Community Mental Health for Central Michigan

Provider Network Meeting Minutes

Date:	**November 16, 2021**
Time:	10:00 a.m.
Place:	Teleconference: Zoom
Meeting called by:	Katherine Squire, Provider Network Manager
Type of Meeting:	Bi-Annual
Note Taker:	Cindi Saylor
Attendees:	
Attendees (via conference phone):	Provider Network, CMHCM Staff
Excused:	
Absent:	
cc:	Executive Leadership Team (ELT)

Agenda Topic: ***Welcome/Sign-In/Introductions***

Presenter: Bryan Krogman

Discussion & Conclusions: Providers were welcomed to the meeting, and instructions were given for attendance.

Action Items, Person Responsible & Deadline:

Agenda Topic: ***Announcements***

Presenter: All

Discussion & Conclusions:

LeeAnn Allbee:

- Staci Wood was announced as the Provider Network Secretary, and general CIGMMO access requests can be sent to Staci at swood@cmhcm.org. Providers were reminded to fill the forms out legibly.
- Amy Zimmerman, previous Provider Network Secretary, has moved to Finance as an Accounts Payable Clerk.
- Lindsey Recker will be returning from maternity leave November 29th.
- Katherine Squire is currently on maternity leave through February 1, 2022, and the Provider Network team will be working together to cover while she is out of the office.
- There were many code changes for FY22 and providers were asked to continue reaching out if they notice issues.
- Providers were reminded to return their FY22 contracts and amendments.

Karen Bressette:

- Most residential providers are onboarded for electronic residential progress notes. Based on feedback, we are working on a mock-up of how the note should look going forward. The changes will help support documentation efficiencies with providers and case managers, so more time can be spent providing services.

Agenda Topic: ***State of the Agency***

Presenter: John Obermesik

Discussion & Conclusions:

CMHCM Update:

- Pursuing a two-year planning grant to expand services to mild-moderate needs and special populations, such as veterans.
- Streamlined access to services with same-day assessments, and consumers are assigned to a multi-disciplinary health team for whole-person care.
- Working on updated approaches to person-centered planning and outcome measurements for ADLs, Julie/Cathy to discuss later.
- CMHCM is the seventh largest CMH out of 46 CMHs in Michigan, and has served over 10,000 persons per year for three years running, which includes over 2,800 children.
- Staffing issues within CMHs, their provider networks, and with MDHHS as they are experiencing shortages at state inpatient hospitals. Bryan to discuss later.
- CMHCM is a certified Medicaid provider, so we believe we fall under the CMS healthcare vaccine mandate, but the Medicaid certification does not extend to our provider network. We are not providing legal advice, and have asked MDHHS for clarification on which provider types are subject to the mandates. There are two pending federal lawsuits (Missouri +10 states, South Carolina +12 states) opposing the CMS healthcare vaccine mandate. We will keep you updated as we hear more information.

Legislative/State Update:

- SB 597 & 598: Two proposed bills that would eliminate the prepaid inpatient health plans (PIHPs), including Mid-State Health Network (MSHN). $3B in public health dollars would end up with private health plans. CMHCM does not support this legislation, it eliminates local control and reduces financial resources.
    - Michigan's Medicaid health plans have reported record profits, over $550M in 2020.
    - Would cost taxpayers another $300M to cover the health plan's admin costs and profits, to keep the services they already have.
    - Funds could be better used to elevate the direct care profession.
    - Providers were asked to advocate by registering on CMHAM's action center at https://cmham.org/advocacy, and to contact their legislator.

Action Items, Person Responsible & Deadline:

Agenda Topic: ***MDHHS Policy – Cost Reporting Requirements***

Presenter: Bryan Krogman

Discussion & Conclusions: Discussed MSA bulletin 21-39: https://www.michigan.gov/documents/mdhhs/MSA_21-39-BHDDA_739911_7.pdf, which establishes cost reporting requirements for contracted providers.

- This would be an annual reporting requirement, effective 12/1/21, and would apply to all providers. Some providers who meets specific expenditure thresholds outlined in the bulletin would need to provide even more

comprehensive information.

- These requirements are under contract negotiation, as a number of concerns have been raised. The policy comes between the contractual relationship between CMHs and their provider network, and providers do not hold a direct contract with MDHHS. This is an unfunded and costly administrative burden with little known value to the provider and the mental health system. And there are concerns that other items could be implemented through a bulletin instead of through the contract. CMHs may also not know the full scope of a provider's threshold, as providers can hold contracts with multiple CMHs.

Providers do not need to meet these requirements while negotiations are taking place between CMHs and PIHPs, and the Provider Alliance has recommended to not move forward or submit reports until you receive further guidance.

Concerns regarding these reporting requirements can be sent to:

Jackie Sproat: sproatj@michigan.gov
Jeff Wieferich: wieferichj@michigan.gov
MDHHS Provider Policy office: ProviderSupport@michigan.gov

Action Items, Person Responsible & Deadline:

Agenda Topic: ***COVID Premium Pay Reminders***

Presenter: Jennifer Dunlop

Discussion & Conclusions: Effective 10/1, COVID positive pay has increased to $4.48/hour, which includes a $4 pass through to the worker and 12% admin reimbursement ($0.48).

The COVID positive premium pay is added in CIGMMO upon confirmation by Judy Riley of a COVID positive consumer that is receiving services. Providers were reminded to contact InfectionControlTeam@cmhcm.org with positive COVID tests, anytime a staff person or consumers tests positive for COVID or is experiencing COVID-like symptoms.

Action Items, Person Responsible & Deadline:

Agenda Topic: ***Medicaid Event Verification (MEV)***

Presenter: Jennifer Dunlop

Discussion & Conclusions: The MSHN MEV will be taking place Nov 22-23, and providers were thanked for submitting all necessary documentation.

An overview of FY21 CMHCM MEV scores was given, based on the below standards. Debbie Bauman completes MEVs for Provider agencies, and Jennifer Dunlop completes them for self-directed arrangements:

- Standard #1 - The date and time of the service is documented and the documentation supports the service.
- Standard #2 - Services were provided by a qualified individual and fall within the requirements of the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code sets.
- Standard #3 - Modifiers are used following the CPT/HCPCS guidelines

Provider agencies FY21 averages and common findings:

- Standard #1: 91%
  - AHH documented in CLS notes, but not necessary.
  - Start/stop times being billed do not always match the progress notes.
  - Sometimes no documentation to support the service provided.
- Standard #2: 84%
  - Missing IPOS training records that indicate the staff person was trained by the case manager.
  - Missing or expired background and rights checks.
- Standard #3: 96%
  - Incorrect modifiers were used when billing (documentation did not match the modifier that was billed).

Self-directed arrangements FY21 Averages and common findings:

- Standard #1: 84%
  - Sometimes no documentation to support the service provided.
  - Mileage logs show outings, but outings not mentioned in progress notes.
  - Many notes did not address the PCP goals/objectives.
- Standard #2: 93%
  - Missing IPOS training records and First Aid.
- Standard #3: 100%

Concerns were expressed by a provider regarding reconsiders from MEVs, and the burden that losing the funds creates. It was confirmed that we don't typically reconsider claims for training issues, and usually occurs when the claim does not have supporting documentation of the service performed. Under contract with MSHN, the MEV process is required, includes quarterly reporting by MSHN to the Office of Inspector General (OIG), and there is a requirement for reconsiderations. Regular compliance meetings are held with MSHN and OIG; however, Bryan will raise this as a technical question/issue with Kim Zimmerman, MSHN Compliance Officer.

Action Items, Person Responsible & Deadline:

Agenda Topic: ***DCW Recruitment and Retention Issues***

Presenter: Bryan Krogman

Discussion & Conclusions: CMHCM was able to provide a $1.40 DCW wage increase specific to our CMH in May 2021, a $500 worker retention bonus, and the $2.35 COVID premium pay that is incorporated into applicable rates.

Providers were asked to share feedback on recruitment and retention issues, turnover rate, time to fill vacancies, and/or minimum wage rate needed for successful recruiting,

so the information can be shared with MDHHS. Attendees were encouraged to speak or to email comments to Cindi Saylor, csaylor@cmhcm.org. Below is a summary of comments from various providers that were shared during the meeting:

- Some of the issues are the position and the lack of work/life balance. School buses not staffed or running in Big Rapids causes reliability issues for people with children. Burnout issues, and wage is not competitive (even with raises) due to demands of the job and scrutiny involved. Concerned about losing managers, since they are working a lot of direct care.
- College students used to be willing to give a significant amount of time and internships, but now the minimum requirements for internships have been reduced or are done virtually. Recruitment has been a challenge.
- Raises to DCW staff have been helpful, but has created wage compression issues and turnover at the next level since the space was flattened between positions. Recruiting employees has changed, there is a much greater burden and expense to even locate potential employees. The minimum hourly rate can be complicated, and would rather be able to move people up to the rate when they finish training. There are other ways to use those dollars that would be more effective than a higher starting wage.
- Some positions have been open for over a year. Has tried using costly agencies, but still not much luck. So shorthanded that some techs are getting paid "super overtime," which consists of double time plus $50-$100/day based on need.
- Some people are just not showing up for interviews, or hiring/training takes place but they never show up for work.

MidMichigan College has a training program that can help with recruitment. One provider shared that they sent 26 staff through the program last year (14 existing staff, and 12 new hires). The program gets them to the point where (after just a small amount of working on their own) they can obtain DSP I certification through the National Alliance for Direct Support Professionals. 64 hours of training, and this provider shared they applied for and receiving a Going Pro grant through the State of Michigan and Michigan Works that paid for the cost of the class, and the provider only paid for the worker's hours. They have seen a decrease in turnover rate for staff who have the certification, and created a higher pay level internally for certified staff. The feedback from staff has been phenomenal, and they have seen a higher level of service being provided. Only offered in Mt. Pleasant right now, but the college was planning to apply for a grant in hopes to bring the class virtual. The college is also a member of a community college network and hoped to partner with other colleges to expand the program.

John shared that meetings were held by Al Jansen on how to elevate the DSP, and the threshold they found (downstate) that would get people to apply was $15.50. The state is finally feeling what we have been experiencing and advocating about for years. Hawthorne, the children's facility, is capped on their beds because they are short-staffed. Other sectors are upping the ante to attract applicants and providing "super overtime," but they can just raise their prices when we cannot. It is very challenging, but also wonderful that we have a program available at MidMichigan College to help attract talent.

Action Items, Person Responsible & Deadline:

Agenda Topic: ***Team-Based Care***

Presenter: Julie Bayardo/Cathy Todd

Discussion & Conclusions: Julie announced a change to the authorization process: CMHCM has historically allowed services to be authorized retroactively that were already rendered for contracted providers. **This will be discontinued effective 5/1/22.**

- Services provided to a consumer must be pre-determined through the person-centered planning process, to ensure authorized services are in line with the consumer's goals and desired outcomes and are medically necessary. Services provided outside of the authorization may not be medically necessary. And when services are provided outside of what is authorized, it can cause delays in billing/payments to providers.
- Financial auditors require that service must be authorized prior to payment. Accurate and timely processing of payments, this has been a barrier.
- Retroactive auth process has been unique to CMHCM, and it's also a practice no other CMH in MSHN region observes.
- 5/1/22 was select to give enough notice for our staff and providers to adjust to the change. Some exceptions may come up, and have discussed with other CMHs the procedures they have in place for those. We do welcome input, concerns, and suggestions.

Team-Based Care:

- Research shows working with a team has higher success rates. CMH is working toward team-based care and are transitioning to a whole health treatment approach, working with consumers and families to address physical and emotional health needs.
- Consumers entering services are assigned to a multi-disciplinary team, involving different practices, viewpoints, and options.
- Strong focus on collaboration; ensuring individuals/families have the necessary resources and referrals.
- Teams will be looking at look at gaps and needs in the community, looking for ways to improve services based on data with health-risks and other consumer needs.
- Valuable for providers to take an active role in Person-Centered Planning meetings to assure treatment interventions and strategies they will be providing are accurate and to assure everyone is working in the same direction. Plans will clearly identify the agreed upon supports and services with specific authorizations.
- Additional team members will be made available to you, so other team members may check-in at times when the usual team person is not available.
- Provider suggestions or ideas can be shared with the assigned team.

Action Items,
Person Responsible
& Deadline:

Meeting adjourned at: ***11:35 AM***
Next meeting date: ***TBD: May 2022***
Observers:
Resource Persons:
Special Notes: