Date: April 27, 2020
Time: 10:00 AM
Place: Teleconference
Meeting called by: Tonya Lawrence
Type of Meeting: Ad-hoc
Note Taker: Cindi Saylor
Attendees: CMHCM Staff, Provider Network

**Agenda Topic:** Welcome/Introductions
 Presenter: Tonya Lawrence
 Discussion & Conclusions: Meeting was called to provide COVID-19 updates, discuss changes, and then open the floor for questions. Please continue to watch your inbox for communications from Constant Contact.

**Agenda Topic:** COVID-19 Update
 Presenter: Tonya Lawrence
 Discussion & Conclusions: As providers of community living supports and personal care services CMHCM has extended the following:

- Adjustments to provider per diems to reflect the following in non-COVID-19 sites:
  - Direct Care Worker wage adjustment of $2/hour (two dollars per hour) and
  - 15% admin load to cover taxes, fringes and administrative costs.

- Adjustments to provider per diems to reflect the following in positive COVID-19 sites:
  - Direct Care Worker wage adjustment of $4/hour (four dollars per hour) and
  - 15% admin load to cover taxes, fringes and administrative costs

POSITIVE COVID 19 SITES MUST BE REVIEWED AND APPROVED BY JUDY RILEY AFTER CONFIRMATION OF HEALTH DEPARTMENT.

The adjustments are for the following service codes:
H0018 (Crisis Residential)
H0043 (CLS)
H2015 (CLS)
H2016 (CLS)
T1020 (Personal Care)
T1027 (Overnight Health and Safety)

PROVIDER REQUIREMENTS:
- Providers must pass the per diem adjustment directly to direct service staff (personnel) in the form of a compensation increase.
- Providers must: Require that the direct care worker sign an attestation that the compensation adjustment was received OR

EXPECTATIONS:
Per diem adjustments provided under this temporary program are subject to offset against any state or federal funds received by the provider for the same purpose over the same period of time.

Action Items, Person Responsible & Deadline:

Agenda Topic: COVID-19 Financial Update
Presenter: LeeAnn Allbee
Discussion & Conclusions: Stabilization payments
CMHCM is discussing possible stabilization payments, but we are awaiting further direction from MSHN/MDHHS who are awaiting direction from the Centers for Medicaid and Medicare (CMS). Once direction is received, we will send the options to the CMHCM Board of Directors. In the meantime, if any providers are experiencing a financial hardship, please reach out to CMHCM accountant Katherine Squire ksquire@cmhcm.org. Include in the email:
- Details of the situation
- The amount you are requesting.
- Include amounts of any other financial assistance you are receiving or have applied for.

Unusual Cost Parameters:
MSHN issued directives and parameters for unusual COVID-19 cost reimbursement:
- For CMHCM, the cost reimbursement is only for those physical sites within the six counties CMHCM covers, which are Clare, Gladwin, Isabella, Mecosta, Midland & Osceola.
- Reimbursement requests to CMHCM for unusual costs must be net of any other governmental assistance available for the time period covered.
- Reimbursement requests to CMHCM for unusual costs must be related to your CMHCM services contracts and not contracts of other payors.
- Effective 4/20/20 through 5/31/20.
- MSHN defined unusual COVID-19 expenses included are:
o Reimbursement for documented overtime necessary to deliver supports and services to CMHCM beneficiaries during the effective period.
  ▪ Supporting documentation must accompany the request: copy of timesheet should be included with your invoice.

o Reimbursement for actual costs of personal protective equipment or PPE and supplies related to sanitation of PPE.
  ▪ Supporting documentation: Copy of receipts must be included with your invoice for the effective period.

o Reimbursement of higher than average costs of food.
  ▪ Supporting documentation: Proof of usual monthly food cost compared to food cost during the COVID-19 emergency. Provide copy of receipts with your invoice.

o Reimbursement of higher than average costs of supplies needed for handwashing, hygiene, sanitation, sterilization or other products intended or used for the prevention of virus transmission.
  ▪ Supporting documentation: proof of usual monthly cost compared to cost during the COVID-19 emergency. Provide copy of receipts with your invoice.

• CMHCM is adding the following to the unusual COVID19 allowed expense:
  o If there is a need and there isn’t already a device in the home, CMHCM may approve a Tablet/iPad/or other device to assist in communication with consumers due to COVID-19. The device must be for the purposes to communicate during the person-centered plan, family visits, site reviews or other CMHCM services provided via telehealth.
    ▪ Cost will be reimbursed up to $200.
    ▪ Supporting documentation: Copy of receipt must be included with your invoice.

