

Community Mental Health for Central Michigan
Provider Network Meeting Minutes

Date: **November 10, 2020**
Time: 10:00 a.m.
Place: Teleconference: Zoom
Meeting called by: Tonya Lawrence, Provider Network Manager
Type of Meeting: Bi-Annual
Note Taker: Cindi Saylor
Attendees:
Attendees (via Provider Network, CMHCM Staff
conference phone):
Excused:
Absent:
cc: Executive Leadership Team (ELT)

Agenda Topic: Welcome/Sign-In/Introductions

Presenter: Tonya Lawrence
Discussion & Providers were welcomed and introductions were made.
Conclusions:
Action Items,
Person Responsible
& Deadline:

Agenda Topic: Announcements

Presenter: All
Discussion & Debbie Bauman:
Conclusions:

- Thanked everyone for their efforts in preparing for the reviews this year: 2 MSHN reviews and 1 MDHHS review, on top of normal event verifications. Findings to be addressed:
 - Trainings need to be signed by the trainer as well as staff completing the training.
 - Need to have IPOS trainings in the consumer file. There must be evidence that at least one staff was trained by the case manager initially as a “trainer,” and then evidence that the “trainer” trained the rest of the provider staff.
 - All IPOS trainings must be complete, and include:
 - Date of plan
 - Date of training
 - Printed name of trainer
 - Signature and legible staff names
 - Criminal background checks must be completed prior to hire
- New [CLS progress note](#) to go along with new CLS modifiers that started 10/1/20:
 - Ensure note is printed and legible
 - Ratio could change throughout the shift
 - AHH section – this time is not included in the CLS time, as it is not billed to CMHCM. Can include start/end times or you can include total

hours (your choice). Start/end times indicated cannot include the CLS time.

- # of miles – can still continue to use transportation log but can include on CLS note instead if prefer.
- New [Overnight Health & Safety \(OHSS\) progress note](#) – OHSS is a need for an awake provider to be available and on-site to assist with needs during overnight hours:
 - Staff must be awake
 - Note whether person was awake or asleep
 - Note when person was checked on
 - Note any assistance provided (i.e.: bathroom assistance)
 - AHH noted at the bottom

Sarah Gauthier – HCBS Update:

- All of the round 1 corrective action plans and exit ramps were remediated and completed in July.
- Round 2 surveys sent in August – not everyone would have received, only persons missing round 1. Waiting on more info from the state.
- Currently in the middle of Heightened Scrutiny visits and working closely with those providers. Thanked everyone who has taken part in zoom visits and getting in documentation.
- Reminder: Make sure even through COVID that the home provider report and outing logs are being uploaded monthly. Sarah, MSHN, and MSU are looking at these logs. If it is not safe to go out or if someone will not wear a mask to go out, please make note of this on the logs.

Karen Bressette:

- As a result of MDHHS audit, our trainings now need to have a witness signature to confirm the training was completed. The [FY21 Provider Handbook](#) has updated signature pages.

Tonya Lawrence:

- Notification has gone out regarding DCW wage reporting
 - Due by 12/1 at the latest, as CMHCM must report to MSHN. Does not include COVID premiums.
- Comprehensive Emergency Preparedness Plans
 - Please put together a comprehensive plan to cover in the event staff were out for COVID or there is a COVID outbreak in the homes. Important to have in place prior to any events.
 - Send by 11/15/20 (all provider types)

Agenda Topic: State of the Agency

Presenter: John Obermesik

Discussion & Conclusions: The CMHCM Board of Directors was recognized for their strong support for providers, consumers, staff, and families. The support provided and the risks endured by Providers was also recognized, as was the creativity that has been shown to help consumers pursue their goals and freedoms even during stay-home orders. Dr. Pinheiro and Judy Riley were also thanked and recognized for their leadership.

Updates:

- Providers were asked to order PPE now to ensure sufficient supply in anticipation of COVID-19 spikes through February. While a vaccine is encouraging, even with emergency approval it will not be widespread until second quarter of 2021. Most businesses are planning to continue remotely until summer 2021 when vaccine distribution is available. MDHHS has added two temporary service vendors to assist with COVID response staffing.
- CMHCM continues to advocate to the Behavioral Health and Developmental Disabilities Administration (BHDDA) to elevate the DCW professional, and MDHHS Adults & Seniors office has published a three-year plan for DCW development. CMHCM will continue to press this issue and advocate for a statewide, uniformed effort for recruitment and development. There is no new information about the DCW wage premium continuing, which has already been continued through January 9, 2021 for the MSHN region which shows they are willing to provide supports as funds are available.
- [MyStrength](#) is available to all citizens in all six CMHCM counties. Providers were encouraged to promote the app with their staff, which is available for mobile or desktop.
- MDHHS redesign plans for the public behavioral health system have been put on hold due to COVID. They do plan to implement ideas from the forums held earlier this year, however there are no funds to make any changes for a few years.
- Centers for Medicaid and Medicare (CMS) community behavioral health clinic (CCBHC) demonstration sites are being designed to expand services to more population groups. The state can only afford the matching funds necessary for a few CMHs to participate, and CMHCM was not selected.
- State is focused on the year-end deadline with the children's class action lawsuit, as they devise a comprehensive plan to improve services to children.
- CMHCM received new general fund dollars, which allowed jail diversion specialists to be added in all counties. Benefit eligibility specialist positions were also added, as well as medical assistants to relieve RNs.

Providers were invited to provide feedback and share their perspectives with CMHCM so we can better serve the central Michigan community.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: Utilization Management Changes

Presenter: Renee Raushi/Julie Bayardo
Discussion & [Powerpoint: Reassessing Utilization Management](#)
Conclusions:

There are upcoming changes in the direction and structure of the Utilization Management (UM) department at CMHCM:

- Management will be split:
 - Renee Raushi will become the Waivers Manager, and a new UM manager will be hired.
- UM redesign will increase the number of prospective reviews on authorizations considered to be high risk/high use:
 - H2015
 - T2027
 - T1005
 - H2014
 - H2016 and T1020
 - H2023
- Training modules are under development for clinical staff to assist with medical necessity determinations. Training will also be developed for the Utilization Management team to ensure inter-rater reliability in determining medical necessity and consistency; no variances tied back to the reviewer.
- UM manager will complete secondary reviews of a random sample of completed UM determinations to keep accountability and to ensure inter-rater reliability
- Staff need to ensure documentation in chart clearly indicates consumer needs and is uploaded in a timely manner so reviews can be ongoing. Medical necessity does change but must be reflected in the chart documentation. Provider staff should be notifying the CMHCM treatment team if/when the needs of the individual change so that updates to the PCP can be made on an ongoing basis.
- A process will be developed to remove the ability to enter retroactive authorizations. The Provider Network will be given plenty of notice, but this means:
 - Authorizations will need to be in the record before the service is provided. There will be situations/circumstances where that may not be possible, but this should be rare, and we will look at those as they come up.
 - It is very important providers have the plan of service with authorizations before they provide the service. CMHCM will not be able to backdate an auth if a service was provided outside of the person-centered plan that has not been authorized.
 - Authorization utilization must be monitored on an ongoing basis instead of right before the PCP. If provider staff notice issues with over or under utilization, notification needs to be made to the CMHCM treatment team.
 - PCP process will be started with enough time in place to review auths and service provisions with no lapse.
- UM staff will be reviewing authorization requests within 24-48 hours once documentation is complete. They will give clear and concise feedback on auth

disposition. By completing prospectively reviews, adverse benefit determinations are sent out and individuals have appeal rights so should receive notifications.

Please reach out to any member of the UM team, or Renee, Julie, or Tonya with feedback or questions. By the next Provider Network meeting, we will be able to give better picture of the timeframe and plan.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *Mid Michigan College – DSP Training*

Presenter: Kristine Stevens, MMC Director of Business Industry & Training

Discussion & Conclusions: Mid Michigan College has developed a short-term training program for Direct Support Professionals (DSP/DCW) similar to the phlebotomy, dental assistant, and CNA programs they already offer. Kristine has been working for two years to assist agencies in finding qualified direct support professionals, and understands providers are spending so much time hiring and training, with a high turnover.

- Started with Karen Bressette’s Centrain curriculum for the foundation of the program and took feedback from providers.
- Beta for the program begins on November 30, 2020 at the Morey Tech Center at the Mt Pleasant campus. It is a two-week program, Monday-Thursday with a one 4-hour follow up a month later, for a total of 64 hours of training.
- Program is being aligned with the National Alliance for Direct Support Professionals (NADSP) and their e-badging program. The DSP will need to use the skills learned with an agency and get experience to complete the badging, so the 4-hour follow up one month after training allows them to return and write about their experiences.
- Recognition that becoming a DSP is a career and not just a “job.”
- Many options available for program payment:
 - Self-pay: \$850
 - Agencies (Providers) sending new hires and paying for the program
 - Michigan Works formal apprenticeship currently being investigated as a possibility. There is no Department of Labor apprenticeship set up for DSPs yet, and this program has been submitted and is under review now.
- The program will provide a pipeline for providers to hire a trained worker. When a class is graduating, providers will be given the opportunity to come speak to the class to introduce their agency and give information on expectations, how to apply, wages, HR contacts, etc.
- Mid Michigan College plans to create a registry of DSPs with a sign-off from attendees. This would allow sharing of their contact information with providers to identify available DSPs.
- This program is not a credit-based program eligible for Pell, so it does not qualify for Futures for Frontliners.

- Contact information for Kristine Stevens:
 - ksstevens@midmich.edu
 - (989) 386-6629 extension 629

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *Residential Electronic Documentation*

Presenter: Debbie Bauman/Karen Bressette

Discussion & Conclusions: In August 2020, CMHCM piloted an electronic Specialized Residential Progress Note in CIGMMO, which will be taking the place of the paper note:

- Debbie met with each pilot home and went through how to log in, complete the note, and what each section entails. Listening Ear was recognized for their participation and all of their residential homes are now onboarded. Karen Bressette will be working with the rest of the providers to onboard them over this fiscal year.
- Feedback from Amy from Listening Ear was provided. Staff have been able to read previous shift notes without any issues. Everyone is charting well, and overall, it is going well. A few problems were noted, associated with passwords and logging in or getting kicked off, however once a staff can log back in, they are able to continue their note. There has been some overtime due to CLS notes taking longer, especially for some who do not have as much experience working with computers.
- Electronic progress notes will create efficiencies, as providers will no longer need to scan handwritten notes into CIGMMO, and the notes will automatically be in the consumer charts. Electronic visit verification (EVV) will be mandatory, so this is a step toward that requirement.
- Karen will be reaching out to schedule the onboarding, and providers were asked to email Karen kbressette@cmhcm.org if you would like to volunteer to be onboarded next.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *Team-Based Care*

Presenter: Julie Bayardo/Dr. Pinheiro/Cindy Seger

Discussion & Conclusions: [Presentation: Team-Based Care](#)

Conclusions:

CMHCM is transitioning to a Team-Based Care model:

- Consists of at least two providers working collaboratively to accomplish shared goals and provide high quality care.

- Interdisciplinary team working together, and skills/training complement each other to achieve positive outcomes; wide range of expertise.
- Clear roles defined for each member of the team, with a sense of trust, effective communication, measurable processes, and outcomes.
- The benefits of team-based care include:
 - Improved safety, reduced errors, better communication and clinical outcomes, and reduced emergency room visits.
 - Greater capacity and access to care
 - Reduced hospital admissions, length of stays, mortality rates, and costs.
 - Improved experiences for consumers and providers
 - Decrease of staff burnout and increase in staff productivity
- The five components of effective interdisciplinary teams:
 1. Established, open, safe communication
 2. Well-defined and appropriate team goals
 3. Clear role definitions and expectations
 4. Real-time structured, yet flexible, decision-making process
 5. Team self-care: Celebrating successes and addressing breakdowns
- Consumers will be referred to case management more often, and then referred to Outpatient Therapy when they are ready (if that is their goal). Case managers can assist with ensuring basic needs are being met.
- Gives more focus and support to providers, especially with consumers with complex needs.

There is a lot of research to support team-based care in medical world, but it is just now crossing over into the behavioral health world. CMHCM has received feedback that staff want more support and efficiencies, and this is the best way to achieve this. Team-based care gives continuous support to provider agency staff with a shared vision, purpose, collaboration on consumer needs and services, and better compliance outcomes.

CMHCM is working with consultant from the National Council for Behavioral Health and plans to have team-based care fully operational by the end of FY21.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *COVID Discussion*

Presenter: Tonya Lawrence

Discussion & Conclusions: **Reminder:** Any positive case in any setting must be reported to the infection control team InfectionControlTeam@cmhcm.org.

The floor was opened up for COVID related questions:

Q1: There are specific protocols for licensed homes with over 13 beds, and MDHHS has indicated plans to expand these protocols to include all licensed facilities, does CMHCM any information on that?

A1: Dr. Pinheiro stated that this is under consideration but there is no definite plan or timeline. The hope is to increase testing. Every provider should do a desk drill, sitting

down with staff and management to review how they would handle a situation where a staff or a consumer is symptomatic or positive.

Q2: Concerns were expressed about the weekly testing that large group homes over 13 are required to complete. There is a resource to get refunded for the testing, but it has really been a challenge. Providers already struggle enough with staffing, and then to require testing all of the time is difficult. While the need for a plan is understood, what will CMHCM do with the plans?

A2: CMHCM looking them over to ensure there is not any other guidance that can be provided, or any linking with other agencies that could occur. Possible sharing of plans with other providers who might benefit from reviewing other plans in the network.

Q3: There were many questions concerning electronic residential documentation.

A3: A provider forum will be convened to discuss further with residential providers.

Action Items, Person Responsible & Deadline: Residential provider forum to be held 11/18/20 at 10:00 AM via zoom, details sent out via constant contact.

Meeting adjourned at: 12:00 noon

Next meeting date: May 11, 2021

Observers:

Resource Persons:

Special Notes: