

Community Mental Health for Central Michigan
Provider Forum Meeting Minutes

Date: **July 26, 2016**
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: Kim Harner
Attendees: Provider Network and CMHCM Staff
Attendees (via conference phone): Provider Network and CMHCM staff
cc: Executive Leadership Team (ELT), LeeAnn Sloan, Barb Mund, Kara Kime

Agenda Topic: Announcements

Presenter: Tonya Lawrence
Discussion & Conclusions: Tonya welcomed everyone to the meeting. The group went around the table making introductions.
Action Items,
Person Responsible
& Deadline:

Agenda Topic: Follow Up on MDHHS Adult Home Help (AHH) and Community Living Support (CLS)

Presenter: Bryan Krogman
Discussion & Conclusions: Follow up from the June 21, 2016 provider forum. CMHCM will follow the person centered planning process regarding the transition associated with MDHHS AHH. Beginning August 1, 2016, at consumer's next person-centered planning meeting, whether annual PCP, semi-annual or PCP addendum, discussion will occur regarding provision of the AHH service and the CMHCM authorizations associated with MDHHS AHH will be discontinued. Action notices will be provided to consumers with specific language indicating the reason for the action. It was emphasized that MDHHS is the responsible entity for securing providers of AHH.

CMHCM has had discussion with the Medicaid Pre-paid Inpatient Health Plan (PIHP), Mid State Health Network (MSHN) and MSHN provided a directive that CMHCM cannot report or fund service encounters associated with the AHH rate differential under the Medicaid program.

Don Schuster of Listening Ear, contacted Bob Stein of Michigan Assisted Living Association (MALA). Bryan Krogman also had a phone conversation with Mr. Stein. There is a meeting being scheduled in August with Chris Priest, Director of Medicaid Administration to discuss CHAMPS enrollment and background checks for staff of AHH agency providers as well as the agency provider hourly rate for AHH. AHH employees for agency providers will have to register in CHAMPS and provide an agency identification number. There are concerns regarding differing rules for criminal background checks for staff providing AHH in independent settings and the rules for background checks for staff providing services in licensed adult foster care homes. MALA has written a letter to Mr. Priest regarding this issue.

Bryan Krogman indicated that he talked with Bob Sheehan, CEO of the Michigan Association of Community Mental Health Boards (MACMHB) regarding joint collaboration along with MALA on the AHH topic and interest and willingness to participate was expressed by Mr. Sheehan.

It was also noted that Jan Lampman, Director of the Arc of Midland notified CMHCM that she contacted legislators and communicated with the State regarding AHH issues.

Providers are encouraged to continue with interactions/advocacy

The MDHHS Adult Services Manual states that the AHH rate should be a range from 170% to 200% of lowest individual rate which is \$8.50. Therefore the lowest rate for agency providers should be \$14.50 per hour and highest rate would be \$17.00 per hour, which would be higher than the standard CLS CMHCM contract rate.

It was communicated that many of the providers will not be able to provide AHH at the lower hourly rate paid by MDHHS.

Providers have concerns regarding the ability to train and recruit staff; hard to retain Direct Care Workers. Recognition of the challenges and importance to recruit and retain direct care workers was expressed and Bryan relayed that a proposal was being presented to the CMHCM board of directors at its July 26, 2016 meeting for a 2% rate increase for fiscal year 2017.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: Update on MDHHS code changes for CLS

Presenter:

Discussion & Providers with Licensed Setting:

Conclusions: Two meetings were held in Lansing put on by the Department of Health and Human Services; June 28, 2016 and July 21, 2016 and covered seven different areas on code changes or clarification on code use.

Effective 10/01/2016 contract rates for specialized residential will be based on the hours of service providing personal care and/or community living support services. Per diem rates will be unique to each individual and must be based on the assessed need of each individual. No room and board costs (facility costs) may be included. The intent is to move away from "capacity based" contracts. Use of H2015 for daytime activities by the residential provider is not allowed. If H2015 is ongoing, it will be incorporated into a permanent staffing schedule. Adjustments or changes can be done through the PCP process. Individual meetings with providers have been occurring

CLS Non-Licensed Settings:

The code use for CLS in non-licensed settings will go from using H2015 15 minute unit to using the H0043 per diem code. The use of H0043 is used when the level of CLS is on a relatively steady basis.

Similar to licensed settings the average amount of staffing over a length of time will construct an average daily amount of hours. There may be variances in the hours per day provided, but providers will still bill H0043 at the same average per diem.

The H2015 code may be authorized when significant variation exists or the CLS need is intermittent; less than 2-3 hours per day and may not occur every day.

Providers will not use start and stop times with H0043, but will still need to document what activity was performed with the consumer. Modifiers to be used with the H0043 are as follows:

1. 0 – 3 Hours = no modifier
2. 3 – 10 Hours a day = TF
3. 10 – 24 Hours a day = TG

In Shared Staffing arrangements the TT modifier will also be used with the H0043 code.

Verification of service needs to be documented to reconstruct what happened on that day. If documentation doesn't support the services provided it may result in a pay back. Vocational CLS providers will continue to use the H2015 code.

The code change rules indicate that H0043 cannot be used on the day a consumer discharges from the independent setting and moves into a facilities based living arrangement such as a licensed adult foster care home or hospital because the admit date is billed by the facility provider. Further discussion with MDHHS is needed on this.

The location code for H0043 is 12. For licensed settings the location code is 14.

Contracts for FY16/17 will not have an H0043 CLS rate documented; it will say "See CIGMMO".

MDHHS has identified October 1, 2016 as the start date for using H0043 but additional clarification is being sought if a transition over the year may be allowed.

Action Items,
Person Responsible
& Deadline:

Meeting adjourned at: 12:00 pm
Next meeting date: To be scheduled