

Community Mental Health for Central Michigan  
**Provider Network Meeting Minutes**

Date: **November 8, 2016**  
Time: 10:00 a.m.  
Place: Isabella Office – Lake Michigan Conference Room  
Meeting called by: Tonya Lawrence, Provider Network Manager  
Type of Meeting: Regular  
Note Taker: Kim Harner  
Attendees: Provider Network and CMHCM Staff  
Attendees (via conference phone): Provider Network, CMHCM staff, CMHCM Midland Office and CMHCM Mecosta Office  
cc: Cindy Bay-Baron – Quality Advisor, LeUna Beck – Safety Officer, Karen Bressette – Customer Service Coordinator, Executive Leadership Team (ELT)

**Agenda Topic: Announcements**

Presenter: Tonya Lawrence  
Discussion & Conclusions: Recipient Rights handout provided on “How to Construct an Incident Report” and “When to Complete an Incident Report (IR) and Critical Incident Analysis (CIA) and When to Make an Immediate Verbal Report to CMHCM ORR.” Please review these documents and if you have any questions, please contact Kris Stableford at [kstableford@cmhcm.org](mailto:kstableford@cmhcm.org) or 989-772-5938.

New Requirement that all consumers who reside in licensed residential homes must have a prescription from a doctor that states they require personal care in order to receive services. This prescription **must** be on file. A form has been developed, **Prescription for Personal Care Services**, which the physician or other health care professionals can sign and is available under Provider Forms on [www.cmhcm.org](http://www.cmhcm.org). A form has been developed that the physician or other health care professional can sign and is included.

On December 8, 2016 MSHN will conduct a Medicaid Event Verification Audit here at CMHCM.

Sarah Gauthier, Provider Network Specialist and Deborah Bauman, Provider Network Monitor were welcomed as a part of the Provider Network Team.

Action Items,  
Person Responsible  
& Deadline:

**Agenda Topic: State of the Agency**

Presenter: John Obermesik, Executive Director  
Discussion & Conclusions: Update on Section 298, MSHN’s efforts regarding Section 298 and the agency’s integrated health efforts, as well as a services update.  
Action Items,  
Person Responsible  
& Deadline:

**Agenda Topic: HCBS Update**

Presenter: Kara Laferty

Discussion & **Please see attachment.**

Conclusions: A Power Point presentation was given on Home & Community Based Services (HCBS).

- + Refer to the email from Barb Mund sent out the week of November 7, 2016 to match WSA number to participant
- + Provider Survey Process – Check your folder for an email from “Angela Martin – <mailto:surveyys@qualtrics-research.com>”
- + Developmental Disabilities Institute (DDI) from Wayne State University will begin emailing surveys to providers starting the week of November 14, 2016, please check your email and spam folder.
- + Provider Participation is MANDATORY, MDHHS has indicated that there could be financial implications for surveys not completed.
- + All surveys MUST be completed by Tuesday, January 31, 2017.

Action Items, Person Responsible & Deadline: Please email Barb Mund at [bmund@cmhcm.org](mailto:bmund@cmhcm.org) if you have any questions or did not receive any of the above mentioned emails.

**Agenda Topic: Documentation / Compliance**

Presenter: Tonya Lawrence & Bryan Krogman

Discussion & **Please see attachment(s).**

Conclusions: A Power Point presentation was given on Documentation / Compliance

- + FY18 contracts are going to have another Attachment: *Required Documentation per Service Code.*
- + The new service documentation forms are now on CMHCM’s website, <http://www.cmhcm.org/for-providers/contract-provider-forms.html> Please start using the forms outlined in the attachment effective immediately CMHCM recommends using these forms for consistency however if providers have their own forms they would like to continue to use, they may be submitted to Tonya Lawrence at [tlawrence@cmhcm.org](mailto:tlawrence@cmhcm.org) for review and approval. Providers ***must*** have a Corporate Compliance Plan and identify who is the Corporate Compliance Officer. Please refer to *Corporate Compliance and Ethical Standards Policy 300-100-005* which is also located in the provider manual.

**CLS Code Changes:**

- + MDHHS has communicated code use changes for community living support services.
- + H0043 – per day code when CLS is needed on a steady basis.
  - o H0043 – less than three hours
  - o H0043 TF – 3 to 10 hours per day
  - o H0043 TG – more than 10 hours per day
- + H0043 TT is the preferred code in a shared living arrangement when one staff is providing services to multiple consumers. The TT modifier continues to be used even if only one consumer receives service because roommates are gone for a period of time.
- + INDLA – indirect code for shared living situations to use when one or more

consumers are gone for one full day or more. This code is authorized by CMHCM staff.

- ✚ Per Diem rates are based on the average hours needed over a seven day period. It is understood that actual time on a daily basis may fluctuate, but the per diem rate will remain the same. Significant consumer changes will result in a review of needs through Person Centered Planning and rate revision.
- ✚ H2015 – is preferred to be used when staffing is intermittent and the amount of CLS is three hours or less.
- ✚ Case Holders are working with consumers and families through the person centered planning process to assess needs and calculate the per diems.
- ✚ Discharge Day – when a consumer moves out of an independent setting into group home/AFC, you cannot bill for that consumer on the discharge day.
- ✚ INDTR – transportation code for residential and CLS. Please start using the new *Transportation Log/Mileage Report* immediately. Anytime this code is billed, it must be documented.



**Documentation:**

- ✚ Documentation for consumers who receive both CLS and Adult Home Help (AHH) need to be separate.
- ✚ Providers will soon be able to upload CLS documentation into CIGMMO.
- ✚ CLS Progress Notes – one shift per sheet, one consumer per sheet.

Action Items,  
Person Responsible  
& Deadline:

***Agenda Topic: Trauma***

Presenter: Catherine Beagle & Cathleen Todd  
Discussion & Conclusions: Tabled until next meeting.  
Action Items,  
Person Responsible  
& Deadline:

***Agenda Topic: MSHN Update***

Presenter: Tonya Lawrence  
Discussion & Conclusions:

- ✚ Provider Network Adequacy Assessment has been presented to Operations Council.
- ✚ The Fiscal Intermediary (FI) sub-committee has done a lot of work in regards to developing a uniform FI Contract and monitoring tools.
- ✚ The provider training expectations/grid will be reviewed annually and updated as needed.
- ✚ Data collection is happening for inpatient denials and work is being completed to reduce the number of denials.
- ✚ Training Workgroup is reviewing [www.improvingmipractices.org](http://www.improvingmipractices.org) to determine

if it would be a good platform to document trainings, produce transcripts, etc., to enable CMH's to share staff trainings.

- ✦ Update on state-wide monitoring workgroup's progress. It has been recommended to modify tools to match statewide for increased reciprocity.

Action Items,  
Person Responsible  
& Deadline:

***Agenda Topic: NPI Requirements***

Presenter: Jane Cole

Discussion & Conclusions: Effective January 1, 2017 rendering providers will need an NPI (National Provider Identifier) number when billing for the following codes:

- ✦ H2019
- ✦ 0364T
- ✦ 0365T
- ✦ 0373T
- ✦ 0374T
- ✦ 0366T

H0031 U5 and S5108 U5 will still require the rendering provider's NPI.

Individual Providers will need to register at <https://npiregistry.cms.hhs.gov/>. National Plan and Provider Enumeration System (NPPES).

Action Items,  
Person Responsible  
& Deadline:

***Meeting adjourned at: 12:00 pm***

***Next meeting date: Tuesday, May 9, 2017***