

LCMHA PROVIDER MEETING

APRIL 30, 2019

10:00AM

Present:

Bradley, J (CMH)	Plato, A (CCH)
Carpenter, J (CMH)	Ratz, T (New Beginnings)
Dunbar, S (CMH)	Ross, K (CMH)
Durell, J (Interconnections)	Schafran, M (MI Visiting Care)
Eichler, M (Renaissance)	Schell, G (CMH)
Feller, N (CMH)	Schultz, L (MVA)
Gestland, C (Highfields)	Shaw, R (Salvation Army)
Gottschalk, K (Renaissance)	Slusher, E (CMH)
Halliwill, C (Goodwill)	Spiteri, K (Patterns)
Henegan, T (U1st)	Szewczuk, K (CMH)
Hewson, L (Highfields)	Sutherland, M (Centria)
Iffland, A (Renaissance)	Tripp, J (Renaissance)
Krefman, J (CMH)	Venier, B (Momentum)
Lewis, A (GT Financial)	Warren, J (CMH)
Lewis, S (Catholic Charities)	Willnow, B (Renaissance)
Logan, E (CCH)	Wilson, K (Parkside)
McCary, B (Goodwill)	Younglove, S (U1st)
Pfrefffer, G (Renaissance)	

1. Welcome and Introductions - Kathryn Szewczuk
 - a. Kathryn gave an overview of the state underfunding of the public mental health system - handouts provided.
 - b. HIPAA, Medicaid fraud, abuse and waste and penalties for violations - PowerPoint.
2. Dawn Ehret, Quality & Compliance Coordinator
 - a. Dawn discussed the expectations of anyone who enters incident reports into CRCT. Supervisor should always ensure the IR is coded correctly.
3. Niki Feller, Chief Clinical Officer
 - a. SED Waiver - we are working towards getting Lenawee County on board. This is a great resource for those up to 21 years of age with severe emotional disturbance (can have private insurance, without enough coverage)
 - b. Parity - This is a Federal Rule from Behavioral Health & DD Administration. PIHPs are working on how to be compliant with guidelines for uniformity of service provided across the state.

- c. Culture of Gentleness – Group home staff should be using toolkits. Internal CMH staff are being re-trained in June and will be working with providers to ensure that providers are following guidelines, and that any additional training is available for support.
 - d. Motivational Interviewing – we have trainers trained. There will be a schedule of trainings coming out on a regular basis.
 - e. LOCUS – the state has reviewed our LOCUS practices and fidelity. There will be a work plan; refresher trainings, and train the trainer available.
4. Jason Newberry, CMHSPSM Waiver Coordinator – Jason oversees the Home and Community Based Services transition. A Federal mandate and “final rule” is that residents and treatment programs have to be less isolated and less institutional. The roll out is over five years. Surveys have been sent out to participants and providers in residential and non-residential settings for adult populations, and plans of correction are currently being remediated. It is important to have documentation and policies in place in coordination with CMH to show that consumers are able to have unique experiences and be able to choose activities. There are readiness tools to support business practices, and policies for program development available. If anyone has any questions, please contact Jason at: 734.620.4865.
 5. Jessica Krefman, Recipient Rights Officer – Recipient Rights training requirements will be changing in October, at which time employees will receive the “Day One” RR Training (previously the 30-day orientation) on the date of hire, with the in-person training required within 30 days. To meet this requirement, the Rights Office will be offering two trainings per month starting in October. The region also offers trainings and employees can attend any of those. The annual refresher training will be available online. Between now and October, the state is requiring us to keep a record of all “30-day orientation” trainings signed by the staff and provider. Additional in-person rights trainings can be required by the provider as a result of a substantiated rights violation. Please continue to send background checks. However, all providers have different forms to be completed – please ensure that the name of the employee is legible, along with a witness signature and a return fax number. Site visits are underway; it is not necessary for a supervisor to be present.
 6. Kay Ross, Customer Services – Do not hesitate to pass along any grievances. Sometimes processes can be improved if something is not working. The Consumer Action Committee is doing a lot of advocacy work – if you know any consumers who would be interested in serving on this committee, please let Kay know – kross@lcmha.org. We are always looking for people to tell their stories. Kay is starting a speech craft class in June, which will be a small group and only be for a couple of days, but it is helpful for people who are hesitant to talk in front of others.
 7. Jackie Bradley, Community Outreach Coordinator – Jackie gave an overview of the work of the Lenawee Collective Impact groups and their decision to focus on becoming trauma informed community; completing organizational assessments to ascertain the need to become resilient. ACE’s were explained

and how they impact and measure trauma. Jackie is available for presentations if any organization is interested in completing the assessment. Please contact her at jbradley@lcmha.org. A fact sheet was distributed.

8. Shar Dunbar, Contracts Coordinator – Just a reminder about required trainings; to complete prior to expiration date, most of which are available at: <https://www.cmhpsm.org/training> Please print out the attestation page or certificate with name and date as proof of completion. A new CMHPSM Individual Plan of Service In-service Log Template is a new requirement for consumers, this is also available at the above link. This applies to those providers where direct care staff are implementing part of the IPOS such as the following service types: Licensed Residential, CLS, Respite, Skill Building, Supported Employment, ABA, and Licensed Professionals (if in-service is required - for instance if there were an OT goal in the IPOS an OT would need to be in-serviced on that goal). Background checks should also be completed prior to hire and annually thereafter. There should not be a gap between annual dates. Regional policies are available at: <https://www.cmhpsm.org/policies> these should be reviewed with staff and documented that they were reviewed with staff in meeting minutes, or, an attestation that they were reviewed. Please check for updated policies as there are several that have been updated recently including the Claims Payment and Appeal policy. The policy explains the process for claim submission, processing and appeal. For any provider staff who need CRCT log in – request forms should be sent to Shar Dunbar, sdunbar@lcmha.org. Please also notify Shar when staff are no longer working with you so that they can be inactivated from the system. Provider Monitoring audits will begin in the next couple of months and have to be completed by September 30th. The audit tool will be shared with providers ahead of time. The administration review for accredited providers is due every two years, many will only have a site review this year. The non-accredited provider administrative review is annual. Financial audits should be sent to Shar Dunbar when completed – 90 days from the end of the fiscal year. If additional time is required, please communicate that to Shar as you are currently.
9. Wendy Cadieux, Data & Information Specialist – we are celebrating one-year live with CRCT. A reminder to provider staff that they should not share CRCT log in/password information. If you forget your password, the “forgot password” reset works well. If a problem persists – call CMH there are several staff who can reset passwords. All information in the EHR is confidential, administrators can see which records have been accessed by whom and when. If there is anything you would like to see added/modified in CRCT – let Wendy know. It is very important that all documentation entered into the EHR is accurate and all fields are reviewed and filled. SUD providers have the ability to update and change dates etc. which is important when we have to meet deadlines for service. Always make a note if a consumer calls to reschedule/change an appointment etc. BHTeds is a report that goes to the state – after much work CMH data improved from 58% to 95% compliance as

a region. Milliman uses this data to figure out rates, so it is very important to be accurate.

Meeting adjourned at 11:37am.