

Community Mental Health for Central Michigan
Provider Forum Meeting Minutes

Date: **June 20, 2017**
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: Barb Vandaveer
Attendees: Provider Network and CMHCM Staff
cc: Executive Leadership Team (ELT), LeeAnn Sloan, Barb Mund, Kara Kime

Agenda Topic: *Welcome / Sign In / Announcements*

Presenter: Tonya Lawrence
Discussion &
Conclusions:
Action Items,
Person Responsible
& Deadline:

Agenda Topic: *Focus of this meeting was an open forum to answering questions from providers related to documentation for Community Living Supports (CLS) services*

- Provider Feedback & Input regarding documentation requirements
- Adult Home Help transition date to MDHHS

Presenter: Deb Bauman, Tonya Lawrence, Provider Network
Discussion & Conclusions: The following is a dialogue of questions or concerns from Provider's and answers to these questions or concerns from Tonya Lawrence, Deb Bauman, and Barb Mund.

Q. Where in the Provider Manual are specifics on documentation requirements?

A. In the Medicaid Provider Manual General Info Section – Section 15. (copies of Section 15 made available to providers attending the meeting).

Q. There seems to be different documentation requirements for specialized residential and CLS.

A. Yes, Tonya explained the difference in the service and the Medicaid provider manual definitions along with requirements outlined by MSHN.

Q. Does there seem to be more issues with CLS than other documentation?

A. Yes, CLS documentation seems to have more issues.

- Providers are having issues with the documentation on the PCP training sheets. Deb Bauman will make suggestions to change the form to have the trainer name, date and the person(s) being trained.
- Providers are having issues with CMH Case Managers providing proper documentation training to the Provider staff. Kathie Swan has instructed Case Managers to provide this training to the Providers and staff members. This training can take place at the PCP but all staff should be present.

Q. Is there a timeframe for Case Managers to present training to the staff?

A. Before staff work with the consumers they must be trained. Tonya suggested Providers notify her with issues regarding lack of training, this issue will be discussed at the Super Management Meeting and the issues will be addressed. Lead staff for the home can be trained and provide training to their staff.

Q. There seems to be an issue with older employees not having the updated trainings that the newer employees are receiving.

A. First Aid and CPR training is required at a minimum of every 2 years and a copy of the First Aid/CPR card or certificate must be submitted to prove the course was completed. Recipient Rights is still acceptable as an online course.

- A suggestion was made to have a notification go out through Constant Contacts when a CPR/First Aid class is being offered as some homes have individuals who need the course and have issues finding an instructor to do individual classes.

Q. How is CLS per diem calculated for audits?

A. It is averaged out as a weekly average.

Q. The timeliness of the PCP meetings seems to be an issue.

A. Providers are instructed to follow the old plan until a new PCP meeting has taken place and all documents have been signed.

Q. What is the timeline to have the CLS progress notes to CMHCM for scanning?

A. Progress notes need to be given to CMHCM within 30 days to have the notes scanned into the CIGMMO system. It is highly encourage for Providers to keep the original progress notes and give a copy to the Case Manager, to ensure they are returned from the CMH Case Managers. Providers may scan the notes to a device and give to the Case Manager or deliver to the CMH office, but they must have a backup system. The originals can be shredded once they are scanned into a secure system. Providers expressed concerns over the Case Managers not returning progress notes after they are scanned in by CMH. CMH is working towards being able to have the progress notes directly scanned in by providers.

- Annual Medicaid Event Verification began December 2016 and the one year cycle will end in December 2017. Providers will be issued notices of findings which is “consultative findings”. Providers will be given one review cycle to correct and provide appropriate documentation. Paybacks will be required for lack of documentation or if billing mistakes are found.
- Providers expressed concerns with training staff on how to write a proper progress note. Tonya explained that we are required to obtain proper progress notes to match the service performed. Documentation must have sufficient detail to reconstruct the service provided such that anyone could tell what happened from the beginning to the end of the shift.
- Case Managers should be providing original data sheets, as applicable, to provider for staff to document on specific PCP goals. Debbie to discuss with Provider Documentation Workgroup about limiting/consolidating the number of data sheets.

- Providers feel that the documentation that is expected takes away from services provided to the consumers. Tonya suggested concurrent documentation. A main objective/goal can be typed and a narrative can be written in.
- Providers expressed concern when an employee leaves employment and does not submit the required paperwork/documentation prior to leaving. Tonya suggested that the Provider seek legal representation on how to obtain the materials. Different scenarios were presented with destruction of paperwork from a consumer. There is no resolution to this issue. If there is no documentation then a payback will be required.
- Staff cannot write on another employee's progress note to add or fill in the details. Providers were reminded that a good progress note helps demonstrate the ongoing needs of the consumer and assists the consumer in keeping their services.

Action Items,
Person Responsible
& Deadline:

Meeting adjourned at: 11:50 a.m.