### Community Mental Health for Central Michigan

# **Provider Network Meeting Minutes**

Date: **May 5, 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 for those without names listed in

Conclusions: Zoom.

Action Items,

Person Responsible

& Deadline:

Agenda Topic: Announcements

Presenter: All

Discussion & Kri

Conclusions:

Kris Stableford

Neglect Class III criteria reminders, which include staff texting while transporting, and staff failing to follow precautions regarding COVID-19.

**Q:** Failing to follow precautions: for social distancing or what precautions? **A:** It could be anything someone files a complaint about; ORR will be looking at what the provider staff are supposed to do and what precautions they should be taking to prevent spread.

Tonya Lawrence

- Licensed Residential settings may now defer fingerprinting until 10 days AFTER the lifting of the executive order but are still urged to do them asap. FAQ: <a href="https://www.michigan.gov/lara/0,4601,7-154-89334\_63294\_27717---,00.html">https://www.michigan.gov/lara/0,4601,7-154-89334\_63294\_27717---,00.html</a>.
   Scroll down to COVID-19 FAQS (REV. 4-30-20)
- Providers are also required to report any staff or residents who are positive for COVID-19 to MDHHS-COVID19RegionalHubs@michigan.gov.

Action Items,

Person Responsible

& Deadline:

Agenda Topic: State of the Agency

Presenter: John Obermesik

Discussion & Kris Stableford was recognized for her contributions to the agency, as she will be

#### Conclusions:

- retiring this month. Her successor was announced as Jane Gilmore.
- Share resources from providers, state leaders
- CMHCM and Provider Network Staff were recognized for their efforts in
  ensuring services are delivered during the pandemic. 90% of CMHCM staff
  moved to telework within one week, and case management contacts are the
  highest so far this year.
- So long as the PPE supply chain remains competitive, and we still face
  challenges in obtaining tests and completing contact tracing, returning to the "old
  normal" will be more of an exercise than a reality. We must keep people healthy
  and safe.
- Governor announced a temporary \$2 DCW wage increase, and Tonya will be providing an update to ensure you are ready for the next check runs.

## Financial/Legislative updates:

- Due to the State economic downturn, general funds forecasts are \$1.7 billion less than budgeted to operate.
- U of M projects an overall budget shortage of \$2.6 billion.
- The state has a \$1.2 billion rainy day fund, there are unspent monies from vetoes, and the Federal Government has relaxed state Medicaid match funds by 6.2% to help offset state costs by drawing down Medicaid dollars.
- Federal stimulus money is earmarked only for COVID-19 expenditures
- Last fall, CMHCM receives less anticipated revenue, which turned out to be
  errors within CHAMPS and faulty rate setting by actuaries. These shortages
  continued thru April 2020, but CMHCM expects the first clean revenue payment
  in May. Newly revised actuarial rates have just been released and the numbers
  will be analyzed while keeping an eye on legislature for proposed adjustments to
  this year's budget.
- The state will be submitting additional applications for more COVID-19 disaster relief monies from the Federal Government for behavioral health.
- Recently sent an email with a request for advocacy, requesting an emergency appropriation of \$38.5 billion for providers of mental health and addiction treatment services to be included in the next stimulus package considered by Congress.
- The public mental health system redesign project has been defunded and delayed. The supplemental budget was passed by Legislature recently, and the positions being created in the MDHHS budget were struck by the Governor to save money due to the state budget shortfall.
- CARES Act at federal level Certified Community Behavioral Health Clinics (CCBHC). These clinics provide more comprehensive services and could pull down federal funds. Some CMHs are participating in a demonstration and we are hopeful this will come to Michigan.

# Agency updates:

- \$400K grant award received to enhance integrated health dashboard.
- Midland Mental Health Court began in January 2020 to divert persons in incarceration.
- Reminder: Please send us feedback and ideas, contributions are welcomed and appreciated.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: Charting the Life Course

Presenter: Lisa Martinson/Cindy Seger

Discussion & Conclusions:

Person-centered planning assists the mental health system to ensure the person is at the center of everything we do. Allows families and individuals to make choices about their life and allows us to support them. The Charting the Life Course model and tools can be used for anyone. While person-centered planning focuses on hopes and dreams, Charting the Life Course is more in-depth with hands-on tools.

CMHCM will be integrating Charting the Life Course into the person-centered planning and pre-planning process, as the course is a great way to frame those conversations. Some case managers have already been using these tools.

A video was presented which provided an overview of Charting the Life Course:

• https://www.lifecoursetools.com/videos/

A list of resources is included in the document below:

• Charting the Life Course for Providers – Navigation Tool

Action Items,
Person Responsible
& Deadline:

Agenda Topic: Trauma Informed Care

Presenter: Catherine Beagle/Angie Thomas

Discussion & Conclusions:

COVID-19 topics are inundating our lives, through different means. Discussed the stress and anxiety brought on by the pandemic and how everyone responds differently based on their backgrounds, life experiences, traumatic experiences, and more. Identified ways to manage and reduce stress/anxiety during this time. Providers can help DCW and residents by remembering the central purpose of Culture of Gentleness. Resources and ideas were provided for stress management and to keep residents connected to their loved ones.

Please review the below power point for more information:

• Supporting Residents and DSPs During Uncharted Times

Providers were asked to share the ways they are supporting staff and residents:

One AFC home has an outdoor game area set up with yard games, picnic table.
 Great way to get outside get fresh air, socialize. They are using video apps such as House Party and Messenger to interact with their families and even planning a virtual Mother's Day party.

**Q:** Is there a concern with rights of consumers using House Party app?

**A:** ORR reviewed this question after the meeting and provided this response:

• House Party does show the people who are playing. That said, the answer to the question of whether consents should be obtained from individuals or guardians (whichever is applicable) before House Party and other apps that show the person playing is YES. Getting consent would allow for the right to confidentiality of others living in a particular setting being protected in the event their images were sent to whomever a recipient is video chatting with.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: HCBS Update

Presenter: Sarah Gauthier/Barb Mund

Discussion & With pandemic limitations, HCBS is currently on the backburner. Barb and Sarah are conclusions:

With pandemic limitations, HCBS is currently on the backburner. Barb and Sarah are still working to bring everyone into compliance and prepare for Heightened Scrutiny (US) visite

(HS) visits.
MSHN contacts have not changed: Bob Pletcher. Emails to providers may come

- from him or Ronald Meyer. At CMHCM Sarah is the main contact for HCBS related items. Please monitor your email.

   All corrective action plans (CAP) must be completed by August 2020. Do not
- All corrective action plans (CAP) must be completed by August 2020. Do not expect the CAP deadline to be extended, instead will need to get creative for site visits and follow-ups to be done such as through online/video.
- Community outings should not be occurring while COVID-19 executive orders
  are restricting them. Use electronic means such as Zoom or Facetime to stay
  connected with friends/family. As of six weeks ago, family outings can be
  included on the outing log and you can revise the log to include family outings
  and declined outings.
- MSHN Heightened Scrutiny was scheduled to begin 5/4/20 and the updated start date is unknown at this time.
- Reminder that 2020 HCBS surveys were sent out to providers who did not
  complete previous surveys, those with survey errors, and those with validation
  issues. Surveys are mandatory and failure to complete may result in a provider
  determined not HCBS compliant.
- Revised state-wide transition plan: comments due by 5/22/20 to <u>HCBSTransition@michigan.gov</u>. 100% of settings surveyed will be validated. Deadlines:
  - $\circ$  12/1/20 Compliant settings
  - o 8/1/20 Non-Compliant settings
  - o 9/1/21 Settings on Heightened Scrutiny

Please reference the below presentation for more information and resources provided:

• HCBS Update

Action Items,
Person Responsible
& Deadline:

MSHN Update

Presenter: Tonya Lawrence Discussion & Changes announced:

Conclusions:

- Governor Whitmer announced the DCW \$2 increase, and the information was released slightly after CMHCM announced the DCW increase based on MSHN guidance. Clarification is needed on the recent amendment:
  - Effective dates of the increase will be 4/1/20-6/30/20
  - Admin rate of 15% will be changed to 12% or \$0.24 to ensure uniformity across the state. New amendments will go out to rescind the 15% and provide the correction.
  - Claims already paid will be reconsidered, providers will need to rebill once the new rates are set in the system.
  - o Claims submitted but not paid will be returned for re-billing.
  - Billing system is currently down so the CMHCM Provider Network team can make changes to rates, ETA end of this week. There may be additional codes added as we get direction, and we may have more information by early next week. We will announce via constant contact when the system has been brought back up.

### MSHN Updates:

- MSHN Provider Network Committee is working on regional contract for inpatient hospitals, autism, and fiscal intermediaries. Providers were sent drafts for comment and edits, which were due back already. Any other edit requests need to be sent to Tonya asap.
- Code H0043 per diem code is being eliminated and will be phased out during PCP time, or earlier if an addendum occurs. Will see changes occurring as we work through phasing out to the 15 min unit code H2015.
- OT/PT/Speech services more information to be provided soon, look for constant contact after the meeting.

Action Items, Person Responsible & Deadline:

> Agenda Topic: Additional items and Q/A

> > Presenter:

A11

Discussion &

LeeAnn Allbee, CFO

Conclusions:

- As long as claim batches are returned and resubmitted by May 13 at noon they will be paid on May 14. Peg and Kerry will complete an additional check run the following week; claims in by noon May 20 will pay May 21. There will still be a check run last week of May as well: claims in by noon May 27 will be paid May 28. CMHCM put in an extra check run to help providers have time to get claims resubmitted and paid timely.
- In Finance, compiling a list of billers. Please send Provider name and biller names to payables@cmhcm.org.

### Question/Answers:

• **Q**: We will be receiving new amendments for the DCW increase?

A: Yes. The amendment is currently in draft form. CMHCM's first priority is to get the rates entered and increased so we can allow billing again. Then we will begin processing amendments. This information may change as we receive further guidance from the state.

• **Q**: The admin rate at 15% did not seem like enough, why was this lowered to 12%?

**A**: The admin rate was passed down from the state and was not decided by CMHCM. The rate was lowered to be consistent across the state.

- Q: If we already billed, is it canceled out or can you re-explain what happens?
   A: If you have billed and been paid, claims will be reconsidered and will need to be rebilled. If you have billed but not been paid, the batch will be returned and once CIGMMO rates are updated you can resubmit the batches.
- **Q:** Will employers with SD arrangements be contacted with the new dates of the DCW increase?

**A:** Yes – the FI's will be handling it administratively and will be in contact with participants.

#### Other Information:

- John returned from the MDHHS meeting and advised that the state announced there will be additional codes in forthcoming MDHHS guidance. These new additions will be listed in a new Medicaid L letter that will be released shortly.
- Supported employment is not included in the temporary DCW increase. do not include telework and is only for in-home services. If staff are providing services through telework, it will be possible for rates to be different based on the format of the service.
- Guidelines are changing rapidly, and guidance is still being developed for better uniformity for the increase.
- OT/PT/Speech telemedicine policy has been released, along with code charts. This information will be sent to applicable providers after the meeting.
- A possible AFC testing system is being considered with contract tracing to control and contain spread.
- MDHHS is still investigating how best to handle room and board costs for quarantined residents.

Action Items,
Person Responsible
& Deadline:

Meeting adjourned at: 12:00 noon

Next meeting date: November 10, 2020

Observers: Resource Persons: Special Notes: