Community Mental Health for Central Michigan

Provider Network Meeting Minutes

Date: November 12, 2019
Time: 10:00 a.m.
Place: Isabella office – Lake Michigan conference room
Meeting called by: Tonya Lawrence, Provider Network Manager
Type of Meeting: Bi-Annual
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, and to ensure they list their email addresses to keep our contact information up to date.

Action Items, Person Responsible & Deadline:

Agenda Topic: Announcements
Presenter: All
Discussion & Conclusions: Tonya Lawrence:
- New Provider Network Specialist Melissa Fox, who came from McLaren Central Michigan Hospital, will be replacing Sarah Gauthier.
- Readership of emails sent through Constant Contact is between 35-45%. Many new changes that are implemented for compliance here are communicated through emails. Providers were asked to ensure their email addresses are up to date, and ensure they are opening emails from CMHCM and communicating the information to their staff.

Kris Stableford:
- **Incomplete Incident Reports:** The last section to complete, “Corrective Measures Taken to Remedy and/or Prevent Recurrence,” should be completed with information on how you will be proactive to avoid the issue in the future.
- **CMHCM ORR HR Log** must be sent to CMHCM Office of Recipient Rights (ORR) office and demonstrates compliance with Mental Health code and CMHCM contract requirements. The state rights office will be visiting next Spring and checking for compliance. Only 70 have been submitted so far, and the rest must submit this log before the end of the year (and then annually).
- Recipient Rights refresher training data must be sent to Kris, indicating whether staff took an online or paper refresher. Data should be emailed to kstableford@cmhcm.org by the end of the week, but no later than by the end of the year.

Action Items,
State of the Agency

The CMHCM Board of Directors has revised the CMHCM mission to be more inclusive and to clarify our services: “To promote community inclusion and whole-person wellness through comprehensive and quality integrated services to individuals with a serious emotional disturbance, intellectual/developmental disability, serious mental illness, or co-occurring substance use disorder.”

Another autism center has opened, there are now three total centers:

- Eastwood Elementary, Big Rapids – New
- Rosebush Early Learning Center, Isabella county
- Windover High School, Midland

Legislative updates:

- HB4325: Legislation implemented necessary changes to adjust the scope of practice for Licensed Professional Counselors (LPC) after much advocacy. Regulations were not matching current law, and the profession was being threatened.
- Section 298: This has been vetoed from the FY20 state budget. This section had proposed the transfer of public mental health dollars to be under the control of Medicaid Health Plans.
- A plan was submitted to the stakeholder workgroup three years ago regarding Direct Care Worker (DCW) recruitment and retention, and we are pushing this again as high priority. The plan called for better wages, universal training, integrated health competencies, and centralized tracking of training. We are working on having our trainings posted on Improving MI practices, but there is still much room for improvement, as all CMHs across the state should have centralized trainings with all required elements. This plan also includes suggestions for career progression for DCWs similar to Certified Nursing Assistants (CNA).
- HB5043: Passed in the house and is now with the Senate; proposes mediation as an alternative dispute resolution approach. Mediation would not replace current dispute processes, and could occur before or possibly be invoked resulting in suspending grievances, local appeals, and state fair hearings.
- The Governor approved up to 100 beds at the Caro Center rebuild. $5 million of the funds for Caro have been dedicated to community crisis bed alternatives. MDHHS is also discussing the possibility of six 6-8 bed child psychiatric facility.
- The scheduling for state facility beds has been centralized, which allows for better management of wait lists and discharge planning. This spring there will be a demonstration of the state bed registry to assist crisis teams with psychiatric placements. Our region collected denial data in support of this project. For more information: Michigan Psychiatric Care Improvement Project - MPCI
- Class action lawsuit filed by the Michigan Protection and Advocacy unit against the State of Michigan, accusing the state of failing its legal obligation of the Medicaid act to provide intensive Home and Community Based Services for
children and young adults. The motion to dismiss the lawsuit was denied, and the case is going into discovery. No CMHs were mentioned in the lawsuit, this is against the state.

- Healthy Michigan Plan work reporting requirements go into effect in January 2020. State data will be utilized to deem persons exempt from these requirements, and CMHCM case managers will be working with consumers who should be exempt to complete attestation forms if they were not automatically deemed exempt through this data. The DHS worker that is shared by CMHCM and MDHHS was recognized for her efforts and continued assistance.

FY 20 Budget:
- State budget issues are still pending. The CMH system is experiencing issues receiving the funds they were expecting, which is not unusual at the beginning of a new fiscal year. However, some CMHs in the state expecting increases actually received decreases. CMHCM received appx. $500k less than anticipated last month when minimal change was expected. The state is looking into the causes, which seem to be caused by a combination of the following:
  - Computer glitches.
  - Implementing waiver changes.
  - Reduction in the disabled, aged, and blind – approx. 28,000 fewer participants statewide.
  - Factors were changed in the statewide rate setting formula, which is broken down by gender, age group, disability type. The new formula will result in a traditional Medicaid decrease over the next two years.
- No increases have been approved for CMHCM staff or network providers until the budget issues are sorted out.
- The Board has adopted a continuation budget while revenue is watched over the next few months.

Action Items,
Person Responsible & Deadline:

**Agenda Topic:** Clinical Presentation

**Presenter:** Lauren Herline/Renee Raushi

**Discussion & Conclusions:** Please reference the Provider Network Training – Data Collection presentation, and below are highlights:

- Behavior plans should be tailored to the individual and based on objective data.
- All behavior has a function, even if it appears that the behavior comes out of nowhere.
- The definition of the challenging behavior needs to be so basic/clear that anyone, even a complete stranger, would collect the same data. This is called the “stranger rule.”
- Evidence must be collected that positive support interventions have been attempted and exhausted before intrusive/restrictive measures.
- Lauren serves all six counties and is available to answer any questions. She offered to come out to staff meetings, and can even come out for staff support/training without a behavior plan in place.
• Guardian requests for restrictions do not supersede the Behavior Treatment Committee (BTC). Data collection would still be required and the measures would need to go through BTC.

• MDHHS standards are used to determine if a behavior treatment plan is appropriate, and the requirements that include data collection are bolded on slide 4 of the presentation.

Action Items,
Person Responsible & Deadline:

Agenda Topic: **HCBS**
Presenter: Barb Mund
Discussion & Conclusions: Please reference the HCBS Provider Meeting presentation, and below are highlights:

• Sarah Gauthier was announced as HCBS Service Specialist

• Follow up site visits from CMHCM will be occurring if MSHN visited and found items to be corrected.

• MDHHS/MSU is starting with Northern Michigan Regional Entity with the Heightened Scrutiny process. Barb and Sarah attended a heightened scrutiny visit in the area and assured providers that the visits are informal.

• HCBS surveys are mandatory and those who did not complete surveys, have errors, or information that couldn’t be validated, will receive surveys in Feb or March. As soon as CMHCM is notified we will be emailing, so providers were reminded to watch their emails.

• Licensing clarified their stance on smoking, alcohol, sharps/chemicals, house rules, overnight guests, and locked basements. Please see the presentation for further details.

Action Items, Person Responsible & Deadline:

Agenda Topic: **MSHN Update**
Presenter: Tonya Lawrence
Discussion & Conclusions: Training platforms are being discussed to allow for online training of all required CMH trainings. A centralized training mechanism must be vetted, which is a lengthy process. A transcript would be generated, which could be shared and reduce the cost of re-training when a DCW changes jobs.

• Requirement from the public health code requires that Behavior Technicians cannot provide services if they have ANY criminal history. It does not matter how long ago the conviction was or what it was for, it is if anything comes up on the background check then the BT cannot provide the service. MSHN is advocating to the state.

• Provider Network Adequacy Report is being developed at MSHN outlining the service provision in the MSHN region.

• MSHN continues to fine tune the provider network directory of all providers in the MSHN region.
Meeting adjourned at: 12:05 p.m.
Next meeting date: Tuesday, May 12, 2020
Observers:
Resource Persons:
Special Notes: