LCMHA PROVIDER MEETING
November 20, 2013

MINUTES

Present:

Renee Shaw	Harbor Light	Lisa Grant	CCH
Diana Frayer	ProMedica	Rachel Mallory	ProMedica
Lynne Shadbolt	ProMedica	Will Volesky	Kairos Healthcare
Judy Mort-Duncan	Inter-Connections	Gerald McCullough	McCullough Vargas
Karla Mangrum	Goodwill	Carolyn Halliwill	Goodwill
Melissa Evener	Renaissance	Cindy Daniels	Herrick Behavioral Services
Cari Rebottaro	Lenawee Dept on Aging	Tammy Jewell	DOA/Daybreak
John Haught	Goodwill	Alison Donigan	Psych. Systems
Jen Durell	Inter-Connections	Sue Lewis	Catholic Charities
Kiernan Gamel	Catholic Charities	Ryan Vargas	McCullough Vargas
Kristy Gottschalk	Renaissance	Jessica Soss	Renaissance
Amanda Iffland	Renaissance	Scott Brown	Renaissance
LuAnn Sawdey	Highfields	Jill Clark	Highfields
Marilynn Schneider	Highfields	Lucinda Treadway	Christ Centered Homes
Barbara Freysinger	Life Span	Rebecca Leutz	ProMedica
Patty Trausch	McCullough Vargas	Larry Hollman	Renaissance
Sandy Keener	LCMHA	Kathryn Szewczuk	LCMHA
Fran Foley	LCMHA	Katie Snay	LCMHA
Judy Warren	LCMHA	Shar Dunbar	LCMHA
Kay Ross	LCMHA	Wendy Cadieux	LCMHA

1. Executive Director, Sandy Keener
    a. Welcome, and introductions
    b. Update on Regional Entity. The evolution of the affiliation and WCHO Provider Monitoring was explained; shared governance; realignment and transition from 18 PIHP's to 10 currently; distribution of Medicaid dollars; scarcity of General Fund dollars and large amount of uninsured consumers who come to CMH who are not Medicaid eligible but we have to serve as they meet our eligibility criteria. The current affiliation (Washtenaw, Monroe, Livingston & Lenawee) was left whole, one of only five in the state that was not changed. This gives us a distinct advantage as we move forward with shared policies, procedures and electronic medical record. Continuity of services across the affiliation is important as well as accurate data collection and reporting.
    c. Structure and frequency of future provider meetings. There was discussion regarding frequency of meetings. There was a suggestion that one meeting per year for all providers was ideal. Maybe smaller meetings twice per year tailored more to the type of provider (ex. Residential, skill building, substance abuse) etc.

2. Recipient Rights Officer, Katie Snay
    a. Recipient Rights Update – training, trends at Lenawee & Affiliation.
    There have been problems reaching the RRO after hours since installation of the new telephone system. Messages can be left on Katie's direct line: 517.264.0192 and her email: ksnay@lcmha.org. Reports should be made within one business day of the incident. Remember that no consumers name or personal health information can be included in an email.
    Trainings continue monthly – on the last Monday of the month. Please register with Karen Rawlings (517.264.0105, or krawlings@lcmha.org) and remember to cancel with her if you cannot attend, as these trainings are always full to capacity.
    The four common complaint categories are: humane treatment environment – staff cannot argue or swear in front of consumers; dignity and respect – be aware of your tone of voice when speaking to consumers; failure to report – if an incident is not reported within one business day (contacting a Case Manager does not count) the RRO has to be called directly, otherwise it is considered failure to report; neglect class III – this is one of the highest complaint categories – there is a standard to be followed, if not there is a risk to the consumer…ex. Med errors and supervision issues. Staff has to be aware of everything in the consumer IPOS. Mental health services suited to condition – standard not followed, but there is no risk of harm to the consumer.
    Recent trends show that staff is more willing to be the named complainant. Staff should be encouraged to be the complainant if they witness an incident.
    b. Incident Reporting – timeliness, requirements etc. Paper incident reports should be completed and sent to CMH within 24 hours. If being entered directly into E-11 the same applies. An IR should be completed any time something out of the ordinary occurs, even if staff has been notified.
3. Customer Service Representative, Kay Ross
    The grievance process was explained. Any time a consumer has a complaint they have a right to make a complaint. Kay Ross should be contacted. Usually after a telephone call and/or a meeting to discuss the problem, the issue can be resolved without any further action. If not a formal complaint is written up and forwarded to the relevant staff member for resolution.
    Mental Health Awareness Committee works on anti-stigma initiatives, but is currently planning a Christmas party for consumers to be held on December 4th at CMH. Anyone is invited to attend.
    CMH staff is available to conduct trainings at provider sites – contact Kay Ross if interested in setting something up.
    Inter-Connections Drop in Center has many support groups and activities available for adults with MI and SUD. It is a great place to interact with people in similar situations.
4. DD Program Supervisor, Fran Foley
    a. Provider Monitoring
        i. Completed site visits. The monitoring tool used was created by the affiliation and covered some areas better than others. Providers were very welcoming when auditors arrived and feedback from the auditors was positive. Auditors

require CMH to monitor group homes more frequently than quarterly; Case Managers have a one page checklist that they monitor monthly.

ii. Adjustments to monitoring tool in the future. There were some areas that were missed, and when the new tool is available it will be circulated for information. Our goal is to assist the providers in being the best that they can be.

5. Contracts Coordinator, Shar Dunbar
    a. Expectations in contract (training, certification, data entry, customer satisfaction surveys etc.). Satisfaction surveys are required – in the past providers have used ours, but are free to use their own. Please let Shar Dunbar know if you would like a copy. Insurance and accreditation renewals should be on file with us. If CMH is listed as the certificate holder with an address – it should come directly to us. If not, please ensure that we receive a copy. Staff trainings are listed in the contract; please ensure staff stay current on these.

       Consumer fund audits will be continued in January/February. Insure complete documentation on the residential care agreement. If consumers cannot sign for receipt of their funds (sometimes the Home Manager initials) licensing is looking for a witness signature.
    b. Amendment to Residential Provider Contracts coming – expectations for nurses in residential setting. There will be an amendment coming - providers are responsible for residential healthcare documents. Please let Sandy Keener know if you need to make any changes. An amendment has been completed for gentle approach training – we will be monitoring this area to make sure there is no negative impact on consumers.
6. Compliance Director, Kathryn Szewczuk
    a. Compliance Update
    b. Medicaid Fraud – importance of error free documentation. The Office of the Inspector General is focusing on recouping money that is fraudulently spent. There are also incentives for reporting fraud. We have to be very careful in all aspects of documentation. Times and service provided must be documented correctly using correct codes, ensuring not to double bill for the same time/different service. Auditors require justification of amount of service, and evidence of service (documentation). Fines are astronomical – a percentage of $ is taken back as well as the fine.
7. Provider Questions and Comments
    a. Is there a way to flag an entry in E-II if the times and units do not match? It would help if it could be rejected and fixed before it is sent for adjudication. Wendy C will look into it.

Meeting adjourned at 10:00am.