• Additional information for obtaining reimbursement from CMH for Central Michigan:
  o Submit invoices detailing the reimbursable expenses and supporting documentation listed above.
    ▪ These invoices should be mailed or emailed to:
      • CMHCM, Attention: Katherine Squire, 301 S. Crapo St., Ste 100, Mt. Pleasant, MI  48858
      • ksquire@cmhcm.org (this is the preferred method)
  o These invoices need to be submitted once per month and within 30 days of the end of the month. For example: the invoice for March unusual COVID 19 expenses needs to be submitted by April 30. The invoice for April unusual COVID19 expenses needs to be submitted by May 31.
  o Katherine will review for proper receipts, documentation and reasonableness. If approved, she will send the invoice on to payables for payment.
April/May 2020 check runs:
- April 30, 2020 – For claims submitted by April 29 at noon
- May 14, 2020 – For claims submitted by May 13 at noon
- May 28, 2020 – For claims submitted by May 27 at noon

Action Items, Person Responsible & Deadline:
See instructions above and contact Katherine Squire ksquire@cmhcm.org

**Agenda Topic:** Medical Director COVID-19 Update

**Presenter:** Dr. Angela Pinheiro

**Discussion & Conclusions:** MDHHS expanded testing criteria to include any asymptomatic health care worker, and any individuals with mild symptoms. If you have problems getting tested, let CMHCM know. This is still subject to the availability of testing materials, but if there are any roadblocks CMHCM needs to be aware so we can advocate to the state.

Information from an article published in the New England journal on pre-symptomatic spread in a skilled nursing facility was shared, to stress how quickly the virus can spread in asymptomatic individuals.

- March 1 – The first staff tested positive, having worked in unit 1 with mild symptoms 2/26 and 2/28.
- March 3 – A resident from unit 1 is already hospitalized.
- March 6 – CDC is involved, strict PPE and disinfecting protocols implemented.
- March 8 – All residents in unit 1 were tested 6/13 were positive and two of those six had been asymptomatic
- March 26
  - 63% of all facility residents were positive
  - 19% of staff were positive
- Survey was taken and determined 56% were asymptomatic when they tested positive.
- Doubling rate was every 3.4 days
- 26% fatality rate
- Found viral shedding is highest earlier in the illness and can occur up to 7 days prior to symptom onset. Before, CDC was looking at 48 hours prior.

Test everyone in your facility if you have one case, just screening is not sufficient. Staff could be shedding the virus but asymptomatic and answering no to screening questions. PPE must be used, and in a careful manner. We are hoping as the testing capacity expands, it will include testing all residents in congregate facilities.

The Lancet posted an article on how long the virus can live on surfaces:
- Tissue and paper: 3 hours
• Cardboard: 24 hours
• Glass and bank notes: 4 days
• Stainless steel and plastic: 7 days (72 hours in another study)
• Surgical masks:
  ◦ 7 days outer surface
  ◦ 4 days inner surface
  ◦ Stress the importance of not touching layers and using a paper bag to store the mask.
• Cloth masks were not tested but it is very important to launder them daily, and they must fit carefully. They must be closed on the sides of the face, not just placed on ears.
• Hospital setting: The most contaminated objects were the hand sanitizer dispensers, printers, gloves (may be contaminating other gloves when removing a pair).

The World Health Organization is considering an immunity passport. Immunity to any disease or virus is based on antibody response as well as cellular immunity and at this time it is unknown which it is for COVID-19. Cellular immunity may be the factor but there no way to measure that, so it is unclear whether you can get the virus again.

11 of the 14 antibody tests being released are unreliable and are giving false positives (that you have antibodies when you don’t).

Action Items, Person Responsible & Deadline: Please email InfectionControlTeam@cmhcm.org if you need support, such as questions regarding your staff or help reaching out to the Health Dept.

Agenda Topic: Open Forum
Presenter: All
Discussion & Conclusions: Providers were reminded to check authorizations before billing to avoid any potential reconsiders.

Q: Is the $2.00 increase announced by the Governor in addition to the $2.00/hour CMHCM has given?
A: No, it is the same $2.00 per hour.

Q: Are there any updates on Speech/OT/PT services?
A: This has been brought up to MDHHS many times and please know the issue is being pushed, but there is no directive yet.

Q: Are online receipts acceptable for reimbursement?
A: Yes, we will accept online receipts. Please carefully review the guidance and parameters on expenditures listed within the minutes before making purchases.
Meeting adjourned at: 10:30 A.M.
Next Meeting Date: TBD

Additional questions can be submitted to Tonya, tlawrence@cmhcm.org