

LCMHA PROVIDER MEETING

September 7, 2017

2:00pm

Present

Scott Brown	Renaissance
Kristy Gottschalk	Renaissance
Jessica Tripp	Renaissance
Shelby Cavey	Renaissance
Gerald McCullough	McCullough Vargas & Associates
Renee Shaw	Salvation Army Harbor Light
Sue Lewis	Catholic Charities
Jen Durell	Interconnections Inc.
Beth McCary	Goodwill
Carolyn Halliwill	Goodwill
Tammy Jewell	LDOA Daybreak
Tiffany Lang	GT Independence
Amanda Lewis	GT Independence
Liz Logan	Christ Centered Homes
Therese Langan	Parkside
Ashlea Dull	Parkside
Christie Re	Havenwyck Hospital
Maryann Riggs	Michigan Visiting Care
Jason Newberry	CMHPSM
Kay Ross	CMH
Shar Dunbar	CMH
Rose Savage	CMHPSM
Wendy Cadieux	CMH
Karen Rawlings	CMH
Kathryn Szewczuk	CMH

1. Kathryn Szewczuk

- a. Welcome and introductions
- b. State Updates. 298 Legislation regarding privatization of behavioral health services. Medicaid will flow through the Health Plans. Currently health plans handle physical health and mild moderate behavioral health. There are six health plans in

Michigan; all are for-profit, which will likely affect rates. The state will be running four pilots, one in Kent County, we are not sure yet where the rest will be. CMH's can volunteer to participate. We have asked that the state look at integrated health projects that we are doing locally (ex. The Family Medical Center) could be a model, (outcomes and the impact we are having on ER utilization). We will continue to work with our organization and providers in preparation for the change in payers in our system. The Health Plans do not know our population and cannot do what we do effectively. We will continue to provide updates in the Grapevine Newsletter, however, if anyone has questions please do not hesitate to call us.

- c. Compliance update. Kathryn gave an overview of audit requirements regarding staff training (more information can be found here): <http://www.cmhpsm.org/training>
Examples of what constitute Medicaid fraud, abuse and waste, and penalties that can be incurred were explained. Kristen Ora is the Regional Compliance Officer - orak@cmhpsm.org. Providers please conduct criminal background checks prior to date of hire. Many staff was out of compliance on first aid/CPR/bloodborne pathogens, IPOS training which is required within 30 days of hire. It is good to have a plan that when employees are working directly with individuals (including administrative staff), that the training is complete prior to working with consumers. This information is important to document for audit purposes. For the Children's Waiver qualifications - there is no grace period for expired trainings etc.
- d. We are currently preparing for the HAB Waiver, Children's Waiver and SUD audits. Waiver audits will be during the month of October for all four counties. Marci Scalera will be requesting information from the SUD providers for their audit.
- e. Engagement Center. Pathways will be opening on September 22nd, with a ribbon cutting and open house on October 6th from 4:30 - 5:30pm. It will be open Friday evening until Monday morning for people actively using substances, who probably are not in treatment. Pathways will be staffed with Recovery Coaches with oversight from CMH Administration and Access. This is the first step in trying to impact the gaps that currently exist in Lenawee County. The intent is to engage people and get them interested in treatment and then referred to local providers.

2. Jason Newberry

- a. HCBS Final Rule Transition Update. This Federal Law requires certain populations have to be in compliance with the rule which requires less isolation and more community interaction (HAB waiver clients, CLS, Skill Building and Supported Employment). Surveys for HAB waiver clients have been completed and people have been contacted regarding corrective action plans. B3 is rolling out now, remediation plans will be required due in March with compliance necessary by March 2019. Jason is available for technical assistance if needed – we have to work together to ensure we are providing choices for our consumers at the same time ensuring their safety. Providers will be required to make some changes and CMH will also be impacted.
3. Rose Savage
 - a. Site Visits. Rose is just finishing up site visits for this year, and for the most part everything looks good.
 - b. Recipient Rights Updates. Rose is concerned that there may be some under-reporting looking at the ratio of substantiated cases versus unsubstantiated; she would like to see more reporting with less substantiation. Providers – please remind your staff that if they see something they should report it to the Recipient Rights Officer, even if there are no witnesses, and that there will be no repercussions.
4. Kay Ross.
 - a. Grievances. This year we have received 14 complaints, 8 by email; 5 by phone and 1 in person. Most were related to dissatisfaction with service either quality or availability. All complaints are investigated and responded to in a timely manner.
 - b. Significant Change Letters. If there are any changes in service or provider letters are mailed to all affected consumers.
 - c. Another Addiction Summit is being planned for next September; we are always looking for volunteers to help with this.
 - d. There will be another e-Race the Stigma 5K Run/Walk in May.
 - e. Consumers are urged to call Kay Ross if they have any customer service questions or concerns.
5. Shar Dunbar.
 - a. Provider monitoring is 85% complete for 2017. It has gone smoothly we appreciate all of the assistance and co-operation. Letters regarding the results of the audits will be sent shortly.
 - b. Please remember that staff must be current with their provider qualification requirements. The State could take back money if

staff are not meeting the State's qualification requirements as defined in this link to provider qualifications -

http://www.michigan.gov/documents/mdhhs/PIHP-MHSP_Provider_Qualifications_530980_7.pdf

- c. Jason mentioned that during site reviews less than 80% across the region who had to do a quality plan, did not meet the threshold for staff training requirements.
 - d. All claims should be submitted according to contract requirements (within 60 days). If possible please adjudicate claims prior to sending them to us, this allows the processing of claims to be smoother and allows timelier payment to providers.
 - e. Primary insurance - this is the responsibility of the provider to verify benefits for consumers as the state mandates that CMH is the payer of last resort. Primary insurance must be billed prior to submitting claim to CMH. Please forward a copy of the primary EOB to assist in processing the claim.
 - f. Monitor authorizations to ensure there are enough units to provide a service. If you have an issue with an authorization - contact the Case Manager so that they can take care of it.
 - g. Year-end claim notices have been sent out - deadline is October 16th.
 - h. All contracts are 2 years, expiring in September 2018 except substance use disorder providers, which expire at the end of this month. New SUD boilerplate language will be coming from the PIHP.
 - i. Financial audits for FY16 should be submitted to Shar Dunbar.
 - j. Federal Debarment Attestation. These forms have to be updated when there are any changes. (link to the form <http://www.cmhpsm.org/provider-manual>.)
 - k. Policies - please make sure that you know where to access contract policies and ensure that you are familiar with them as they are updated periodically. Evidence is required that staff is notified of policy changes/updates. <http://www.cmhpsm.org/policies>
6. Wendy Cadieux
- a. EII Updates. The end of the fiscal year we are working hard to clean encounters and TEDS data. Mental health providers not affected, but SUD providers have to enter their own TEDS data. You might be getting calls asking you to contact your clinicians who did the admission/discharge with an error so we can get it amended before it goes to the state. We are working on locking

down E.II and trying to catch errors when entered. We are also working on PI indicators (MMBPIS). There is some confusion in determining if something is an exception, exclusion or out of compliance. Please refer to the training document "Provider Instructions updated 2-9-2017" for clarification. EII and drill downs don't match with enough information; we have to contact the provider to find out the correct information. We keep working on trying to improve this process. The region is working on redesigning forms for a new Electronic Health Record. PCE is the current vendor and will be the new vendor - 80% of CMHs in the state use PCE. Behind the scenes framework will be the same across the state. We expect to go live April 1st 2018. There will be more updates and information on provider training, which will be sometime in March. For mental health providers, the new system will enable us to communicate with providers. SUD provider noted that it would be helpful in the new system for there to be some administrative control, for one person to be able to make changes on behalf of staff (when staff has left etc). There was also a question about incident reporting in the new system. Faxing or scanning documents - is there any technological advance to make this easier for providers who frequently come up against software and equipment issues. Please send suggestions on this to Judy Warren or Wendy Cadieux. One private duty nursing provider would find it beneficial to network with other providers - is it possible to obtain contact information?