 workgroups – CEOs of Saginaw, Genesee, Muskegon, Mason Lake, and Oceana counties are meeting with CEOs of the Medicaid Health Plan and working out how to financially transition from a CMH model over to the Medicaid Health Plan model. 25% of Medicaid participants of those counties are not enrolled in a Medicaid Health plan, as one does not have to sign up for a Medicaid Health plan to have Medicaid. The state is looking for a Single Prepaid Inpatient Health Plan to provide mental health services to this 25% of people who have been marginalized by not signing up for a Medicaid Health Plan. Our PIHP MSHN is interested, and they will be meeting tonight to sort out any complications.

Announcements:

- 225,000 sq. ft. Caro Psychiatric Hospital held a groundbreaking ceremony in October, adding 50 new beds.
- Agency Services received satisfactory results for our recent HSW, CWP, SEDW reviews.
- CMHCM outpatient offices can now conduct outpatient video assessments across our six counties and be paid for this service, which has been in the works for three years. Just last year, we used \$180k in general funds to fund these services, which allow us to provide immediate assessments in another county via video polycom when an assessment specialist in the consumer’s county is not available.
- Phlebotomy labs in have closed in Isabella and Midland locations. After six months, there was not enough volume to justify these on-site services.
- 2018 Consumer Satisfaction results – 99% in satisfaction with outcomes across all counties for persons with intellectual/developmental disorders. Consumers were also surveyed in the areas of access, appropriateness, participation in treatment, and cultural sensitivity.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: Incident Reports

Presenter: Jane Gilmore

Discussion & Conclusions: On each incident report, near the bottom, there is a section titled “*DESIGNATED SUPERVISOR (State program or administrative action to remedy and/or prevent reoccurrence of incident, including disciplinary action).*”

- This section is not being filled out 100% of the time, and it is not just for a supervisor/manager signature.
- Must also be filled in with what is being looked at to prevent reoccurrence, it does not need to be elaborate; however it cannot just say “reviewed.”
- Going forward, any incident reports submitted without this section completed will be returned and Providers will be asked to resubmit once this section is filled out. This will delay turnover time, so please submit complete reports.

If you need specific training, contact Jane Gilmore (jgilmore@cmhcm.org).

Action Items,
Person Responsible
& Deadline:

Agenda Topic: Behavior Treatment Committee (BTC)

Presenter: Renee Raushi

Discussion & Conclusions: Please reference [BTC Powerpoint - Provider Network](#)

- The BTC meets monthly to review/approve proposed intrusive or restrictive treatments
- “Chemical restraints” are reviewed along with physical restraints
- ABA plans are reviewed as well as they are still a treatment plan
- 911 calls made by the Provider are reviewed

- BTC works with clinicians to facilitate discharge
- If a guardian is requesting a restrictive/intrusive measure that would not supersede BTC review and requirement of clinical rationale
- Staff and Providers would need data to show past and failed attempts at non-intrusive and non-restrictive measures.
- A professional within scope would need to make a medical determination, and the treatment would be written into the IPOS.
- For enhanced staffing restrictions, contact the crisis team for help making an immediate determination. BTC would then work with the clinician and Provider to determine whether this measure was a one-time or an ongoing need.

Example 1 (slide 11) – Dietary restrictions

- What would be needed in order to put this restrictive food limit in place?
 - Physicians order
 - Documented health/safety issues
 - Data: daily food intake, glucose monitoring, weight, food refusal
- Is it possible to have this restriction?
 - For some, yes. But the majority will not follow the restrictions. What are the consequences? Weight gain, but no immediate safety issues.
- What can the Provider do to assist the case holder with documentation?
 - ER visit information, blood pressure data
- BTC will determine whether this should be more of a guideline, or if restrictions are really needed.

Example 2 (slide 12) – Safety; 1:1 is not considered unrestricted

- What would be needed in order to put the restrictive measure in place?
 - Data collection information
 - Other non-restrictive measures tried.

The feedback from MSHN to BTC is that the data collection part is missing. And the mission of BTC includes being a resource to Providers, and it not meant to be challenging.

Action Items, Person Responsible & Deadline: The committee plans to work more with Providers.

Agenda Topic: *HCBS Update*

Presenter: Barb Mund

Discussion & Conclusions: Please reference [HCBS - Provider Meeting 11.06.18](#)

Heightened Scrutiny – Intuitional or Isolated settings:

- Letters and emails have all been sent for those Residential Providers on Heightened Scrutiny
- When CAP forms are submitted back, please send one email per WSA#
- The first round, Clare/Gladwin, were due Oct 31 and only 50% have returned
 - Follow-up emails will be sent reminding of the due date and asked to

send ASAP.

- Karen and Barb will be scheduling 1.5 hour visits, but they cannot plan these visits until the CAP forms are returned.

B3 waiver surveys were completed 7/28/17 - 11/17/17, and MSHN has sent data to validate. The results should be available soon.

Barb will be attending an annual HCBS conference, and will provide applicable updates after.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *Review of Provider Training Requirements*

Presenter: Karen Bressette

Discussion & Conclusions: Please reference [Training Reciprocity](#)

Training Reciprocity will allow for:

- Mutual exchange of training throughout the state of Michigan
- Consistency of trainings – the same type of content and requirements
- Prevent duplication of resources
- Prevent delays from staff being able to start working
- Provide the first step to professional recognition for direct support staff

Participation will be required, and not only will the training be recognized within our Provider Network but also by all other CMHs in MSHN. CMHCM is not endorsing a certain training program for physical intervention/crisis at this time.

Guidelines can be found in the Provider Network handbook. A new version of the handbook, and Trauma Informed Care training, will be on our website by the end of November.

Action Items,
Person Responsible
& Deadline: Providers were encouraged to contact Karen Bressette if there is anything they feel should be added to the handbook.

Agenda Topic: *Follow up from MDHHS Site Review*

Presenter: Tonya Lawrence

Discussion & Conclusions: The MDHHS site review was completed on 8/8/2018, and several issues were found that we can work on to increase compliance:

- PCP Trainings:
 - Evidence could not be provided that staff was trained
 - Staff must be trained on the PCP before providing services
 - Training records were missing for Addendums
- Initial and annual criminal background checks
- Missing Blood Borne Pathogen training, or not re-done before exp. date
- First Aid training missing or expired
- Proof of State ID or Driver License, to confirm age
- Missing TB tests (SED only), must be re-done every 3 years

All of these items would prevent compliance. We are trying to help simplify the process, for example we are saving documentation submitted for MEV reviews.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: MSHN Update

Presenter: Tonya Lawrence

- Discussion & Conclusions:
- For FY19, uniform MSHN contracts were created for Inpatient Hospital and Fiscal Intermediaries. By using the MSHN contract, these Providers will have the same contract with each CMH.
 - Feedback sessions occurred with both Inpatient Hospitals and FIs, and feedback was taken to the Provider Network committee and MSHN for consideration of changes.
 - Specialized residential uniform templates are being created for site reviews. Representatives from all lines of work are working together to simplify the site review and provide meaningful data.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: Electronic Visit Verification (EVV)

Presenter: Tonya Lawrence

- Discussion & Conclusions:
- Tonya attended a statewide learning session for EVV recently in Lansing. The 21st Century Cures Act of December 2016 requires EVV for all personal care and home health facilities, except those provided 24 staffing. EVV will result in improved prevention of fraud, waste, and abuse.
- Deadline has been moved to Jan 2020, with AHH following in 2023
 - MSHN states there is no action required by Providers at this time
 - Some agencies have moved forward with EVV already, even creating an app and beginning pilot implementation of the app.

Action Items,
Person Responsible
& Deadline:

Meeting adjourned at: 11:50 a.m.
Next meeting date: Tuesday, May 14, 2019