

Community Mental Health for Central Michigan
Provider Network Meeting Minutes

Date: **May 7, 2019**
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: Cindi Saylor
Attendees: Provider Network and CMHCM Staff
Attendees (via conference phone): Provider Network and CMHCM Staff: Gladwin, Mecosta, Midland, Osceola offices
Excused:
Absent:
cc: Executive Leadership Team (ELT)

Agenda Topic: Welcome/Sign-In/Introductions

Presenter: Tonya Lawrence
Discussion & Conclusions: Providers were reminded to sign in at the back of the room if they missed the sign-in sheet in the lobby, and introductions were made throughout the room.
Action Items,
Person Responsible
& Deadline:

Agenda Topic: Announcements

Presenter: All
Discussion & Conclusions: CMHCM will participate in a region-wide workplace well-being assessment of the behavioral and substance use disorder workforce to include providers employing direct care staff. The voluntary assessment will include survey research and focus groups toward recommendations to better impact staff resilience and health.

Providers were thanked for sending in their satisfaction surveys, and those who have not yet sent them in were asked to please send them as soon as possible.

Recognized efforts with documentation submission for upcoming MEV reviews. Documentation seems to be more complete, improved, and appreciation was given for responses on such as tight timeline.

Upcoming community events:

May 9 – [Walk a Mile in My Shoes](#), Lansing
May 11 – [Walk and Roll](#), Island Park, Mt Pleasant
May 22 – [Walk a Mile](#), Big Rapids
July 25 – [Zippity Zoo Da Day](#), Saginaw Children’s Zoo
Check the CMHCM website or our agency Facebook page for upcoming events.

Action Items, Satisfaction Surveys questions and data should be sent to csaylor@cmhcm.org.
Person Responsible

& Deadline:

Agenda Topic: *State of the Agency*

Presenter: John Obermesik

Discussion & Announcements/Recognition:

- Conclusions:
- Kara Laferty has been promoted to Chief Quality Officer, taking the place of Sherry Hockstra who recently retired. Kara will oversee Quality Improvement, Utilization Management, and Customer Service.

Legislature and the Governor are currently at task on next year's budget:

- Governor budget for MDHHS behavioral health rate increase of 2.75%.
- House Committee on Appropriations for MDHHS has concurred on 2.75%.
- Whole Senate is considering the 2.75% under Senate Committee Bill 139.
- Autism rate 5.75%, Senate version is 3%.

Healthy Michigan Plan – Medicaid expansion

- State contribution has been 7%, will be at cap with mandated 10% state match.
- Does draw resources now that state increases their contribution by 3%.

No General Fund (GF) increases in the budgets

- \$125M among CMHs.
- 5-year implementation plan to distribute these funds among CMHs.
- Last year we received redistributed GF dollars, hoping to receive these again.

Dr. George Mellos, Director of Behavioral Health and Disability Administration, will be increasing beds at Caro from 86 to 140. 50 residential care aids will be added, which could possibly compress the labor pool if any of our Providers operate in that area. The new Caro facility is still on hold.

FY20 Senate budget:

- Sec 298 – Full financial integration with Medicaid Health Plans statewide by 1/31/21 – if certain criteria are met by that date.
- New language ignores the evaluation component that the state workgroup put in place to evaluate pilots that begin 10/1: Saginaw, Genesee, Muskegon, and West Michigan.
- Current language is 2 yrs. – new is extending to 2022. However, new language in Senate version says full statewide implementation by 2021. These dates do not compute.
- Budgeting process is expected to continue for 2 more months. Senate and House had to pass their versions, and a conference committee will resolve differences.

Action alerts:

- cmham.org – click on the alert
- Advocating for elimination of new language which potentially redirects all behavioral health funding to the Medicaid Health Plans. The overhead for the private MHP is almost twice that of what the public operates under
 - Admin comp of CMH \$ is 7%. MHP contracts allows them 15%. Less dollars to local services. Strongly oppose language change.

- Our region is the strongest financial region in the state. Other regions are upside down structurally in their budgets, pulling money out of their risk pools.
- Additional alerts will be coming through Constant Contact to address systemic underfunding of the Public Behavioral Health System.
- Medicaid rates need to be set to match demands and costs. Last fiscal year the system was underfunded by \$133M, this FY projects the entire system will be underfunded by \$97M. We are advocating for Medicaid rates to include contributions to the risk reserves. The State should have been building money into the rate structure for the risk pool, but they have not. This year, 0.6% was added into the rates. PIHPs are allowed to save 7.5%. MSHN is very healthy and has capped out their risk pool and savings – plus additional savings. However, we believe we need more cushion than just 7.5%, especially since Medicaid Health Plans are allowed to hold 15%.
- There are many new legislators, a lot of turnover. Even though we have advocated in the past, we need to advocate again and educate the new legislators.

Our region has the highest penetration percentage of Medicaid enrollees in the state at 8.4%. An actuarial study was done on CMHSP to look at underlying factors and cost differences, and our agency was the first on-site interview for the study. State’s actuary asked for our cost-allocation tools to share in consultation with other CMHs.

Highlights:

- Dr. Pinheiro, Medical Director, was selected to participate in a National Clinical Review panel on Mental Health First Aid to update USA manual as a reviewer and author of psychosis chapter. Rewriting the youth MHFA curriculum from age 5 for early intervention.
- New center-based Autism services location opening July 1 at the Eastwood Early Childhood Community Center in Big Rapids. Will be co-located with other community service agencies.
- Opiate epidemic – CMHCM is now providing space in all six county offices for medication assisted treatment providers.
- Summit Clubhouse has achieved International Clubhouse Accreditation, so now both CMHCM Clubhouses are accredited.

Action Items, Action alerts to be sent out via Constant Contact
 Person Responsible
 & Deadline:

Agenda Topic: *CMIT Overview*

Presenter: Shannah Beach

Discussion & Please reference [CMIT – Service Provider presentation](#)

Conclusions:

Highlights:

- Hospitals are most restrictive. There is not a specific wing at most hospitals, everyone is on the same floor and this may not be the right fit for a consumer.
- Criteria list included in the presentation, but is not exclusive or all-inclusive.
- Decisions are not made by CMIT based on financial reasons, the risk is taken

into consideration.

- No need to go through the ER process anymore, but this must be approved first by CMIT. If a consumer is aggressive, ER is the most secure setting. Otherwise, there are after-hour sites (see list in presentation for addresses) now that can take the place of the ER, and if the consumer does want to be admitted then CMIT can assist.
- If there is a short delay in receiving a call back, CMIT are likely looking up the consumer's chart for a quick review of medications, etc. and they will call right back.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *Training Grid Updates*

Presenter: Karen Bressette

Discussion & Conclusions: The training grid included in contracts has been abbreviated to only include relevant services being provided and the required trainings. This abbreviated copy is available on our website www.cmhcm.org under the Provider section. Training resources are also available in this same section, including the more recent requirements: Hearing Sensitivity and Trauma Informed Care. Some Providers have been asking why they didn't receive a physical copy of the Provider Handbook, so it was clarified that no physical copies are being sent out. The handbook is on our website and can be downloaded and printed from there.

PCP training logs were discussed and clarified:

- One PCP training log per training date
- There will be multiple records if staff are trained on various dates, and/or when new staff begin.
- "Ongoing," "See below," are not acceptable entries into the date field on the training log.
- Per MSHN and MDHHS guidance.

Mary Schrier clarified for Autism Providers that the autism-specific ABA Treatment plan training is required, and there will not be a separate record for IPOS training.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *HCBS Update*

Presenter: Barb Mund

Discussion & Conclusions: Please reference [HCBS – Provider Meeting 5.07.19](#)

Highlights:

- MSHN plans to complete HSW remediation by July 31, 2019.

- Heightened Scrutiny meetings in local CMHCM offices were held over winter/spring and are now complete.
- Providers were asked to continue to monitor their email closely, and reminded that CMHCM is not copied on emails sent to Providers from MDHHS/MSU.
- B3 Survey out-of-compliance data was sent to Providers in March 2019. Official notification and corrective action plan templates will be sent by MSHN. Estimated remediation completion date: July 2020.
- Reminder: HCBS surveys are mandatory. Any Providers who did not complete initial surveys will receive one in January 2020. It is unknown at this time what action MSHN will take if Providers do not participate in the follow-up round of surveys.
- 3 HCBS Coordinators will be hired by MSHN at the end of this month to bring the network into compliance.
- A draft of the community activity log was presented, which will assist Providers in ensuring they are in-compliance. This form should be finalized at the Residential Review Committee meeting near the end of this month, and will be announced to Providers once complete.
- Non-qualifying community activities were discussed and clarified, and Providers were reminded that the activity must be a public venue.
- Providers were reminded that any restrictions must be documented in the IPOS and behavior treatment plan.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *MEV Report of Findings*

Presenter: Jennifer Dunlop/Debbie Bauman

Discussion & Conclusions: Please reference [Provider Meeting PowerPoint 5.2019](#)

Highlights:

- Event Verification standards have been streamlined and measure a total of 3 standards (scores below for period Oct 2018-March 2019):
 - Documentation supports the service and includes date/time (75%)
 - Services are provided by an individual meeting all MSHN, MDHHS, and CMHCM requirements (73%)
 - Modifiers are used correctly (100%)
- Miles billed for transportation must be tied to a service such as CLS.
- Examples were provided to show how PCP objectives should be

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *Claim Submissions - Reconsiders*

Presenter: LeeAnn Allbee

Discussion & Conclusions: Please reference handouts: [Procedure for Reconsiders](#) and [Procedure for requesting the 60 day restriction be lifted](#)

- 60 days to submit claims, other than Fiscal Year-end
- Important that this timeline is followed, and resources were provided to outline exceptions.

Action Items, Person Responsible & Deadline: Email payables@cmhcm.org with any questions.

Agenda Topic: Corporate Compliance Update

Presenter: Bryan Krogman

Discussion & Conclusions: CMHCM and all CMH agencies are required to report on fraud, waste, and abuse. Previously, this was an annual reporting process to MSHN, however now this is quarterly and more detailed. Areas included are event verification, non-compliant, missing, and mismatched documentation (times, narrative content). Any time there is a reconsideration because of these issues, data must be reported and includes the name of the Provider, employee ID #, NPI#, specifics of consumer, amount of the reconsideration, etc. Bryan wanted Providers to be aware that this is occurring and is required.

Provider disenrollment also being reported, as the Office of Inspector General (OIG) is requesting information on individuals who are disqualified from participation in Medicaid programs. MSHN has been asked to provide additional clarity regarding this process. CMHCM does have a Corporate Compliance and Ethical Behavior Standards, and we have ability to disqualify individuals or Providers from our Network. This has occurred before, and is usually due to Recipient Rights related matters, such as a substantiated Abuse or Neglect Class I violation.

Bryan is a Corporate Compliance Officer on MSHN's Regional Compliance Committee, and the MSHN Compliance officer is Kim Zimmerman. A Provider disqualification policy is being created, to bring clarity to assure individuals and Providers are eligible to participate in Federal and State healthcare programs where services provided are paid with Medicaid dollars. Once finalized, CMHCM would make changes to our Corporate Compliance policy and a communication would be sent to Providers.

All Providers are required to have their own Corporate Compliance policy/procedure, and the best practice is for Providers to audit themselves for unethical actions, fraud, and/or suspicious behavior. Providers should also review claims before submission and ensure documentation is present and adequately described.

Action Items, Person Responsible & Deadline:

Agenda Topic: MSHN Update

Presenter: Tonya Lawrence

Discussion & Conclusions: • MSHN is working on updating all the regional contracts for contract renewals-

Conclusions: including Inpatient Hospitals, Fiscal Intermediaries and Autism Services. This will allow all contracts throughout the MSHN region to contain the same language, which will be especially helpful for those Providers who contract with multiple CMHs under MSHN.

- MSHN is working with point persons at each CMH to participate in regional implementation of training requirements and platform for DCW training. The plan is slated to allow for DCW's to develop a transcript of trainings and the transfer of completed trainings to new employers if the training is vetted and meets training guidelines. The plan is to utilize the Improving MI practice website for the trainings and each CMH will have a dedicated page on the website for their individual trainings required.
- MSHN continues to work with a state-wide work group to develop a uniform monitoring tool for site reviews. This integration will increase the length of the tool; however, it will allow the same tool to be utilized across CMHs in the region.
- MSHN has contracted with CEI CMH to complete the network adequacy assessment again next year.
- MSHN now has a region wide provider directory that is available on their website at www.midstatehealthnetwork.org under their provider tab.

Action Items, Person Responsible & Deadline: Should updates be needed to your agency's directory information, please contact csaylor@cmhcm.org.

Agenda Topic: Authorizations

Presenter: Tonya Lawrence

Discussion & Conclusions: Some authorizations have been pending for too long, and CMHCM has recently pulled data and contacted the appropriate Program Director/Supervisor for resolution. Tonya explained that we are taking this issue very seriously, and if Providers continue to experience these issues to contact Tonya, the Supervisor, and/or the Program Director right away and they will investigate.

CMHCM is starting our contract renewal season, and Providers were asked to reach out no later than June 15th if they would like any revisions considered.

Action Items, Person Responsible & Deadline: Contact sgauthier@cmhcm.org if you would like to set up a meeting before FY 20 contracts are developed.

Meeting adjourned at: 12:04 p.m.

Next meeting date: Tuesday, November 12, 2019

Observers:

Resource Persons:

Special Notes: